

2010
VILLAGE OF RICHFIELD
BUSINESS TAX RETURN
DUE APRIL 15, 2011

FEDERAL I.D. #:

PHONE (330) 659-9201 EXT 226

CHECK ONE:

CALENDAR YEAR OR FISCAL YEAR BEGINNING _____ ENDING _____ (FILE WITHIN 105 DAYS AFTER ENDING)

INDICATE FILING STATUS: INDIVIDUAL
 CORPORATION PARTNERSHIP
 OTHER (Explain) _____

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY _____

IS THE BUSINESS ENTITY A RESIDENT OF RICHFIELD?
 YES NO

IF YOU MOVED DURING THIS TAX YEAR PLEASE ANSWER
MOVED INTO RICHFIELD ON _____
FROM _____
MOVED FROM RICHFIELD ON _____
TO _____

MAIL RETURNS TO:
DIVISION OF TAXATION
PO BOX 100
RICHFIELD OH 44286-0100

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES

PER ORD. "BUSINESS LOSSES CANNOT BE USED TO OFFSET W-2 SALARIES, WAGES AND OTHER COMPENSATION."

- 1. TAXABLE INCOME FROM PAGE 2 (SCHEDULES C, G, H, AND/OR Z) OR FEDERAL RETURN \$ _____
- 2. (a) ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X PAGE 2).....ADD \$ _____
- (b) ITEMS NOT TAXABLE (FROM LINE Q SCHEDULE X PAGE 2)DEDUCT \$ _____
- (c) ENTER DIFFERENCE OF LINE 2(a) AND 2 (b) \$ _____
- 3. (a) ADJUSTED NET INCOME (LINE 1, PLUS OR MINUS LINE 2(c) IF SCHEDULE X IS USED \$ _____
- (b) AMOUNT ALLOCABLE TO THIS MUNICIPALITY-IF SCHEDULE Y IS USED.....% OF LINE 3(a) \$ _____
- 4. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (Submit Schedule)..... \$ _____
- 5. AMOUNT SUBJECT TO CITY INCOME TAX LINE 3(a), OR 3(b) IF USED LESS LINE 4) \$ _____
- 6. MUNICIPAL INCOME TAX 2% OF LINE 5 \$ _____
- 7. CREDITS FOR PAYMENTS ON 2010 ESTIMATED TAXES \$ _____
(DO NOT INCLUDE PENALTY & INTEREST PAYMENTS)
- 8. AMOUNT OF PRIOR YEAR CREDITS \$ _____
- 9. OTHER CREDITS (Specify) \$ _____
- 10. TOTAL CREDITS ALLOWABLE..... \$ _____
- 11. LATE FEE \$25.00 PLUS INTEREST OF .5% PER MO. \$ _____ PLUS PENALTY OF 1% PER MO... \$ _____ TOTAL \$ _____
- 12. NET CREDITS ALLOWABLE (LINE 10 MINUS LINE 11)..... \$ _____
- 13. BALANCE DUE (LINE 6 LESS LINE 12) Payable To The Village of Richfield..... \$ _____
If the Balance Due is Less Than \$1.01 Payment Need Not Be Made..... \$ _____
- 14. OVERPAYMENT CLAIMED (IF LINE 12 EXCEEDS LINE 6, ENTER DIFFERENCE HERE) \$ _____
- (a) ENTER AMOUNT OF LINE 14 YOU WANT CREDITED TO YOUR 2011 ESTIMATED TAX..... \$ _____
- (b) TO BE REFUNDED (If the Overpayment is Less Than \$1.01 No Refund will be Issued)..... \$ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2011

- 15. INCOME SUBJECT TO RICHFIELD VILLAGE TAX _____ @ TAX RATE 2% FOR GROSS TAX OF \$ _____
- 16. LESS CREDITS:
 - A. OVERPAYMENT FROM PRIOR YEAR(S)..... \$ _____
 - B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY \$ _____
 - C. TOTAL CREDITS \$ _____
- 17. NET TAX DUE (LINE 15 LESS LINE 16c)..... \$ _____
- 18. AMOUNT PAID WITH THIS DECLARATION (1/4 OF LINE 17) \$ _____
- 19. TOTAL DUE (ADD LINES 13 AND 18) MAKE CHECK OR MONEY ORDER PAYABLE TO VILLAGE OF RICHFIELD \$ _____

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

I authorize the Income Tax Division to discuss my account with my tax preparer. _____ (Tax payers initials are required)

X

Signature of Person Preparing, If Other Than Taxpayer _____ Date _____ Signature of Taxpayer or Agent (Required) _____ Date _____

Name and Address of Preparer _____ Phone _____ Spouse's Signature (If Applicable) _____ Date _____

ATTACH COPY OF FEDERAL RETURN & SCHEDULES IN LIEU OF SCHEDULES C, G, & H. OTHERWISE RETURNS WILL BE QUESTIONED IF ALL LINES APPLICABLE TO TAXPAYER ARE NOT COMPLETED.

SCHEDULE C Enter the Total from Federal Schedule C and Attach Copies \$ _____

SCHEDULE G Income from Rents - from Federal Schedule E and F. Table with columns: KIND & LOCATION OF PROPERTY, AMOUNT OF RENT, DEPRECIATION, REPAIRS, OTHER EXPENSES, NET INCOME (OR LOSS). Includes a total line for NET INCOME (or loss) SCHEDULE G.

SCHEDULE H All Other Taxable Income - from Federal Schedule E. Table with columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT. Includes a total line for TOTAL INCOME SCHEDULE H.

SCHEDULE Z Partners' Distributive Shares of Net Income - From Federal Schedule 1065K and 1099. Table with columns: 1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER, 2. Resident (Yes/No), 3. Distributive Shares of Partners (Percent/Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable.

SCHEDULE X Reconciliation with Federal Income Tax Return - Enclose Complete Federal Return. Table with columns: ITEMS NOT DEDUCTIBLE (ADD), ITEMS NOT TAXABLE (DEDUCT). Includes categories A through Q.

SCHEDULE Y Business Allocation Formula. Table with columns: a. LOCATED EVERYWHERE, b. LOCATED IN THIS MUNICIPALITY, PERCENTAGE (b ÷ a). Includes steps for calculating average percentage.