

Tax Year
BUSINESS -
INCOME TAX RETURN
NEWTON FALLS

Fiscal Period _____ to _____

Copy of Federal filing is required for income verification. Calendar year filers : Due date April 15th or the IRS due date.

MAKE CHECK OR MONEY ORDER TO:
NEWTON FALLS INCOME TAX

419 N CENTER ST
NEWTON FALLS OH 44444

Voice 330-872-0080 Fax 330-872-1065

Name _____

And _____

Address _____

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 _____

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	0%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 Newton Falls Taxable income (Line 5 minus Line 6)	7	
8 Newton Falls 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		13
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)		16
17 Overpayment (Issued if greater than)		17
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For _____

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)		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

TaxPayer's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____

(If other than taxpayer) Phone No. _____

May CITY OF NEWTON FALLS discuss this return with the preparer shown above ___Yes ___No

SECTION A		ATTACH APPROPRIATE FEDERAL SCHEDULE FOR INCOME FROM PARTNERSHIPS, BUSINESS, ESTATES, TRUSTS, FEES AND OTHER.	
RECEIVED FROM	FOR (DESCRIBE)	FEDERAL FORM(S) ATTACHED	AMOUNT
TOTAL BUSINESS INCOME (IF SCHEDULE X, Y, OR Z IS NOT APPLICABLE - TOTAL TO PAGE 1.		ENTER SCHEDULE Z LINE 1 \$ _____	

SECTION B	RENTAL INCOME FROM FEDERAL SCHEDULE E
ATTACH COPY OF FEDERAL SCHEDULES	

SCHEDULE X		RECONCILIATION WITH FEDERAL INCOME TAX RETURN	
ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE
DEDUCT			
A. CAPITAL LOSS	\$ _____	G. CAPITAL GAINS	\$ _____
B. EXPENSES INCURRED IN THE PRODUCTION OF NON-TAXABLE INCOME	\$ _____	H. INTEREST INCOME	\$ _____
C. CITY OR STATE INCOME TAXES	\$ _____	I. DIVIDENDS	\$ _____
D. PAYMENTS TO PARTNERS	\$ _____	J. OTHER (PROVIDE EXPLANATION)	\$ _____
E. OTHER (PROVIDE EXPLANATION)	\$ _____	K. TOTAL DEDUCTIONS (ENTER SCHEDULE Z LINE 2B)	\$ _____
F. TOTAL ADDITIONS (ENTER SCHEDULE Z LINE 2A)	\$ _____		

SECTION Y	BUSINESS APPORTIONMENT FORMULA		
	A. LOCATED EVERYWHERE	B. LOCATED IN NEWTON FALLS	C. PERCENTAGE (B÷A)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID EMPLOYEES	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			CARRY IN SCHEDULE Z LINE 3B _____ %

SCHEDULE Z	
1. BUSINESS INCOME	\$ _____
2. A. ITEMS NOT DEDUCTIBLE (SCHEDULE X, LINE F)	ADD \$ _____
B. ITEMS NOT TAXABLE (SCHEDULE X, LINE K)	DEDUCT \$ _____
C. ENTER EXCESS LINE 2A OR 2B	\$ _____
3. A. ADJUST NET INCOME (LINE 1 PLUS/MINUS LINE 2C) IF SCHEDULE Y IS USED _____ % OF LINE 3A	\$ _____
B. AMOUNT ALLOCABLE TO NEWTON FALLS IF SCHEDULE Y STEP 5 IS USED	\$ _____
4. TAXABLE BUSINESS INCOME; LINE 3A OR LINE 3B	\$ _____