



CITY OF SPRINGFIELD
DIVISION OF TAXATION

P O BOX 5200
SPRINGFIELD, OH 45501
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www.springfieldohio.gov

2017 BUSINESS INCOME TAX RETURN

Due by April 17, 2018 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:
Telephone Number

1. TOTAL TAXABLE INCOME (Per Copy Federal Form 1120, 1065 or appropriate return attached).
2. ITEMS NOT DEDUCTIBLE (From Schedule X, Line m below) ADD
3. ITEMS NOT TAXABLE (From Schedule X, Line z below) BELOW
4. ENTER EXCESS OF LINE 2 OR 3
5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4)
6. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (If Schedule Y is used % of Line 5)
7. CITY OF SPRINGFIELD TAX DUE (Line 6 x 2.2%)(see chart for Fiscal Year End Rates)
8. ESTIMATED PAYMENTS
9. PRIOR YEAR OVERPAYMENT
10. TOTAL CREDITS (Add Lines 8 and 9)
11. BALANCE OF TAX DUE (Subtract Line 10 from Line 7) .NO TAX DUE IF \$10.00 OR LESS
12. PENALTY \$ INTEREST \$ UNDER-PAYMENT OF ESTIMATED TAX \$ TOTAL
13. OVERPAYMENT (If Line 10 exceeds Line 7)
14. REFUND CREDIT TO 2018 NO REFUND OR CREDIT IF \$10.00 OR LESS...
ESTIMATED TAX
15. TOTAL 2018 ESTIMATED TAX DUE (IF ESTIMATE IS \$200 OR MORE)
16. QUARTERLY AMOUNT DUE (25% OF Line 15)
17. PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT
18. BALANCE OF FIRST QUARTERLY PAYMENT DUE within 3 1/2 months from end of fiscal year (Line 16 minus Line 17)
19. TOTAL DUE (Add Lines 11, 12 and 18). Make check or money order payable to City of Springfield if more than \$10.00
Check #

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table with 2 columns: ITEMS NOT DEDUCTIBLE, ADD. Rows include Capital Losses, Five percent (5%) of intangible income, Interest and/or other expenses, Income taxes, City and State, REIT distributions, Net Operating Loss deduction, Guaranteed payments to partners, Retirement plan payments, Health insurance and/or life insurance payments, Other items not deductible, TOTAL ADDITIONS.

Table with 2 columns: ITEMS NOT TAXABLE, DEDUCT. Rows include Federally reported intangible income, Capital Gains, IRC Section 179 expense, Other items not taxable (explain), TOTAL DEDUCTIONS.

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 STEP 1 (Original cost of real and tangible personal property), STEP 2 (Gross receipts from sales made and/or work/services performed), STEP 3 (Total wages, salaries, commissions and other compensation of all employees), STEP 4 (Total percentages), STEP 5 (Average percentage).

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, and if an audit of the Federal return is made which affects the tax liability shown on this return, an amended return will be filed within 3 months. The undersigned understands that this information may be released to other City Tax Administrators under a shared information plan.

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.