

**BUSINESS - 2017  
INCOME TAX RETURN  
BATAVIA**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**Due April 17, 2018  
Include Federal Tax Schedules  
Filing is required even if no tax is due**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF BATAVIA

65 N Second St.  
Batavia OH 45103

Voice 513-732-2740 Fax 513-732-5696  
taxes@bataviavillage.org

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 Batavia Taxable income (Line 5 minus Line 6)	7	
8 Batavia 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 10.00	13	
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)	16	
17 Overpayment ( Issued if greater than 10.00 )	17	
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

**Declaration of Estimate For 2018**

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 BATAVIA discuss this return with the preparer shown above \_\_\_Yes \_\_\_No

# VILLAGE OF BATAVIA BUSINESS TAX RETURN

## IN LIEU OF COMPLETING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULES

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

<b>SECTION B</b>	Income from Rents – from Federal Schedule E.
<b>SECTION C</b>	Total from Federal Schedule D, From 4797 <span style="float: right;">\$ _____</span>

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

NET INCOME SECTION C.....\$ \_\_\_\_\_

<b>SECTION D</b>	All other Taxable Income
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RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D.....\$ \_\_\_\_\_

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

<b>SCHEDULE Y</b>	Business Allocation Formula
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	a LOCATED EVERYWHERE	b LOCATED IN Batavia	c PERCENTAGE (b + a)	
STEP 1. Original cost of real and tangible personal property Gross annual rentals paid multiplied by 8				
<b>TOTAL STEP 1</b>				%
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) .....				%

<b>SCHEDULE Z</b>	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			
<b>7. TOTALS</b> from Section A and D Above			100	\$			