

City of Forest Park
 Income Tax Division
 1201 West Kemper Road
 Cincinnati OH 45240
 Phone: (513) 595-5261
 Fax: (513) 595-5293
 Website: www.forestpark.org

**Forest Park
 Business Tax Return**

2010

OR

FISCAL PERIOD _____ TO _____

Calendar Year Taxpayers file on or before April 18
 Fiscal Year Due on 15th Day of 4th Month After Year End

THIS SPACE IS FOR OFFICIAL USE ONLY

Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a combined corporate return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Account Number _____	FID# _____ - _____	Filing Status (Check one) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership/Association <input type="checkbox"/> _____ <input type="checkbox"/> Amended Return Tax Year: _____
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If the information above is incorrect, please make corrections.

PHONE #

Part A		2010 TAX CALCULATION	
1.	Adjusted Federal Taxable Income From Form _____ Line _____ (Attach Copy of Federal Return)	\$	_____
2.	Adjustments (From Line M, Schedule X).....	\$	_____
3.	Taxable income before apportionment (Line 1 plus/minus Line 2).....	\$	_____
4.	Apportionment percentage (From Step 5, Schedule Y) _____ %.....	\$	_____
5.	Forest Park taxable income (Multiply Line 3 by Line 4).....	\$	_____
6.	Other separately stated items. Net operating loss carry forward, Forest Park rental income/(loss). Attach documentation.....	\$	_____
7.	Amount subject to Forest Park income tax (Line 5 plus/minus Line 6).....	\$	_____
8.	Forest Park income tax (Multiply Line 7 by 1.5% [.015]).....	\$	_____
9 a.	Estimates paid on this year's liability.....	\$	_____
9 b.	Credits applied to this year's liability.....	\$	_____
10.	Total payments and credits (Lines 9a + 9b)	\$	_____
11.	Tax due (Subtract Line 10 from Line 8).....	\$	_____
12.	Late file penalty \$ _____ Late pay penalty \$ _____ Interest \$ _____ TOTAL P & I	\$	_____
13.	TOAL AMOUNT DUE (Line 11 plus Line 12)	\$	_____
14.	Overpayment to be refunded \$ _____ or credited \$ _____ to next year's estimate		

Part B		DECLARATION OF ESTIMATED TAX FOR 2011	
15.	Total estimated income subject to tax.....	\$	_____
16.	Forest Park income tax declared (Multiply Line 15 by 1.5% [.015]).....	\$	_____
17.	Tax due before credits (at least 25% of Line 16).....	\$	_____
18.	Less credits (from Line 14 above).....	\$	_____
19.	Net estimated tax due if Line 17 minus Line 18 is greater than zero*.....	\$	_____
20.	TOTAL AMOUNT DUE —Combine Line 13 above with Line 19 (Make checks payable to the City of Forest Park)	\$	_____

* Subsequent estimated payments are due by the 15th day of the 6th, 9th and 13th months after the beginning of the taxable year.

Check here to give us permission to contact your paid tax practitioner directly if we have questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Signature of Person Preparing Return _____ Date _____ Signature of Officer or Agent _____ Date _____

Name of Person Preparing Return _____ Phone Number _____ Name and Title _____ Phone Number _____

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS PROVIDED BY ORC SECTION 718

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses Sec 1221 or 1231 included	\$ _____	I. Capital Gains.....	\$ _____
B. Taxes on or measured by Income.....	\$ _____	J. Interest income	\$ _____
C. Guaranteed Payments to partners, retired partners, members or other owners.....	\$ _____	K. Dividend income	\$ _____
D. Expenses attributable to non-taxable income (5% of Line I.).....	\$ _____	\$ _____
E. Real Estate Investment Trust distributions.....	\$ _____	\$ _____
F. Federal deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance for owners or owner-employees of non-C corp entities.	\$ _____	\$ _____
G. Other	\$ _____	L. Total deductions.....	\$ _____
H. Total additions.....	\$ _____		
M. Combine Lines H and L and enter net on Part A, Line 2 _____			

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Forest Park	Percentage (b / a)
STEP 1. Original average cost of real and tangible personal property.....	_____	_____	%
Gross annual rentals paid multiplied by 8.....	_____	_____	
TOTAL STEP 1.....	_____	_____	%
STEP 2. Wages, salaries, and other compensation paid *See Schedule Y-1.....	_____	_____	%
STEP 3. Gross receipts from sales made and/or work or services performed.....	_____	_____	%
STEP 4. Total percentages (Add percentages from Steps 1-3)			%
STEP 5. Average percentage (Divide total percentage (Step 4) by number of percentages used—Carry to Part A, Line 4)			%

***SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Forest Park (from Federal Return or apportionment formula).....	\$ _____
Total wages shown on Form W-3 (Withholding Reconciliation).....	\$ _____

Please explain any difference:

Are there 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.

