

City of Springboro
 320 W Central Ave
 Springboro, OH 45066
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 Website: www.cityofspringboro.com
 E-mail: taxdept@cityofspringboro.com

Business Tax Return

2021

OR

FISCAL PERIOD _____ TO _____
Calendar-year taxpayers file on or before May 2, 2022
 Fiscal-year returns due on the 30th day of the 4th month following year end

THIS SPACE FOR OFFICE USE ONLY

Did you file a Springboro return last year?
 YES NO

Should your account be inactivated? YES NO If Yes, please explain:

Account Number _____ EIN _____ - _____
 Name _____
 Address _____

 City/State/Zip _____

Federal filing Status (Check one)

- C-Corporation
- S-Corporation
- Partnership/Association
- Fiduciary (Trusts and Estates)
- Non-profit

- Consolidated Return
- Final Return
- Amended Return

Part A TAX CALCULATION

| | | | |
|------|---|----|----|
| 1. | Adjusted Federal taxable income (Page 2, line 5)..... | | \$ |
| 2. | Pre-apportioned losses from tax years beginning on or after 1/1/2017 (SUBJECT TO 50% LIMITATION)..... | | \$ |
| 3. | Municipal taxable income (Line 1 less line 2)..... | | \$ |
| 4. | Apportionment percentage (From Schedule Y, on page 2) _____ % | | |
| 5. | Springboro taxable income (Multiply line 3 by line 4) | | \$ |
| 6. | Springboro income tax (Multiply line 5 by 1.5% [.015])..... | | \$ |
| 7A. | Estimated tax payments..... | \$ | |
| 7B. | Carryover credit from prior year..... | \$ | |
| 8. | Total payments and credits (lines 7A + 7B) | | \$ |
| 9. | Balance of tax due (subtract line 8 from line 6)...(No tax due if \$10.00 or less) | | \$ |
| 10. | Overpayment (if line 9 is greater than line 6)..... | \$ | |
| 10A. | Amount to be refunded (Amounts less than \$10.00 will not be refunded)..... | \$ | |
| 10B. | Credit to next year (Amounts less than \$10.00 will not be carried forward) | \$ | |

Part B DECLARATION OF ESTIMATED TAX

| | | | |
|-----|--|--|----|
| 11. | Total estimated income subject to tax | | \$ |
| 12. | Springboro income tax declared (Multiply line 11 by 1.5% [.015])..... | | \$ |
| 13. | Less credits (From line 10B) | | \$ |
| 14. | Net tax due (Line 12 minus line 13) | | \$ |
| 15. | Net estimated tax due (Multiply line 14 by 25% [0.25]) *..... | | \$ |
| 16. | TOTAL AMOUNT DUE — (Line 9 plus line 15 (Make checks payable to the City of Springboro) | | \$ |

** Subsequent estimated payments are due by the 15th day of the 6th, 9th and 13th 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

| | | |
|--|----------|--|
| 1. Federal taxable income before net operating losses and special deductions per attached Federal return (Form 1120, Form 1120 Schedule K, Form 1065 Schedule K, Form 1041, Form 990T) | 1 | |
| 2. Items not deductible (from line 6i below) | 2 | |
| 3. Items not taxable (from line 7g below) | 3 | |
| 4. Subtract line 3 from line 2 and enter the result here | 4 | |
| 5. Adjusted taxable income (total lines 1 and 4) | 5 | |

ITEMS NOT DEDUCTIBLE

| | | |
|---|----|--|
| 6. a. Capital losses and IRC Section 1231 losses | a. | |
| b. Taxes based on income | b. | |
| c. Expenses attributable to intangible income (5% of total intangible income, excluding capital gains) | c. | |
| d. Amounts paid or accrued to a qualified self-employed retirement plan for current or former partners, shareholders or members | d. | |
| e. Amounts paid or accrued to or for health or life insurance for current or former partners, shareholders or members | e. | |
| f. Depreciation recovery (non-C corporations are subject to IRC Section 291 depreciation recovery on section 1250 property) | f. | |
| g. Loss incurred by a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's Federal taxable income unless the loss is included in the net profit of an affiliated group ORC 718.06(E)(3)(b) | g. | |
| h. Other – Please list | h. | |
| i. TOTAL ITEMS NOT DEDUCTIBLE (Enter total on line 2 above) | 6i | |

ITEMS NOT TAXABLE

| | | |
|--|----|--|
| 7. a. Capital gains and IRC Section 1231 gains (do not deduct IRC Section 1245 and 1250 gains) | a. | |
| b. Dividend income | b. | |
| c. Interest income | c. | |
| d. Other intangible income as defined in ORC 718.01(S) | d. | |
| e. Net profit of a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's Federal taxable income unless the net profit is included in the net profit of an affiliated group ORC 718.06(E)(3)(b) | e. | |
| f. Other – Please list | f. | |
| g. TOTAL ITEMS NOT TAXABLE (Enter total on line 3 above) | 7g | |

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..... | _____ | _____ | % |
| 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 Page 1, Line 4) | | | % |

| | | |
|--|------------|----|
| 8. Total wages, salaries and other compensation excluded in Step 2 above due to ORC 718.011. | Everywhere | \$ |
| | Springboro | \$ |

9. Were any employees leased during the year covered by this return? YES NO If yes, please provide the following information:

Company Name: _____

Address: _____

EIN Number: _____