

**BUSINESS - 2019
INCOME TAX RETURN
SHELBY**

**CALENDAR YEAR TAXPAYERS
FILE ON OR BEFORE APRIL 15
FISCAL YEAR TAXPAYERS FILE WITHIN
4 MONTHS OF END OF PERIOD**

Fiscal Period _____ to _____

Federal ID # / Social Security #	
Business Telephone No.	
Principal Business Activity NAICS Code	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
INTO / /	OUT OF / /
CHECK ONE	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION	
<input type="checkbox"/> OTHER _____	
NET OPERATING LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Tax Office Use Only : Tax Office Use Only :

TOTAL TAX LIABILITY _____

TOTAL TAX PAID W/ RETURN _____

CHECK # _____

Name _____

And _____

Address _____

1 Total taxable income	1	_____	
2 Adjustments (See Schedule X)	2	_____	
3 Taxable income before allocation (Line 1 plus/minus line 2)	3	_____	
4 Percentage allocation to Shelby (See Schedule Y)	4	_____ %	
5 Shelby Taxable income (Multiple line 3 by line 4)	5	_____	
6 Shelby income tax (Multiply line 5 by 1.50%)	6	_____	
7 Credits applied from previous year(s) to this year's liability	7	_____	
7a 50% net operating loss of 2018	7a	_____	
8 Estimates paid on this year's liability	8	_____	
9 Other credits - Maximum Credit .75%	9	_____	
10 Total credits (Total line 7, 8 and 9)			10 _____
11 Tax due (If line 6 is greater than line 10, subtract line 10 from line 6)			11 _____
12 Penalty \$25.00 per month, maximum \$150.00 and an additional 15% on any unpaid balance	12	_____	
13 Interest 6% per annum	13	_____	
14 Total due (Total line 11, 12 and 13)			14 _____
16 Overpayment (If line 10 is greater than line 6, subtract line 6 from line 10)			16 _____
16 Amount to be refunded (\$10.00 or greater)	16	_____	
17 Amount to be credited to next year	17	_____	

Declaration of Estimate for 2020

18 Total estimated income subject to tax	18	_____	
19 Estimated tax due. (Multiply line 18 by 1.50%)			19 _____
20 Tax due before credits (Multiply line 19 by .25) (law requires a minimum of .225)			20 _____
21 Less credits (from 17 above)	21	_____	
22 Net estimated tax due (subtract line 20 from line 21)			22 _____

Amount You Owe

23 Total amount due (add lines 14 and 22) _____ 23 _____

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.

Taxpayer's Signature Date _____

Tax Preparer's Signature Date _____
(If other than taxpayer)

Phone No. _____

**MAKE CHECK OR MONEY ORDER TO:
CITY OF SHELBY TAX DEPT.**

43 WEST MAIN STREET
SHELBY OH 44875

VOICE 419-342-5885 Fax 419-347-1193
Website www.shelbycity.oh.gov

We, the taxpayer, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return. By making this election, we, the taxpayer, authorize the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorizes the return preparer only to provide the administrator with information that is missing from the return, to contact the administrator for information about the processing of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the administrator and has shown to the return preparer.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Excluding Ordinary Loss) ...\$ _____		H. Capital Gains (Excluding Ordinary Gain)\$ _____	
B. 5% of amount deducted as intangible income..... _____		I. Interest Earned or Accrued..... _____	
C. Taxes Based on Income..... _____		J. Dividends _____	
D. Guaranteed Payments To Partners..... _____		K. Income From Royalties, Patents and Copyrights _____	
E. Sick Pay Exclusions, If Omitted in Line 1 on Front..... _____		L. Other (Explain) (Including IRC section 179 expense & charitable contributions, if not included in federal taxable income calculations)..... _____	
F. Other (Explain) (Including all amounts allowed as a deduction in the computation of federal taxable income for real estate investment trusts and regulated investment companies)..... _____		M. TOTAL DEDUCTIONS..... _____	
G. TOTAL ADDITIONS.....\$ _____		\$ _____	
		N. Combine Lines G and M and enter net on line 2 on front _____	

