

**BUSINESS - 2015
INCOME TAX RETURN
MT. ORAB**

Fiscal Period _____ to _____

**DUE APRIL 18, 2016
INCLUDE FEDERAL TAX SCHEDULES
FILING REQUIRED EVEN IF NO TAX IS DUE**

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU

211 South High St.
P.O. Box 268
Mt. Orab, OH 45154

Voice 937-444-2945 Fax 937-444-9241
mtorabtax@mtoraboh.us

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 Mt. Orab Taxable income (Line 5 minus Line 6)	7		
8 Mt. Orab income tax (Multiply line 7 by 1.000%)	8		
9 Credits applied from previous year(s) to this year's liability	9		
10 Estimates paid on this year's liability	10		
11 Other credits	11		
12 Total credits (Total line 9, 10 and 11)		12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 5.00		13	
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)		16	
17 Overpayment (Issued if greater than 5.00)		17	
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

Declaration of Estimate For 2016

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 1.000%)		21	
22 Less credits (from 19 above)		22	
23 Net estimated tax due (subtract line 22 from line 21)	23		
24 Minimum amount due for first quarter (Multiply line 23 by .25)		24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only		

I certify that I have examined this return and any accompanying schedules and to the best of my knowledge it is correct and complete. If prepared by a person other than the taxpayer it is based on all information available.

Taxpayer's Signature Date

Tax Preparer's Signature Date

(If other than taxpayer) Phone No. _____

May VILLAGE OF MT. ORAB discuss this return with the preparer shown above ___Yes ___No

VILLAGE OF MT. ORAB BUSINESS TAX RETURN

IN LIEU OF COMPLETING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULES

SECTION A	Profit (or Loss) from Business or Profession
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1. TOTAL RECEIPTS LESS ALLOWANCES, REBATES, AND RETURNS..... \$ _____
2. LESS Cost of labor \$ _____ Materials supplies, and other costs..... \$ _____
3. GROSS PROFIT FROM SALES, ETC (line 1 less line 2) \$ _____
4. INTEREST \$ _____ OTHER BUSINESS INCOME (Specify)..... \$ _____
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ _____

BUSINESS DEDUCTIONS

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 6. ADVERTISING AND PROMOTIONS..... \$ _____ 7. AUTO, TRUCK, AND TRAVEL \$ _____ 8. INT ON BUSINESS INDEBTEDNESS..... \$ _____ 9a TAXES BASED ON INCOME \$ _____ <li style="padding-left: 20px;">b. OTHER BUSINESS TAXES..... \$ _____ 10. SALARIES AND WAGES \$ _____ | <ol style="list-style-type: none"> 11. DEPRECIATION, AMORTIZATION..... \$ _____ 12. RENTS (Paid to _____)..... \$ _____ 13. OTHER (List if over 10% of line 14)..... \$ _____ 14. TOTAL BUSINESS DEDUCTIONS (Total of lines 6 to 13)..... \$ _____ 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14)..... \$ _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

SECTION B	Income from Rents – from Federal Schedule E.
SECTION C	Total from Federal Schedule D, From 4797 \$ _____

Kind and Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or Loss)

NET INCOME SECTION C.....\$ _____

SECTION D	All other Taxable Income
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RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D.....\$ _____

TOTAL	From Section A, B, C, & D enter on page 1, line 1.....\$ _____
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SCHEDULE X	Reconciliation with Federal Income Tax Return
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- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>ITEMS NOT DEDUCTIBLE</p> <ol style="list-style-type: none"> a. Capital Losses (Excluding Ordinary Losses)..... \$ _____ b. Expenses incurred in the production of non-taxable income (at least 5% of line Z) \$ _____ c. Taxes based on income (State) \$ _____ d. Taxes based on income (City) \$ _____ e. Net operating loss deduction per Federal Return..... \$ _____ f. Payment to partners \$ _____ g. Real Estate Investment Trust distributions..... \$ _____ h. Other expenses not deductible (Explain)..... \$ _____ i. (enter line x next column) Total \$ _____ | <p>ITEMS NOT TAXABLE</p> <ol style="list-style-type: none"> n. Capital gains (excluding Ordinary Gains)..... \$ _____ o. Interest income \$ _____ p. Dividends..... \$ _____ q. Other (Explain) \$ _____ _____ w. Enter Total Items Not Taxable Total \$ _____ x Enter Total Items Not Deductible Total \$ _____ z. Difference – Enter on Line 3, Page 1 Total \$ _____ |
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SCHEDULE Y	Business Allocation Formula
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	a LOCATED EVERYWHERE	b LOCATED IN MT. ORAB	c PERCENTAGE (b ÷ a)
STEP 1. 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	_____	_____	_____ %
4. Total percentages	_____	_____	_____ %
5. Average percentage (Divide Total Percentages by Number of Percentages Used) (Carry to Line 5 page 1).....	_____	_____	_____ %

SCHEDULE Z	PARTNERS SHARE OF INCOME
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1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Dist shares of partners		4. Other Payments	5. Taxable Percentages	6. Amount Taxable
	Yes	No	Percent	Amount			
7. TOTALS from Section A and D Above			100	\$			