

Form BR File With
CITY OF MIDDLETOWN
INCOME TAX DIVISION
P.O. BOX 428739
MIDDLETOWN, OHIO 45042
(513) 425-7862
www.ci.middletown.oh.us

BUSINESS
2004 - CITY OF MIDDLETOWN - 2004

ACCOUNT

TAXABLE PERIOD BEGINNING _____ AND ENDING _____

FILE WITHIN 3 1/2 MONTHS OF END OF THE FISCAL YEAR.

EXTENSION REQUESTS MUST BE RECEIVED IN WRITING BEFORE THE DUE DATE.

PRINCIPAL BUSINESS ACTIVITY _____

TAXPAYERS NAME AND ADDRESS (MAKE ADDRESS CORRECTIONS)

CORPORATION PARTNERSHIP S-CORP

IF OTHER, EXPLAIN: _____

BUSINESS TELEPHONE: _____

FEDERAL ID# _____

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE, GIVE DATE INTO CITY _____

OR OUT OF _____

HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES NO
IF SO HAS AN AMENDED CITY OF MIDDLETOWN INCOME TAX RETURN BEEN FILED? YES NO

ARE ANY EMPLOYEES LEASED IN THE YEAR COVERED BY THIS RETURN? YES NO IF YES, NUMBER OF LEASED EMPLOYEES _____
IF YES, PLEASE PROVIDE THE NAME, ADDRESS AND FID NUMBER OF THE LEASING COMPANY _____

INCOME	1. FEDERAL TAXABLE INCOME (ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES)	\$ _____
	2a. ITEMS NOT DEDUCTIBLE (FROM LINE M, SCHEDULE X, PAGE 2)	ADD \$ _____
	b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X, PAGE 2)	DEDUCT \$ _____
	c. SUBTRACT 2b FROM 2a (IF 2b IS GREATER THAN 2a, ENTER DIFFERENCE AS A NEGATIVE)	\$ _____
ADJUSTMENTS TO INCOME TAX	3a. ADJUSTED FEDERAL TAXABLE INCOME (LINE 1 PLUS 2c)	\$ _____
	b. AMOUNT OF LINE 3a ALLOCABLE (_____% FROM LINE 5 SCHEDULE Y, PAGE 2)	\$ _____
	c. LESS ALLOCABLE LOSS PER PREVIOUSLY FILED INCOME TAX RETURN (ATTACH SCHEDULE)	\$ _____
	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c)	\$ _____
	5. MIDDLETOWN TAX: 1.5% OF LINE 4	\$ _____
	6. CREDITS:	
	a. PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX	\$ _____
	b. PRIOR YEAR OVERPAYMENT	\$ _____
	c. TOTAL CREDITS ALLOWABLE (6a PLUS 6b)	\$ _____
	7. IF LINE 5 IS GREATER THAN LINE 6c PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:	NO TAX DUE OR REFUNDED IF LESS THAN \$3.00 TAX DUE \$
CHECK PAYABLE TO MIDDLETOWN INCOME TAX DIVISION		
8. IF LINE 6c IS GREATER THAN LINE 5, ENTER OVERPAYMENT	\$ _____	
OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE		

DECLARATION OF ESTIMATED TAX FOR 2005

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF	\$ _____
10. LESS EXPECTED TAX CREDITS:	
a. OPERATING LOSS CARRY FORWARD (ATTACH SCHEDULE)	\$ _____
b. OVERPAYMENT FROM PRIOR YEAR	\$ _____
c. TOTAL CREDITS (10a PLUS 10b)	\$ _____
11. NET TAX DUE (LINE 9 LESS LINE 10c)	\$ _____
12. AMOUNT DUE WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11)	\$
13. AMOUNT ENCLOSED: (LINE 7) \$ _____ + (LINE 12) \$ _____	TOTAL DUE \$

The undersigned declares that this return (and accompanying schedule) is a true, correct and complete return of the taxable period stated and that the figures used herein are the same as used for Federal Tax purposes.

Signature of Taxpayer or Agent _____

Title _____ Date _____

Name & address of person or firm preparing this return _____

Telephone number of the preparer _____

May we discuss this return with the taxpreparer? Yes No

FOR OFFICE USE ONLY - PENALTY & INTEREST

FAILURE TO PAY ESTIMATE BY JAN 31 \$ _____

FAILURE TO PAY TAX DUE BY APRIL 15 _____

FAILURE TO FILE BY APRIL 15 _____

TOTAL PENALTY & INTEREST _____

GRAND TOTAL \$ _____

SECTION A	Federal Taxable Income for Corporations, S-Corporations and Partnerships
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Ordinary Income from 1120 (Line 28) OR		\$ _____
Ordinary Income from 1120S (Line 21) or 1065 (Line 22)		\$ _____
Add Income/Losses reported to shareholders on Schedule K:		
Net Income from Rental (Real Estate or Other) (Attach Form 8825)	\$ _____	
Interest	\$ _____	
Dividends	\$ _____	
Royalties	\$ _____	
Capital Gain/(Loss)	\$ _____	
Other Income/(Loss)	\$ _____	
Total Additions		\$ _____
Less Deductions reported to shareholders on Schedule K:		
Charitable Contributions	\$ _____	
Section 179 Depreciation	\$ _____	
Other Deductions (Explain)	\$ _____	
Total Deductions		\$ (_____)
Federal Taxable Income (generally for S-Corps Line 17e, Schedule K)		\$ _____

SECTION B	Total from Federal Schedule D, Form 4797	\$ _____
SECTION C	Income from rents - from Schedule E	\$ _____
SECTION D	All Other Taxable Income	\$ _____
TOTAL	From Sections A, B, C & D Enter on Page 1, Line 1	\$ _____

SCHEDULE X	Adjustments to Federal Taxable Income as Required by ORC Section 718
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ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)	\$ _____
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	\$ _____
c. Taxes based on income (State)	\$ _____	p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	\$ _____
d. Taxes based on Income (City)	\$ _____	q. Not previously deducted IRC Section 179 Expense	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or members	\$ _____	r. Other (Explain)	\$ _____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____		
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities	\$ _____		
h. Charitable contributions in excess of the 10% federal limit	\$ _____		
i. Other (Explain)	\$ _____		
m. Total (Enter Line 2a Page 1)	\$ _____	z. Total (Enter Line 2b Page 1)	\$ _____

SCHEDULE Y	Business Apportionment Formula
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	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	_____
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	_____
TOTAL STEP 1.	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGES			_____ %
(IF 3 PERCENTAGES USED, DIVIDE BY 3. IF 2 PERCENTAGE USED, DIVIDE BY 2, IF ONE PERCENTAGE USED, DIVIDE BY ONE)			

LIST ALL BUSINESS LOCATIONS WITHIN MIDDLETOWN:

DBA NAME _____	DBA NAME _____
ADDRESS _____	ADDRESS _____
DBA NAME _____	DBA NAME _____
ADDRESS _____	ADDRESS _____