



CITY OF SPRINGFIELD
DIVISION OF TAXATION
 P O BOX 5200
 SPRINGFIELD, OH 45501
 TELEPHONE: 937-324-7357
 FAX: 937-328-3471
www.springfieldohio.gov

2019 BUSINESS INCOME TAX RETURN

Due by April 15, 2020 or
 Within 3½ 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 of Federal Form 1120, 1065 or appropriate return attached)..... \$ _____

2. NET ADJUSTMENT (From Schedule X, Line z below) \$ _____

3. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2) \$ _____

4. AVAILABLE NET OPERATING LOSS CARRY-FORWARD (Lesser of 50% of prior years federal loss or 50% of Line 3; see instructions)... \$ _____

5. NET PROFIT (line 3 minus Line 4)..... \$ _____

6. **CITY OF SPRINGFIELD TAXABLE INCOME** (If Schedule Y is used, _____% multiplied by Line 5) \$ _____

7. **CITY OF SPRINGFIELD TAX DUE** (Line 6 x 2.4%)..... \$ _____

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 2020 _____ NO REFUND OR CREDIT IF \$10.00 OR LESS.... \$ _____

ESTIMATED TAX

15. TOTAL 2020 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 ½ 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

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (IRC 1221 or 1231)	\$ _____	n. Federally reported intangible income such as, but not limited to, interest, dividends, patent or copyright income	\$ _____
b. Five percent (5%) of intangible income reported in letter "n", excluding IRC 1221 Capital Losses	\$ _____	o. Capital Gains (IRC 1221 or 1231)	\$ _____
c. Interest and/or other expenses incurred in the production of non-taxable income	\$ _____	p. IRC Section 179 expense	\$ _____
d. Income taxes, City and State (if deducted as expense)	\$ _____	q. Other items not taxable (explain)	\$ _____
e. REIT distributions	\$ _____		\$ _____
f. Net Operating Loss deduction per Federal Return	\$ _____		\$ _____
g. Guaranteed payments to partners	\$ _____		\$ _____
h. Retirement plan payments (Keogh, IRA, or other self-employment retirement plans.)	\$ _____		\$ _____
i. Health insurance and/or life insurance payments for owners or owner/employees of non-C Corp entities	\$ _____		\$ _____
j. Other items not deductible (explain)	\$ _____	r. TOTAL DEDUCTIONS	\$ _____
m. TOTAL ADDITIONS	\$ _____	z. NET SCHEDULE X ADJUSTMENT (Line m minus Line r)	\$ _____

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN THE CITY OF SPRINGFIELD	c. PERCENTAGE (b ÷ a)
STEP 1 Original cost of real and tangible personal property	_____	_____	
Gross annual rents paid multiplied by 8	_____	_____	
Total STEP 1	_____	_____	%
STEP 2 Gross receipts from sales made and/or work/services performed (see Instructions).....	_____	_____	%
STEP 3 Total wages, salaries, commissions and other compensation of all employees	_____	_____	%
STEP 4 Total percentages	_____	_____	%
STEP 5 Average percentage (Divide total percentages by number of percentages used) (Enter here and on Line 6 above)	_____	_____	%

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.