



**CITY OF SPRINGFIELD**  
**DIVISION OF TAXATION**  
 P O BOX 5200  
 SPRINGFIELD, OH 45501  
 TELEPHONE: 937-324-7357  
 FAX: 937-328-3471  
[www.springfieldohio.gov](http://www.springfieldohio.gov)

**2020 BUSINESS INCOME TAX RETURN**

Due by April 15, 2021 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 2021 \_\_\_\_\_ NO REFUND OR CREDIT IF \$10.00 OR LESS.... \$ \_\_\_\_\_

**ESTIMATED TAX**

15. TOTAL 2021 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
a. Capital Losses (IRC 1221 or 1231) .....	\$ _____
b. Five percent (5%) of intangible income reported in letter "n", excluding IRC 1221 Capital Losses .....	\$ _____
c. Interest and/or other expenses incurred in the production of non-taxable income .....	\$ _____
d. Income taxes, City and State (if deducted as expense) .....	\$ _____
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) .....	\$ _____
<b>m. TOTAL ADDITIONS</b> .....	\$ _____

ITEMS NOT TAXABLE	DEDUCT
n. Federally reported intangible income such as, but not limited to, interest, dividends, patent or copyright income	\$ _____
o. Capital Gains (IRC 1221 or 1231)	\$ _____
p. IRC Section 179 expense	\$ _____
q. Other items not taxable (explain)	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
<b>r. TOTAL DEDUCTIONS</b> .....	\$ _____
<b>z. NET SCHEDULE X ADJUSTMENT (Line m minus Line r)</b>	\$ _____

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

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