

**BUSINESS - 2010
INCOME TAX RETURN
WASHINGTON C. H.**



MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE,
OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348
incometax@ci.washington-court-house.oh.us

Fiscal Period 01/01/2010 to 12/31/2010

Due Date 04/30/2011

Attach copies of all federal schedules.

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 Washington C. H. Taxable income (Line 5 minus Line 6)	7		
8 Washington C. H. income tax (Multiply line 7 by 1.450%)	8		
9 Credits applied from previous year(s) to this year's liability	9	0.00	
10 Estimates paid on this year's liability	10	0.00	
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 2011

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 1.450%)	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)	24		

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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Last Five Tax Year(s) Not Filed Balance \$0.00

Taxpayer or Agent

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

Taxpayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

May CITY OF WASHINGTON C. H. discuss this return with the preparer shown above ___Yes ___No

1. Total Taxable income (line 28 of 1120, line 22 of 1065, etc.)
2. Schedule X located at bottom of this page.
3. Add or subtract line 2 from line 1.
4. Schedule Y located at the bottom of this page.
5. Line 3 multiplied by line 4.
6. Allocable Net Loss Carryforward (limited to five years).
7. Line 5 minus line 6
8. Line 7 multiplied by 1.45%.
9. Overpayment from prior year.
10. Estimate payments paid this year. Please change to reflect any payments after the date on the return.
11. Other credits - explain.
12. Add line 9, 10, and 11.
13. Subtract total credit from tax due (line 8).
14. -If tax return is filed late, penalty is \$50.00 if filed within 30 days, \$100.00 if filed 31 days to 180 days late, or \$150.00 if filed more than 180 days late.
-Penalty for failure to pay timely is \$25.00 for the first month and 1% per month, thereafter.
15. -Interest is 1% per month.
16. Add line 11, 12, and 13 for total amount of tax due.
17. If line 11 is greater than line 14, this is the amount of overpayment.
18. Amount of line 17 you wish to have refunded.
19. Amount of line 17 you wish to have credited to 2011.

EXTENSION REQUESTS

All extension requests must be filed by the due date of the return in writing complete with the name, address, federal ID # and must specify the length of time requested. ***Automatic extensions from the Internal Revenue Service are not honored by the City of Washington Court House.***

Schedule X. Adjustments to income

A. Capital losses (From Federal Schedules) \$ _____	N. Capital Gains (From Federal Schedule) \$ _____
B. Expenses applicable to non-taxable income \$ _____	O. Interest \$ _____
C. Income Taxes \$ _____	P. Dividends \$ _____
D. Sick Pay (not included in line 1 above) \$ _____	Q. Other income exempt from Washington tax \$ _____
E. Contributions (not a business expense) \$ _____	explain _____
F. Other (Explain) \$ _____	_____
TOTAL ADDITIONS \$ _____	TOTAL DEDUCTIONS \$ _____

Subtract the deductions from the additions and enter the balance on line 2 \$ _____

Schedule Y. Business allocation formula

	Located Everywhere	Located in Washington Court House	C Percentage (B÷A)
Step 1. Average value of real and tangible personal property	\$ _____	\$ _____	_____ %
Gross annual rentals multiplied by 8	\$ _____	\$ _____	_____ %
Total step 1	\$ _____	\$ _____	_____ %
Step 2. Total wages, salaries, commissions, and other compensation of all employees	\$ _____	\$ _____	_____ %
Step 3. Gross receipts from sales and work or service performed	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used.			_____ %