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. Located Everywhere	B. Located in Shelby	C. Percentage (B ÷ A)
Step 1. Average 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. Qualifying Wages, Salaries, Etc. Paid	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used - carry to line 4 on front).			_____ %

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARE OF NET INCOME

1. Name and address of each partner	2. Social Security Number	3. Amount	4. EIN of Payer
(a)			
(b)			
(c)			
(d)			
Carry forward to line 1 on front	TOTAL		

ATTACH FEDERAL SCHEDULES

BUSINESS GENERAL INSTRUCTIONS

WHO MUST FILE

1. A non-resident having income in the City of Shelby and/or who is engaged in a business or profession in Shelby or owns rental property located in Shelby.
2. All companies located in or doing business in Shelby.

WHEN AND WHERE TO FILE

1. Calendar year taxpayers by April 15, or the IRS due date.
2. Fiscal year taxpayers – within 4 months of fiscal year end. Mail completed return with all attached forms and schedules applicable to:

CITY OF SHELBY INCOME TAX
43 WEST MAIN STREET, SHELBY, OHIO 44875
419-342-5885

TAX PAID ALL CITIES MAXIMUM CREDIT .75%

FEDERAL TAXABLE INCOME (FTI)

Beginning with Tax Year 2004

FTI is a C Corporation's federal taxable income before net operating losses and special deductions (line 28 of Form 1120). Under Ohio Revised Code 718, if the taxpayer is not a C corporation and not an individual, **THE TAXPAYER SHALL COMPUTE ADJUSTED FEDERAL TAXABLE INCOME AS IF THE TAXPAYER WERE A C CORPORATION.** This means beginning with line 21 if filing a Form 1120S, line 22 if filing a Form 1065, or line 22 if filing a Form 1041; i.e., these should represent taxable income before net operating losses and special deductions.

When the figure is later adjusted by Schedule X, the resultant amount is "Adjusted Federal Taxable Income", or simply "net profits".)

FILING EXTENSIONS

Send a copy of your federal extension and we will grant an extension of time not to exceed 6 weeks beyond the time granted by the IRS. If we do not receive notification you will be considered delinquent and charged penalty and interest as shown on the return. Extensions will not be granted if this account is in any way delinquent.

NET LOSSES

If a net loss has been incurred for the tax year, a return must still be filed. Beginning January 1, 2017 a 5 year net operating loss carry forward will be permitted (due to House Bill 5).

REFUNDS

If any taxpayer has paid more tax than the City is entitled to, a refund of the overpayment will be made, provided a proper claim for refund is filed. The net loss from an unincorporated business may not be used to offset salaries, wages, commissions and other compensation. Amount under \$10.00 will not be refunded.

CAFETERIA PLANS ARE NO LONGER CITY TAXABLE

Contributions to IRA or other deferred plans are not deductible.

MISCELLANEOUS

Double-check your credit on lines 7 & 8 of the return by calling 419-342-5885.

Payments to the City of \$10.00 or less do not have to be paid.

BUSINESS GENERAL INSTRUCTIONS FOR COMPLETION OF THE TAX RETURN

HEADING: If this return is made for a period other than the calendar year, insert the beginning and ending date of the period. Enter your name and account number, if it is not already preprinted on your return. Your account number is the same as your federal identification number. If you do not have an account number, one will be assigned upon receipt of your return.

