

**City of Springboro**  
 320 W Central Ave  
 Springboro, OH 45066  
 Phone: (937) 748-9701  
 Fax: (937) 748-6185  
 Website: [www.ci.springboro.oh.us](http://www.ci.springboro.oh.us)

# Business Tax Return 2011

OR

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

Calendar Year Taxpayers file on or before April 17, 2012  
 Fiscal Year Due on 15<sup>th</sup> Day of the 4<sup>th</sup> Month After Year End

**THIS SPACE IS FOR OFFICAL USE ONLY**

Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a combined corporate return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Account Number _____ FID# _____ - _____  Name _____  Address _____ City/State/Zip _____	<b>Filing Status (Check one)</b> <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership/Association <input type="checkbox"/> Fiduciary (Trusts and Estates) <hr/> <input type="checkbox"/> Amended Return Tax Year: _____
<i>If the information above is incorrect, please make corrections.</i>	

<b>Part A</b>	<b>2011 TAX CALCULATION</b>	
1.	Adjusted Federal Taxable Income (Attach Copy of Federal Return) From Form _____ Line _____ ...	\$ _____
2.	Adjustments (From Line L, Schedule X).....	\$ _____
3.	Taxable income before apportionment (Line 1 plus/minus Line 2).....	\$ _____
4.	Apportionment percentage (From Step 5, Schedule Y) _____ %.....	
5.	Springboro taxable income (Multiply Line 3 by Line 4).....	\$ _____
6.	Other separately stated items. Net operating loss carry forward limited to 3 years, Springboro stock options and Springboro rental income/(loss).....	\$ _____
7.	Amount subject to Springboro income tax (Line 5 plus/minus Line 6).....	\$ _____
8.	Springboro income tax (Multiply Line 7 by 1.5% [.015]).....	\$ _____
9 a.	Estimates paid on this year's liability.....	\$ _____
9 b.	Credits applied to this year's liability.....	\$ _____
10.	Total payments and credits (Lines 9a + 9b) .....	\$ _____
11.	Tax due (Subtract Line 10 from Line 8)...(Amounts less than \$10 will not be collected) .....	\$ _____
12.	Overpayment (Line 10 greater than Line 8).....	\$ _____
13.	Amount to be refunded (Amounts less than \$10 will not be refunded).....	\$ _____
14.	Credit to next year (Amounts less than \$10 will not be carried forward).....	\$ _____

<b>Part B</b>	<b>DECLARATION OF ESTIMATED TAX FOR 2012</b>	
15.	Total estimated income subject to tax.....	\$ _____
16.	Springboro income tax declared (Multiply Line 15 by 1.5% [.015]).....	\$ _____
17.	Less credits (from Line 14 above).....	\$ _____
18.	Tax due after credits (Line 16 minus Line 17).....	\$ _____
19.	Net estimated tax due if Line 18 is greater than zero* (at least 25% of line 18).....	\$ _____
20.	Late Filing Fee and Penalty and Interest.....	\$ _____
21.	<b>TOTAL AMOUNT DUE</b> —Combine Line 11 above with Line 19 and 20 (Make checks payable to the City of Springboro).....	\$ _____

*\* Subsequent estimated payments are due by the 15<sup>th</sup> day of the 6<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> months after the beginning of the taxable year.*

Check here to give us permission to contact your paid tax practitioner directly if we have questions regarding the preparation of this return.

**The undersigned declares that this return (and accompanying schedules) 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 understands that this information may be released to the Internal Revenue Service.**

Signature of Person Preparing Return \_\_\_\_\_ Date \_\_\_\_\_ Signature of Officer or Agent \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Preparing Return \_\_\_\_\_ Phone Number \_\_\_\_\_ Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 1221 or 1231 included)	\$	H. Capital Gains.....	\$
B. Taxes on or measured by net income		I. Intangible Income .....	
C. Guaranteed Payments to partners, retired partners, members or other owners.		J. Other income exempt (explain and document)	
D. Expenses attributable to non-taxable income (5% of Line I.)			
E. Real Estate Investment Trust distributions.....			
F. Other (explain and document).....			
.....			
.....			
G. Total additions.....	\$	K. Total deductions.....	\$

L. Combine Lines G and K and enter net on Part A, Line 2 \_\_\_\_\_

**SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA**

	a. Located Everywhere	b. Located in Springboro	Percentage (b / a)
STEP 1. Average original cost of real and tangible personal property.....	_____	_____	
Gross annual rentals paid multiplied by 8.....	_____	_____	
TOTAL STEP 1.....	_____	_____	%
STEP 2. Wages, salaries, and other compensation paid *See Schedule Y-1.....	_____	_____	%
STEP 3. Gross receipts from sales made and services performed.....	_____	_____	%
STEP 4. Total percentages (Add percentages from Steps 1-3)			%
STEP 5. Average percentage (Divide total percentage by number of percentages used—Carry to Part A, Line 4)			%

**\*SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Springboro (from Federal Return or apportionment formula) .....	\$
Total wages shown on Form W-3 (Withholding Reconciliation).....	\$

Were 1099-MISC forms issued for work performed in Springboro? If yes, attach copies to this return ..... YES \_\_\_\_\_ NO \_\_\_\_\_

Please explain any difference:

\_\_\_\_\_

\_\_\_\_\_

Are there any employees leased in the year covered by this return? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide the name, address and FID number of the leasing company.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

FID Number: \_\_\_\_\_