

**City of Montgomery Business Income Tax Return 2013**

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City of Montgomery Tax Office  
10101 Montgomery Road  
Montgomery, OH 45242  
Fax: (513) 891-2994

- Due on or before April 15, 2014
- Make check or money order payable to the City of Montgomery
- A minimum penalty of \$25 will be assessed for late filing of this return
- Filing required even if no tax due
- Questions? Please call us at (513) 891-2424 and ask for the Tax Office or visit our website at [www.montgomeryohio.org](http://www.montgomeryohio.org)

Taxpayers Name, Address	Account Number	Fiscal Year From: _____ To _____ Principal business activity: C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Business phone # _____ Federal identification # _____ Email address: _____ Federal extension Yes <input type="checkbox"/> No <input type="checkbox"/> Expires _____
If company moved in or out of Montgomery during the current year, please give date: Moved in: _____ Moved out: _____		<b>Tax Office use only</b> Filed: _____ Check #: _____ Amount: _____
May we contact your preparer directly? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Income</b>	1. Adjusted Federal Taxable Income. <b>Please attach Federal returns and schedules</b> .....	\$ _____
<b>Adjustments To Income</b>	2. Items not deductible (from Line M, Schedule X, from page 2)..... Add \$ _____	
	3. Items not taxable (from Line Z, Schedule X, from page 2)..... Deduct \$ _____	
	4. Difference between Lines 2 and 3 to be added to or subtracted from Line 1 (+ or -).....	\$ _____
	5. Adjusted net income (Line 1 plus or minus Line 4 if Schedule X is used).....	\$ _____
	6. Amount of Line 5 apportioned ( _____ % from Step 5, Schedule Y, page 2).....	\$ _____
	7. Less allocable loss per previous income tax return (submit schedule).....	\$ _____
	8. Amount subject to Montgomery tax (Line 5 or 6 less Line 7) .....	\$ _____
	9. Montgomery tax 1% of Line 8.....	\$ _____
	10. Credits:	
	a. Payments and credits on 2013 Declaration of Estimated Tax .....	\$ _____
b. Prior year overpayment .....	\$ _____	
c. Total credits allowable (Lines 10a plus 10b) .....	\$ _____	
<b>Tax</b>	11. If Line 9 is greater than Line 10c, payment of balance must accompany this return .....	<b>2013 Tax Due</b> \$ _____
	12. Overpayment to be refunded \$ _____ or credited \$ _____ to next year's estimate	

**Tax Office Use Only** 13. Late filing penalty \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

	Card # _____ Exp Date _____ Verification Code _____
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**Declaration of Estimated Tax for Year 2014**

14.	Estimated total income subject to tax \$ _____ Multiply income by tax rate of 1% for gross tax of .....	\$ _____
15.	Less expected tax credits	
	Payments to another municipality (may not exceed 1%) .....	\$ _____
16.	Net estimated tax due for 2014 (Line 14 less Line 15) .....	\$ _____
17.	First Quarter Estimate Payment	
	a. Amount due with this declaration (not less than 25% of Line 16) .....	\$ _____
	b. Less overpayment from prior year (from Line 12 above).....	\$ _____
	c. Net First Quarter Estimate payment.....	\$ _____
18.	Total enclosed payment (Line 11 plus Line 17c) .....	\$ _____

**Make remittance payable to City of Montgomery and attach when filing. If amount due is less than \$1.01, you need not pay. No refunds under \$1.01.**

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 taxpayer, the declaration is based on all information of which preparer has any knowledge.

Signature of Person Preparing if Other than Taxpayer _____	Date _____	Signature of Taxpayer or Agent (Required) _____	Date _____
Address _____	Telephone Number _____	Title, if signing for a Business _____	

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All appropriate federal schedules and forms **must** be attached. A return is **not** complete unless schedules and forms are included. **For rental property located within the City of Montgomery, a tenant listing must be attached\*.**

**Schedule X—Reconciliation with Federal Income Tax Return**

Items not deductible	Add	Items not taxable	Deduct
A. Capital losses (Sec 1221 or 1231 included).....	\$ _____	N. Capital Gains.....	\$ _____
B. Taxes based on income.....	\$ _____	O. Interest income.....	\$ _____
C. Guaranteed payments or accruals to or for current or former partners or members	\$ _____	P. Dividends.....	\$ _____
D. Expenses attributable to nontaxable income (at least 5% of Line Y).....	\$ _____	Q. Income from copyrights and patents..	\$ _____
E. Other .....	\$ _____	R. Other income (explain).....	\$ _____
.....		.....	\$ _____
.....		.....	\$ _____
.....		.....	\$ _____
.....		Y. Total deductions.....	\$ _____
M. Total additions .....	\$ _____	Z. Combine Lines M and Y, enter on Line 2, page 1	\$ _____

**\*A tenant listing includes name, address, phone number if available and move in/move out date of tenant.**

**Schedule Y—Business Apportionment Formula**

	A. Located everywhere	B. Located in this City	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 (See Schedule Y-1 **)	_____	_____	_____	%
Step 4. Total percentages.....	_____	_____	_____	%
Step 5. Average percentage (divide total percentage by number of percentages used and enter on line 6)	_____	_____	_____	%

**\*\*Schedule Y-1 Reconciliation to Form W-3 (Withholding Reconciliation)**

Total wages allocated to Montgomery (from federal return or apportionment formula) .....\$ \_\_\_\_\_  
 Total wages shown on Form W-3 (Withholding Reconciliation)..... \$ \_\_\_\_\_

Please explain any difference:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Leased Employees**

Are any employees leased in the year covered by this return? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If **yes**, please provide the name, address, phone number and FID number of the leasing company below:  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 FID Number: \_\_\_\_\_

Extension policy:  
 Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured first. Extension requests must be made in writing and received by this tax office on or 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.