- Line 1** Enter amount of taxable income from your federal return. **ATTACH COPY OF FEDERAL FORM & SCHEDULES.**
- Line 2** Adjustments: Combine the items "not deductible" and the items "not taxable" from schedule X. Items not taxable must be included in income to be deductible.
- Line 3** Taxable income to Shelby before allocation. Subtract or add line 2, as applicable from line 1 to determine taxable income.
- Line 4** Allocation Percentage: From schedule Y. Used to determine the percentage of income conducted within and/or outside of Shelby.
- Line 5** Shelby Taxable Income: line 3 multiplied by line 4.
- Line 6** Shelby Income Tax: Multiply line 5 by 1.50% (.0150) to determine the amount of Shelby Income Tax.
- Line 7** Enter amount of previous years credits, if any.
- Line 7a** Enter amount of 50% net operating loss (2018)
- Line 8** Total estimated payments made on current year.
- Line 9** Other Credits Maximum Credit .75%
- Line 10** Total of lines 7, 8, and 9.
- Line 11** Total tax due after credits. Subtract line 10 from line 6.
- Line 12** **LATE FILE/PAY PENALTY** \$25.00 per month, maximum \$150.00 and an additional 15% on any unpaid balance.
- Line 13** INTEREST (up to 6% per annum)
- Line 14** Total Due (Total line 11, 12, and 13)
- Line 16** Indicate amount of overpayment, if line 10 is greater than line 6
- Line 16** Amount requested for refund. (\$10.00 or greater)
- Line 17** Amount to be credited to next year

DECLARATION OF ESTIMATE

(LINES 18 - 22) SELF-EXPLANATORY

- Line 23** Total Amount due (add lines 14 and 22)

INSTRUCTIONS FOR SCHEDULE X

This schedule is used to adjust your federal net income to your Shelby taxable income. The left hand column is for items deductible on the federal return but not deductible under the Shelby ordinance. The right hand column is for items taxable on the federal return but not taxable by Shelby.

INSTRUCTIONS FOR SCHEDULE Y

This form is used to determine the amount of income allocable to Shelby taxation earned within and outside of Shelby.

INSTRUCTIONS FOR SCHEDULE Z

Partners distributive share of net income. Attach copy(s) of applicable federal forms. List the information indicated and carry forward to line 1 on front of form.

DECLARATION OF ESTIMATED TAX FOR YEAR 2020

VOUCHER # 1 - DUE APRIL 15, 2020, OR THE IRS DUE DATE, OR FIFTEENTH DAY OF FOURTH FISCAL MONTH

NAME _____ SOC. SEC. # or FED. ID. # _____
ADDRESS _____

- 1) Total income subject to tax \$ _____ (Multiply by **0150**)\$ _____
- 2) Less income tax withheld by other city (Credit limited to **.75%**)\$ _____
- 3) Total declaration (line 1 minus line 2)\$ _____
- 4) Payment amounts (line 3 times 0.25) (law requires a minimum of .225)\$ _____
- 5) Overpayment from previous year (if not refunded)\$ _____
- 6) 1st payment amount (line 4 minus line 5)\$ _____

CUT LINE

VOUCHER # 2 - DUE JUNE 15, 2020, OR FIFTEENTH DAY OF SIXTH FISCAL MONTH

NAME _____ SOC. SEC. # or FED. ID. # _____
ADDRESS _____

- 1) Payment enclosed\$ _____
- 2) Check # _____
- 3) Prior amount paid\$ _____
- 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF SHELBY, INCOME TAX DEPT., 43 WEST MAIN STREET
SHELBY, OHIO 44875 PHONE# (419) 342-5885**

CUT LINE

VOUCHER # 3 - DUE SEPTEMBER 15, 2020, OR FIFTEENTH DAY OF NINTH FISCAL MONTH

NAME _____ SOC. SEC. # or FED. ID. # _____
ADDRESS _____

- 1) Payment enclosed\$ _____
- 2) Check # _____
- 3) Prior amount paid\$ _____
- 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF SHELBY, INCOME TAX DEPT., 43 WEST MAIN STREET
SHELBY, OHIO 44875 PHONE# (419) 342-5885**

CUT LINE

VOUCHER # 4 - DUE DECEMBER 15, 2020, OR FIFTEENTH DAY OF TWELTH FISCAL MONTH

NAME _____ SOC. SEC. # or FED. ID. # _____
ADDRESS _____

- 1) Payment enclosed\$ _____
- 2) Check # _____
- 3) Prior amount paid\$ _____
- 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF SHELBY, INCOME TAX DEPT., 43 WEST MAIN STREET
SHELBY, OHIO 44875 PHONE# (419) 342-5885**