

**BUSINESS - 2025
INCOME TAX RETURN
SHELBY**

**CALENDAR YEAR TAXPAYERS
FILE ON OR BEFORE APRIL 15
FISCAL YEAR TAXPAYERS FILE BY
THE 15th DAY OF THE 4th MONTH
AFTER THE END OF THE FISCAL PERIOD**

Fiscal Period _____ to _____

Tax Office Use Only : Tax Office Use Only :

TOTAL TAX
LIABILITY _____

TOTAL TAX
PAID W/ RETURN _____

CHECK # _____

Name _____

And _____

Address _____

Federal ID # _____

Business Telephone No. _____

Principal
Business
Activity
NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

☐ C-CORPORATION ☐ ESTATE
☐ PARTNERSHIP ☐ TRUST
☐ S-CORPORATION ☐ FIDUCIARY
☐ OTHER _____

NET OPERATING LOSS? ☐ YES ☐ NO

- | | | |
|---|-----------|----------------------|
| 1. INCOME PER ATTACHED FEDERAL RETURN (Per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 30), 1065 (Sch. K Analysis of Net Income (Loss) Page 5 - Line 1), 1041 (Line 17) or the equivalent) | 1 | <input type="text"/> |
| | Add 2A | <input type="text"/> |
| 2. A. ITEMS NOT DEDUCTIBLE (from Page 2, Schedule X Line G) | Deduct 2B | <input type="text"/> |
| B. ITEMS NOT TAXABLE (from Page 2, Schedule X Line K) | | |
| C. Enter Excess of Line 2A and 2B | 2C | <input type="text"/> |
| 3. A. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus 2C) | 3A | <input type="text"/> |
| B. (i) PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17
(subject to 50%, Attached Schedule to City Return) | 3B(i) | <input type="text"/> |
| (ii) Income/Loss Subject to Apportionment (Line 3A less Line 2B(i)) | 3B(ii) | <input type="text"/> |
| C. AMOUNT ALLOCABLE TO SHELBY (if Schedule Y Page 2 is used <input type="text"/> % of Line 3B(ii)) | 3C | <input type="text"/> |
| 4. SHELBY INCOME TAX (Multiply Line 3C by 1.75%) | 4 | <input type="text"/> |
| 5. CREDIT APPLIED FROM PREVIOUS YEAR(S) to this liability | 5 | <input type="text"/> |
| 6. ESTIMATES PAID on this year(s) liability | 6 | <input type="text"/> |
| 7. TOTAL CREDITS (Total Line 5 and 6) | 7 | <input type="text"/> |
| 8. TAX DUE (If Line 4 is greater than Line 7, Subtract Line 7 from Line 4) | 8 | <input type="text"/> |
| 9. PENALTIES AND INTEREST Late File (\$25) _____ Interest (9% per annum) _____ Late Pay (15%) _____ | 9 | <input type="text"/> |
| 10. TOTAL DUE (Sum of Line 8 and 9) | 10 | <input type="text"/> |
| 11. OVERPAYMENT (If Line 7 is greater than Line 4, Subtract Line 4 from Line 7) | 11 | <input type="text"/> |
| 12. AMOUNT TO BE REFUNDED from Line 10 (\$10.00 or greater) | 12 | <input type="text"/> |
| 13. AMOUNT TO BE CREDITED TO NEXT YEAR | 13 | <input type="text"/> |

Declaration of Estimate for 2026

- | | | |
|--|----|----------------------|
| 14. Total estimated income subject to tax | 14 | <input type="text"/> |
| 15. Estimated tax due. (Multiply Line 14 by 1.75%) | 15 | <input type="text"/> |
| 16. Tax due before credits (Multiply Line 15 by .25) (a minimum of .225 of Line 15 is due) | 16 | <input type="text"/> |
| 17. Less credits (from Line 13 above) | 17 | <input type="text"/> |
| 18. Net estimated tax due (subtract Line 17 from Line 16) | 18 | <input type="text"/> |

Amount You Owe

- | | | |
|--|----|----------------------|
| 19. Total Amount Due (Add Lines 10 and 18) | 19 | <input type="text"/> |
|--|----|----------------------|