Name: _____

Address: _____

FID Number: _____ Phone # _____

**CITY OF FOREST PARK 2010
BUSINESS INCOME TAX RETURN INSTRUCTIONS**

Office Phone: (513) 595-5261

Website: www.forestpark.org

General Instructions:

If you are filing for any year other than 01/01/2010 through 12/31/2010, indicate the year of the tax return with beginning and ending dates. Fiscal year taxpayers should use the beginning year of the fiscal period as the year of the tax return.

1. If you received a pre-printed form containing incorrect information, make the necessary corrections to the form. If the form is not pre-printed, please enter the information in the space provided and the EIN/FID number.
2. Complete the box that pertains to the filing of a city return in the previous year, the combined corporate return question and whether or not the account should be inactivated. If your account should be inactivated, please provide an explanation. If this is a final return, please give the reason why. If you sold the business, provide the name, address and phone number of the purchaser on a separate attachment.
3. Check the appropriate box that corresponds to the filing status of the business.
4. If you are amending a tax year, place an "X" in the box marked AMENDED and be sure to indicate the year that you are amending in the space provided. Include your Amended Federal Return or documentation pertaining to the Internal Revenue Service audit.

Part A –TAX CALCULATION

LINE 1: Enter the Adjusted Federal Taxable Income (AFTI). As defined by Ohio Revised Code (ORC) 718.01 AFTI means a C corporation's federal taxable income before net operating losses and special deductions. Other business entities must compute the AFTI as if they were a C Corporation. Generally this is the line titled "Income/(Loss) Reconciliation" on the Schedule K of the Form 1120S for Subchapter S Corporations or Line 1 page 4 of the Form 1065 Analysis of Net Income (Loss) for partnerships and Limited Liability Companies.

LINE 2: Enter the total adjustments from Schedule X.

LINE 3: Line 1 plus or minus Line 2.

LINE 4: Enter the apportionment percentage from Step 5 of Schedule Y.

LINE 5: Multiply Line 3 by Line 4.

LINE 6: Enter the amount of net operating losses apportioned to Forest Park. Operating losses may be carried forward for a maximum period of five tax years. Deduct Forest Park rental losses and loss carry-forwards from prior years. Add Forest Park rental income. *An explanatory schedule is required to support any adjustments made on this line.*

LINE 7: Line 5 plus or minus Line 6.

LINE 8: Multiply Line 7 by 1.5% (.015)

LINE 9a: Enter the amount of estimated tax payments including any amounts paid with an extension. Estimated payments may be subject to the underpayment of estimated tax penalty. Businesses must remit quarterly estimates equal to 100% of the prior year's tax or 90% of the current year's tax.

LINE 9b: Enter the amount of the overpayment from prior years credited to 2010.

LINE 10: Line 9a plus Line 9b.

LINE 11: If Line 8 is greater than Line 10, enter the tax due. Amounts less than \$1.00 are not payable.

LINE 12: If Line 10 is greater than Line 8, enter the overpayment.

LINE 13: Enter the amount to be refunded. Amounts less than \$1.00 will not be refunded.

LINE 14: Enter the amount to be credited to tax year 2011 estimated tax liability.

Part B – DECLARATION OF ESTIMATED TAX FOR 2011

The taxpayer shall base the estimated tax on the preceding full year's tax liability, or on the preceding three-month period, annualized for the remainder of the year, and updating this estimate by amendment as necessary each succeeding three-month period so that at least 90 percent of the annual Forest Park tax liability to be ultimately determined shall have been paid by the due date of each installment payment.

LINE 15: Enter the amount of estimated income for 2011 using one of the two safe harbors above.

LINE 16: Enter the total estimated tax due for 2011.

LINE 17: Divide Line 16 by 4 to determine the amount of estimated tax due for the first quarter.

LINE 18: Enter the amount of credits from Line 14.

