

File with
Batavia Income Tax
389 E. Main St.
Batavia, Ohio 45103
(513) 732-2740

Batavia Business Tax Return

Filing is required even if no tax is due

File on or before April 30

Make check payable to:
Batavia Income Tax
Batavia Tax Office
Phone (513) 732-2740

Fiscal year date _____ to _____

Taxpayer's name and address:

Principal business activity _____

Empty box for taxpayer name and address

Corporation Partnership Sole proprietor

If other, explain: _____

Business phone: _____

Contact phone: _____

FEIN: _____

Are you a Batavia resident? Did you file a previous year return? Has IRS increased your income tax liability for prior years? If so, has an amended Batavia Income Tax return been filed?
If moved since the previous final return was due, give date:
Into village _____ or out of village _____

Income 1. Adjusted Federal Taxable Income (Section A, page 2). Attach federal return & schedules \$
2a. Items not deductible (from Line M, Schedule X, Page 2) Add \$
Adjust- b. Items not taxable (from Line Z, Schedule X, Page 2) Deduct \$
ments c. Difference between Lines 2a & b to be added or subtracted from Line 1 \$
to 3a. Adjusted net profit/loss (Line 1 plus or minus Line 2c if Schedule X is used) \$
income b. Amount of Line 3a apportioned (_____ % from Line 5, Schedule Y, Page 2) \$
c. Less allocable loss per previous filed income tax return (attach schedule) \$
(Loss carryforward limited to 5 years.)
4. Net profit/loss subject to Municipal Income Tax (Line 3a or 3b, less Line 3c) \$
Tax 5. Batavia Income Tax is 1.0% of Line 4 \$
6. Credits:
a. Payment and/or credits on declaration of estimated tax \$
b. Prior year overpayments \$
c. Total allowable credits \$
7. If Line 5 is greater than Line 6c, payment of tax balance is due with this return \$
8. Overpayment to be refunded \$ _____ or credited \$ _____ to next year's estimate (enter on Line 10b)

Office use only a. Interest charge \$ _____ plus penalty charge \$ _____ = Total Assessment \$ _____
b. Unpaid tax balance (Line 6) \$ _____ + Total Assessment (Line 7a) \$ _____ = Total Amount Due \$ _____

Declaration of Estimated Tax for Year

9. Total income subject to tax \$ _____. Multiply by rate of 1% for gross tax of \$ _____
10. Less Expected credits:
a. Operating loss carryforward (attach schedule) \$ _____
b. Overpayment from prior year \$ _____
c. Total credits \$ _____
11. Net tax due (Line 9 less Line 10c) \$ _____
12. Amount due with this declaration (not less than 1/4 of Line 11) \$ _____
13. Balance of tax (Line 7) \$ _____

14. Amount enclosed for tax (Line 7) \$ _____ plus declaration (Line 12) \$ _____ = \$ _____

I certify that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which preparer has knowledge.

Signature of person preparing, if other than taxpayer Date

Signature of taxpayer or agent (Required) Date

Address Telephone number

May we discuss this return with the preparer shown to the left? Yes No

The following statements are in accordance with appropriate federal schedules.

Signature of taxpayer _____ Date _____

Section A	Adjusted Federal Taxable Income	
Ordinary Income for 1120 (Line 28)		\$ _____
Ordinary Income for 1120S (Line 21) or 1065 (Line 22)		\$ _____
Add Income/losses reported to shareholders on Schedule K:		
Net Income from Rental (Real Estate or Other)	\$ _____	
Interest	\$ _____	
Dividends	\$ _____	
Royalties	\$ _____	
Capital Gain/(loss)	\$ _____	
Other Income/(loss)	\$ _____	
Total Additions		\$ _____
Less Deductions reported to shareholders on Schedule K:		
Charitable Contributions (Limited to 10% of Adjusted Taxable Income)	\$ _____	
Section 179 Depreciation	\$ _____	
Other Deductions	\$ _____	
Total Deductions		\$ _____
Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, 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	Reconciliation with Federal Income Tax Return as Required by IRC Section 718	\$ _____

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	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or members	\$ _____	q. Not previously deducted IRC Section 179 Expense	\$ _____
f. Taxes based on income (village)	\$ _____	r. Other	\$ _____
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 (up to federal allowance)	\$ _____	z. Total	\$ _____

Schedule Y	Business Apportionment Formula	A. Located elsewhere	B. Located in Batavia	C. Percentage: B/(A+B)
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 and/or work or services		_____	_____	_____ %
Step 3. Wages, salaries and other compensation paid		_____	_____	_____ %
4. Total percentages		_____	_____	_____ %
5. Average percentages		_____	_____	_____ %
Divide total percentages by number of percentages used. Carry to Line 3b, Page 1.				_____ %

Are any employees leased in the year covered by this return? Yes No
 If **Yes**, please provide the name, address and FID number of the leasing company. _____

Extension requests must be made in writing and received by this tax office before the original due date of the return. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.