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) AS 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 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, authorizes 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 – ADJUSTMENT TO FEDERAL INCOME TAX RETURN
(attach support statement for the line items utilized below)

ITEMS NOT DEDUCTIBLE

- | | |
|---|---|
| A. LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| B. TAXES BASED ON INCOME | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| C. 5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| D. AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| E. REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| F. OTHER: (ATTACH EXPLANATION) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| G. TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

ITEMS NOT TAXABLE

- | | |
|---|---|
| H. INCOME AND GAINS - FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| I. INTANGIBLE INCOME SUCH AS INTEREST, DIVIDED, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL AND GAS RIGHTS, ETC.) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| J. OTHER: PASS-THROUGH INCOME (LOSS) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| K. TOTAL DEDUCTIONS (ENTER ON LINE 2B) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA (See Instructions)

	A. LOCATED EVERYWHERE	B. LOCATED IN SHELBY	C. PERCENTAGE (B ÷ A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$ _____	\$ _____	
TOTAL OF STEP 1	\$ _____	\$ _____	_____ %
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$ _____	\$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$ _____	\$ _____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			_____ %

ATTACH FEDERAL RETURN INCLUDING K-1'S AND SUPPORTING SCHEDULES

DECLARATION OF ESTIMATED TAX FOR YEAR 2026

VOUCHER #1 - DUE APRIL 15, 2026, OR THE IRS DUE DATE, OR FIFTEENTH DAY OF FOURTH FISCAL MONTH

NAME _____ FED. ID # _____

ADDRESS _____

1) Total income subject to tax \$ _____ (Multiply by **.0175**) \$ _____

2) Less income tax withheld by other city \$ _____
(Credit limited to **not to exceed .75% of taxed gross earnings**)

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 16, 2026, OR THE FIFTEENTH DAY OF SIXTH FISCAL MONTH

NAME _____ 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, 2026, OR THE FIFTEENTH DAY OF NINTH FISCAL MONTH

NAME _____ 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, 2026, OR THE FIFTEENTH DAY OF TWELFTH FISCAL MONTH

NAME _____ 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**

BUSINESS GENERAL INSTRUCTIONS

FILING REQUIREMENTS

Every corporation, partnership, trust, or estate that conducts business in a Shelby municipality must file a return and pay tax on net profit earned in the municipality. A disregarded entity or qualifying sub-chapter S subsidiary for federal income tax purposes is not considered the “taxpayer” under Ohio law. Instead, the “taxpayer” includes any other person who owns the disregarded entity or qualifying sub-chapter S subsidiary.

WHEN AND WHERE TO FILE

1. Calendar year taxpayers by April 15.
2. Fiscal year taxpayers – by the 15th day of the 4th month after the end of the fiscal period.
Mail completed return with all attached forms and schedules applicable to:

**CITY OF SHELBY INCOME TAX
43 WEST MAIN STREET, SHELBY, OHIO 44875**

WHEN A RETURN IS NOT REQUIRED

Nonprofits (as defined in IRC section 501(c)) are not required to file an annual return if a copy of the organization’s approved IRS determination letter is on file with Shelby. However, should a nonprofit have unrelated business income, said nonprofit is required to file a municipal return and pay tax thereon.

FILING EXTENSIONS

Any taxpayer who has requested an extension for filing their Federal income tax return shall **automatically** receive the same extension for the filing of the City tax return (attach a copy). Taxpayers who have not received or requested a Federal extension may request an extension from the Income Tax Division provided the request is received before the original due date of the return. An extension of time to file is **not** an extension of time to pay any tax due. If you are unable to pay any taxes owed, you should still file your annual return timely with the Income Tax Division.

NET LOSSES

Losses can be carried forward for 5 years. For the taxable years 2019-2022 net operating loss carry-forwards are limited to 50% of the total loss. Starting with the taxable year 2023 there is no 50% restriction and net operating losses may be utilized to reduce qualifying taxable income to zero. [O.R.C. 718.01 (D) (3)].

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.

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