LINE 19: Enter and remit the net estimated tax due if Line 17 minus Line 18 is greater than zero. This is the first of four quarterly estimated tax payments. The second payment is due on the 15th day of the 6th month after the beginning of the year and is equal to the total estimated tax on Line 16 divided by 4 less any overpayment still available from prior years. Third payment is due on the 9th month after the beginning of the year and the final estimated payment is due on the 13th month after the beginning of the taxable year.

LINE 20: TOTAL AMOUNT DUE WITH RETURN Combine Line 11 and Line 19

Schedule X – Reconciliation with the Federal Return as Provided by ORC Section 718

- A. Enter the amount included in Line 1 of the Business Tax Return related to the sale, exchange, or other disposition of an asset described in section 1221 or 1231 of the Internal Revenue Code. This would include the 1231 loss reported on Form 4797.
- B. Enter any taxes on or measured by net income included as a deduction in computing Line 1.
- C. Enter any guaranteed payments or similar payments made to partners, members or other owners that were deducted in arriving at the income amount on Line 1 of the Business Tax Return. This includes amounts related to self-employed retirement plans and health or life insurance for an owner or owner-employee.
- D. Enter 5% of the intangible income included in Line 1 of the Business Tax Return that is not directly related to the sale, exchange or other disposition of property described in Section 1221 or 1231 of the Internal Revenue Code.
- E. Add Real Estate Investment Trust distribution deductions allowed as a deduction in the computation of Federal Taxable Income.
- F. Enter Federal deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance for an owner or owner-employee of a non-C corp entity.
- G. Other. Please provide a complete explanation. Examples: losses from flow-thru entities, 10% charitable contribution limitation.
- H. Add Lines A through G.
- I. Enter the amount of the income that is included on Line 1 of the Business Tax Return that is directly related to the sale, exchange, or other disposition of an asset described in Section 1221 or 1231 of the Internal Revenue Code less the income and gain included in this amount that is described in Section 1245 or 1250 of the Internal Revenue Code.
- J. Enter the total amount of interest income included in Line 1 of the Business Tax Return.
- K. Enter the total amount of dividend income included in Line 1 of the Business Tax Return.
- L. Add lines I – K.
- M. Deduct Line L from Line H. Insert the net amount as an addition (or deduction) on Part A, Line 2.

Schedule Y – Apportionment to Forest Park

Step 1. Compute the percentage of the original average cost of the real and tangible personal property owned or used by the taxpayer in the City of Forest Park during the taxable period to the original average cost of all of the real and tangible personal property owned or used by the taxpayer during the same period, wherever situated.

Real property shall include property rented or leased by the taxpayer. The value of such property shall be determined by multiplying the annual rental thereon by eight (8).

Step 2. Compute the percentage of total compensation paid during the period to persons employed in the business for services performed in the City of Forest Park to total compensation paid during the same period to persons employed in the business everywhere. Do not include amounts paid to contractors.

Step 3. Compute the percentage of gross receipts of the business or profession from sales made and services performed during the taxable period in the City of Forest Park to gross receipts of the business or profession during the same period from sales and services, wherever made or performed.

Step 4. Calculate the total of the percentages derived in Steps 1 through 3.

Step 5. Divide the total derived in Step 4 by the number of percentages used. Insert this percentage on Part A, Line 4 of the return.

BUSINESS CONFIDENTIAL INCOME TAX QUESTIONNAIRE

Name of Firm: _____ Telephone: Home Office: _____

Local Office: _____

Street Address (Local): _____ Zip Code: _____

Address from which returns to this office will be sent:

Street: _____ City: _____ State: _____ Zip Code: _____

Principal Business Activity: _____ NAICS Code# _____

Type: Corporation _____ Partnership _____ Proprietorship _____

Profession _____ Other _____

Home Address of any Non-Residents/Partners:

Trade Name (if any): _____

Date Business Started in this Municipality (full or part time): _____

Accounting Period: Calendar Year _____ or Fiscal Year from _____ to _____

Number of Employees: (a) Resident _____ (b) Non-Resident _____

Approximate average weekly Payroll: _____

Factory or Office: _____ Owned _____ Rented _____

Name of Landlord: _____

Address of Landlord: _____

Name and Address of employee to whom forms and communications are to be sent:

(Mr.) (Mrs.) (Ms.) _____ Title: _____

Street: _____ City: _____ State: _____ Zip Code: _____

FEDERAL ID

Signed _____

CHARTER#

Title _____

Date _____

PRESIDENT'S SOCIAL SECURITY NUMBER

PRESIDENT'S NAME (PRINT)