

City of Sharonville Tax
 11641 Chester Road
 Sharonville, OH 45246-2803
 Phone: (513) 563-1169
 Fax: (513) 588-3969
www.sharonville.org

Business Tax Return 2020

FISCAL PERIOD _____ TO _____
 Due on or before 4/15/21 or 15th day of the 4th month
 following the end of the fiscal year

<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Name and Address _____	Account # _____
	Federal ID# _____
	Phone# _____
Partial year activity:	Start Date: _____
	End Date: _____

Part A 2020 TAX CALCULATION

1. Adjusted Federal Taxable Income (attach copy of Federal return) from Form _____ Line _____	\$ _____
2. Adjustments (Schedule X, Line L).....	\$ _____
3. Taxable income before apportionment (Line 1 plus or minus Line 2)	\$ _____
4. Enter up to 50% of pre-apportioned losses from 2017 through 2019 (Maximum 50% of Line 3) \$	_____
5. Net Taxable Income (Line 3 minus Line 4).....	\$ _____
6. Apportionment percentage (Schedule Y, Step 5) _____ %	
7a. Sharonville taxable income (multiply Line 5 by Line 6).....	\$ _____
7b. Sharonville Tax Amount (Multiply Line 7a by 1.5% [.015]).....	\$ _____
8 a. Estimates paid on this year's liability.....	\$ _____
8 b. Credits applied to this year's liability.....	\$ _____
9. Total payments and credits (Add lines 8a and 8b)	\$ _____
10. Balance of tax due (Line 7b minus Line 9).....	\$ _____
11. Overpayment (If Line 9 is greater than Line 7)	\$ _____
12. Amount to be refunded (amounts less than \$10 will not be refunded)	\$ _____
13. Amount to be credited to next year (If less than \$10 enter zero)	\$ _____

Part B DECLARATION OF ESTIMATED TAX FOR 2021

14. Total estimated income subject to tax	\$ _____
15. Sharonville income tax declared (multiply Line 14 by 1.5% [.015]).....	\$ _____
16. Tax due before credits (minimum of 22.5% of Line 15).....	\$ _____
17. Less Credits from prior year (Line 13 above)	\$ _____
18. Net estimated tax due (Line 16 minus Line 17).....	\$ _____
(Estimate payments are required for annual balances of \$200 or more)	
19. TOTAL AMOUNT DUE (Add Line 10 and Line 18)	\$ _____

Make checks or money orders payable to City of Sharonville Tax. Online payments: www.sharonville.org. To pay by phone: 1-800-487-4567

FOR TAX OFFICE USE ONLY

Tax \$ _____	Late Filing Penalty \$ _____	Late Payment Penalty \$ _____	Interest \$ _____	Total Due \$ _____
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Check to give us permission to contact your tax practitioner directly if there are 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 those used for Federal Income Tax purposes.

_____ Signature of Person Preparing Return	_____ Date	_____ Signature of Officer or Agent	_____ Date
_____ Printed Name of Person Preparing Return	_____ Phone Number	_____ Name and Title	_____ Phone Number

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 1221 or 1231 included) \$ _____		H. Capital Gains \$ _____	
B. Taxes on or measured by Net Income _____		I. Intangible income _____	
C. Guaranteed Payments to Partners, retired partners, members or other owners _____		J. Other income exempt (Explain) _____	
D. Expenses attributable to intangible income (5% of Line I) _____		
E. Real Estate Investment Trust distributions _____		
F. Other..... _____		
..... _____		
..... _____		
G. Total additions..... \$ _____		K. Total deductions..... \$ _____	
L. Combine Lines G and K and enter net on Part A, Line 2 _____			

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Sharonville	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. Wages, salaries, and other compensation paid See Schedule Y-1*..... _____	_____	_____	%
STEP 3. Gross receipts from sales made and services performed..... _____	_____	_____	%
STEP 4. Total percentages (add percentages from Steps 1-3) _____			%
STEP 5. Average percentage (divide total percentage by number of percentages used—enter on Part A, Line 6) _____			%

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

Total wages allocated to Sharonville (from Federal return or apportionment formula Schedule Y Step 2)..... \$ _____

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: _____

Federal ID Number: _____

NOTICE: Unless accompanied by copies of appropriate federal forms/schedules and by payment of the total tax due on Line 19 this form is not a legal final return or declaration.

NOTICE: Failure to file a required return and/or to pay taxes due by due date will result in imposition of penalty and interest.