Columbia Twp. JED Zone Tax Office

5903 Hawthorne Ave. Cincinnati, OH 45227-3697 Phone: (513) 272-9954

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Business Tax Return

Tax/Calendar Year: _____ TO_____ TO____

COLUMBIA TOWNSHIP

Due on or before the 15th day of the 4th month of the calendar year or following the end of the fiscal year

	,	,			
		Should your account be If YES, please explain			
	C Corp S Corp LLC Partnership Sole Proprieto		wity.		
Name and Address Account #					
		Phone#			
	F	Partial year activity:	Start Date:		
		E	End Date:		
Part A	TAX CALCULATION				
1.	Adjusted Federal Taxable Income (attach copy of Federal return)	from Form Line	\$		
2.	Adjustments (Schedule X, Line L)				
3.	Taxable income before apportionment (Line 1 plus or minus Line	2)			
4.	Enter up to 50% of losses from 2017 & on (to a maximum of 50%				
5.	Net Taxable Income (Line 3 minus Line 4)				
6.	Apportionment percentage (Schedule Y, Step 5)	6			
7.	Columbia Twp JEDZ taxable income (multiply Line 5 by Line 6)		\$		
8.	Allocated losses from tax years 2016 and prior (attach schedule)		\$		
9.	Amount subject to Columbia Twp JEDZ income tax (Line 7 minus	Line 8)	\$		
10.	Columbia Twp JEDZ income tax (multiply Line 9 by 1% [.01])				
11 a.	Estimates paid on this year's liability	\$			
11 b.	Credits applied to this year's liability				
12.	Total payments and credits (Add lines 11a and 11b)		\$		
13.	Tax due (Line 10 minus Line 12)				
14.	Overpayment (If Line 12 is greater than Line 10)	\$			
15.	Amount to be refunded (amounts less than \$10 will not be refu				
16.	Amount to be credited to next year (If less than \$10 enter zero)				
Part B	DECLARATION OF ESTIMATED TAX FOR FOLLOWING				
17.	Total estimated income subject to tax		\$		
18.	Columbia Twp JEDZ income tax declared (multiply Line 17 by 1%				
19.	Tax due before credits (minimum of 22.5% of Line 18)				
20.	Less Credits from prior year (Line 16 above)				
21.	Net estimated tax due (Line 19 minus Line 20)		\$		
22	(Estimate payments are required for annual balances of \$200 or more	2)	•		
22.	TOTAL AMOUNT DUE (Add Line 13 and Line 21)		\$		
	FOR TAX OFFICE US	·			
	Late Filing Late Payment	DE OILE			
Tax \$	Penalty \$ Penalty \$	Interest \$	_ Total Due \$		
The und	eck to give us permission to contact your tax practitioner directly if ersigned declares that this return (and accompanying schedules) is a the figures used herein are the same as those used for Federal Incom	true, correct and complete			
Signature	e of Person Preparing Return Date Signa	ture of Officer or Agent	Date		
Printed N	ame of Person Preparing Return Phone Number Name	and Title	Phone Number		

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN ITEMS NOT DEDUCTIBLE ADD **DEDUCT** ITEMS NOT TAXABLE Capital Losses (Sec.1221 OR 1231 included) Н. Capital Gains Taxes on or measured by Net Income Ι. Intangible Income I. Other Income Exempt (Explain) Guaranteed Payments to Partners, [NOT ALLOWED WORK OPPORTUNITY CREDIT Retired Partners, Members or other Owners OR NATIVE AMERICAN CREDIT] Expenses attributable to Non-Taxable Income (5% of line I.) Real Estate Investment Trust Distributions Other **Total Additions Total Deductions** L. Combine Lines G and K and enter net on Page 1, Line 2 SCHEDULE Y- BUSINESS APPORTIONMENT FORMULA a. Located b. Located c. Percentage Everywhere in Columbia (b/a) Twp JEDZ STEP 1. Average Original Cost of Real and Tangible Personal Property Gross Annual Rent Paid Multiplied by 8 Total STEP 1. STEP 2. Wages, Salaries, and Other Compensation Paid STEP 3. Gross Receipts from Sales Made and/or Work or Services Preformed STEP 4. Total Percentages. (Add Percentages from STEPS 1-3) STEP 5. Apportionment Percentage (Divide Total Percentage by Number of Percentages Used) Schedule Y-1 Reconciliation to Form W-3 (Withholding Reconciliation) Columbia Tura IEDZ (Francisco Code val Datuma au accomitia per anticome ant

Total wages allocated to Columbia Twp JEDZ (From Federal Return or apportionment formula)	
Total wages shown on Form W-3 (Withholding Reconciliation)	\$

Please explain any difference:

Are there any employees leased in the year covered	ed by this return?	Yes	No		
If Yes, please provide the name, address and FID number of the leasing company.					
Name: _			_		
Address: _			_		
	City	State			
FID Number:					

Are there any 1099 employees who work for your company? _____ Yes ____ No

If yes, please enclose a listing of all 1099 employees and wages they were paid in this tax year including current addresses for these employees.

NOTICE: Unless accompanied by copies of appropriate Federal forms/schedules and by payment of the balance of tax declared due (Line 13) and at least 22.5% of the estimated tax due (Line 19), this form is not a legal final return or declaration.

NOTICE: Failure to file a required return and/or to pay taxes due by due date will result in imposition of penalty and interest. Payment is due by 4/15 of the following year or the 15th day of the fourth month for fiscal filers even with an extension.