



Village of Archbold
Income Tax Department
PO Box 406
Archbold OH 43502
Phone: (419)445-9501
Fax: (419)445-0908

Village of Archbold

BUSINESS INCOME TAX RETURN

DUE ON OR BEFORE APRIL 15 OR IRS DUE DATE
FOR TAX YEAR _____ OR

FISCAL YEAR FROM _____, 20__ THROUGH _____, 20__

Filing Required Even if No Tax Due

FOR TAX OFFICE USE ONLY

Amount paid with return

Check Cash Credit Card

Acct#

Audited By

NAME & ADDRESS:

Principal Business Activity _____
Federal ID Number _____
Corporation S Corporation Partnership Other
Final Return Yes No
Address Change Yes No

FEDERAL Return, all Schedules, and Statements are required to be attached to this return.

The return is not complete without this information.

1. **NET INCOME/LOSS** per Federal Return 1. _____
2. **ADJUSTMENTS TO INCOME**
 - a. Additions \$ _____ minus b. Deductions \$ _____ 2. _____
3. **ADJUSTED NET INCOME/LOSS** (Add lines 1 thru 3) 3. _____
4. **PERCENT ALLOCATED TO ARCHBOLD** - If allocation formula is used from worksheet Y,
Step 5 on page 2 _____ % x Line 3 4. _____
5. **NET OPERATING LOSS** - Enclose a worksheet showing prior year losses for up to 5 years
and amounts previously claimed. *ORC 718.01 limitations 5. _____
6. **TOTAL INCOME SUBJECT TO ARCHBOLD TAX** (Add lines 4 & 5) 6. _____
7. **ARCHBOLD INCOME TAX AT 1.8% (.018) OF AMOUNT ON LINE 6** 7. _____
8. **CREDITS** - Estimated payments \$ _____ plus prior year carryover \$ _____ 8. _____
9. **BALANCE OF TAX DUE** (Line 7 minus line 8) Amounts under \$10 are not due, credited, or refundable 9. _____
10. **OVERPAYMENT** - If tax credits exceed tax due, enter difference 10. _____
 - a. Refund _____ b. Carryover _____
11. **PENALTY/INTEREST**
 - a. UNDERPAYMENT/LATE PENALTY (see instructions) - Multiply line 6 X 15% (.15) a. _____
 - b. INTEREST ON LINE 6 (See website for %) REGARDLESS OF EXTENSION b. _____
 - c. LATE FILING PENALTY \$25.00 c. _____
 - d. TOTAL PENALTIES & INTEREST (Add lines 11a thru 11c) 11. _____
12. **TOTAL TAX, PENALTIES & INTEREST DUE** (Line 9 plus Line 11) 12. _____
Make checks payable to the **Village of Archbold Tax Department**

Declaration of Estimated Tax for Next Calendar/Fiscal Year (Complete if exceeds \$200)

13. **TOTAL INCOME SUBJECT TO TAX** 13. _____
14. **MULTIPLY LINE 13 BY 1.8% (.018)** 14. _____
15. **LESS OVERPAYMENT CREDIT FROM PRIOR YEAR** 15. _____
16. **NET ESTIMATED TAX DUE** (Line 14 less line 15) 16. _____
17. **AMOUNT PAID WITH DECLARATION** (Not less than 25% of line 16) 17. _____
18. **TOTAL OF PAYMENT** (Line 12 plus line 17) 18. _____

MAKE CHECKS PAYABLE TO THE VILLAGE OF ARCHBOLD INCOME TAX DEPARTMENT

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 any knowledge.

Check box if City may discuss your return with tax preparer.

Signature of Tax Preparer _____ Date _____

Address _____

Phone/Cell #(Required) _____

Signature of Taxpayer or Agent (Required) _____ Date _____

Title if Signing for a Business _____

Phone/Cell#(Required) _____

SCHEDULE X – Reconciliation with Federal Tax Return Per O.R.C 718

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$	J. Capital gains (IRS 1221 or 1231 property dispositions except to the extent the income and gains apply to those described IRS 1245 or 1250)	\$
B. Five percent of intangible income reported in letter K except that from IRC 1221 property disposition	\$	K. Federally reported intangible income such as but not limited to interest, dividends, patent, and copyright income.	\$
C. Taxes based on income	\$	L. Amount of Federal tax credit to the extent they have reduced corresponding operating expenses	\$
D. Guaranteed payments or accruals to or for current or former partners or members	\$	M. Not previously deducted IAC section 179 expense	\$
E. Federally deducted dividends distributions or REIT or RIC Investors	\$	N. Partnership, S Corporation, LLC, charitable contributions.	\$
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans for owners or owner-employees of non C Corp entities	\$		\$
G. Charitable contributions deducted above corporate limitations	\$		\$
H. Other (attach documentation)	\$		\$
I. Total (enter on line 2a other side)	\$	O. Total (enter line 2b other side)	\$

SCHEDULE Y – Business Apportionment Formula

	A. Located Everywhere	B. Located in Archbold	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. Gross receipts from sales made and/or work or services performed	_____	_____	_____
Step 3. Wages, salaries and other compensation paid	_____	_____	_____
Step 4. Total Percentages	_____	_____	_____
Step 5. Average percentage (Divide total percentages by number of percentages used) Carry to Line 4 Page 1			_____