



CITY OF SPRINGFIELD
DIVISION OF TAXATION

P O BOX 5200
SPRINGFIELD, OH 45501
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FAX: 937-328-3471
www.springfieldohio.gov

2016 BUSINESS INCOME TAX RETURN

Due by April 18, 2017 or
Within 3 1/2 months after fiscal year end.

IF FISCAL OR PART-YEAR
MONTH BEGINNING AND MONTH ENDING

NAME AND ADDRESS (INDICATE CHANGES)

TYPE OF BUSINESS

Corporation Partnership
'S' Corporation Other
Sole Proprietors: Use Individual Income Tax Return

Federal Employer Identification Number:

Empty box for Federal Employer Identification Number

Telephone Number

Main tax calculation form with lines 1-18 and 15-18, including sections for Total Taxable Income, Adjusted Net Income, City of Springfield Tax Due, Estimated Tax, and Total Due.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table with 2 columns: ITEMS NOT DEDUCTIBLE (ADD) and ITEMS NOT TAXABLE (DEDUCT). Rows include Capital Losses, interest, REIT distributions, etc.

Table with 2 columns: ITEMS NOT TAXABLE (DEDUCT) and DEDUCT. Rows include Federally reported intangible income, Capital Gains, etc.

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

Table with 3 columns: a. LOCATED EVERYWHERE, b. LOCATED IN THE CITY OF SPRINGFIELD, c. PERCENTAGE (b ÷ a). Rows include original cost of property, gross receipts, total wages, etc.

The undersigned declares that this return (and accompanying schedules and statements) is a true, correct, and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes...

Signature Title Date Preparer's Signature (Other Than Taxpayer) Date

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO Address and Zip Code Phone number

## ACCOUNT INFORMATION UPDATE

Complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

CITY OF SPRINGFIELD LOCATION \_\_\_\_\_

HOME OFFICE LOCATION \_\_\_\_\_

HOME OFFICE TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE BUSINESS BEGAN IN THE CITY OF SPRINGFIELD \_\_\_\_\_

NAME AND ADDRESS OF STATUTORY AGENT \_\_\_\_\_

DO YOU SUBCONTRACT LABOR TO PERFORM WORK IN THE CITY OF SPRINGFIELD .....  YES  NO

If YES, copies of 1099's issued and/or a schedule showing a breakdown of amounts paid, how much of said work was performed in City of Springfield, names to whom paid including addresses, social security numbers and/or federal identification numbers, must be submitted to this office by April 15.

DO YOU HAVE EMPLOYEES WORKING IN THE CITY OF SPRINGFIELD .....  YES  NO

If YES, copies of employee W-2 forms must be submitted by February 28.

Employers with more than 250 employees may submit W-2 information electronically using the Social Security Administrators MMRED-1 filing requirements by March 31.

Please refer to City of Springfield Codified Ordinance, Chapter 196.