

|                        |       |
|------------------------|-------|
| TAX OFFICE USE ONLY    |       |
| Total Paid with Return | _____ |
| CHECK #                | _____ |

CALENDAR YEAR \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

DUE APRIL 17TH OR THE 17TH DAY OF THE 4TH MONTH AFTER FISCAL YEAR END.

FILING IS REQUIRED, EVEN IF NO TAX IS DUE.

NAME: \_\_\_\_\_ BUSINESS/FEDERAL ID NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

- 1. ALL INCOME FROM FEDERAL RETURN 1065, 1120, 1120S & 1041 AND/OR FEDERAL RETURN SCHEDULE E & K (PLEASE ATTACH ALL RETURNS & SCHEDULES) 1. \$ \_\_\_\_\_
- 2. ADJUSTMENTS (plus or minus line 16 SCHEDULE X) 2. \$ \_\_\_\_\_
- 3. TAXABLE INCOME (Line 1 plus or minus Line 2) 3. \$ \_\_\_\_\_
- 4. PERCENTAGE ALLOCATION TO ASHLAND (See Schedule Y Step 5.) 4. \$ \_\_\_\_\_ %
- 5. ASHLAND TAXABLE INCOME (Multiply line 3 by line 4) 5. \$ \_\_\_\_\_
- 6. ASHLAND INCOME TAX 2.0% OF LINE 5 (LINE 5 X .02) 6. \$ \_\_\_\_\_
- 7. ESTIMATED TAX PAID / PRIOR YEAR CREDIT 7. \$ \_\_\_\_\_
- 8. TAX DUE (LINE 6 MINUS 7) 8. \$ \_\_\_\_\_
- 9. A. OVERPAYMENT IF LINE 8 IS MINUS 9A. \$ \_\_\_\_\_
- B. ENTER AMT OF LINE 8 YOU WANT APPLIED TO NEXT YR 9B. \$ \_\_\_\_\_
- C. ENTER AMT OF LINE 8 YOU WANT TO BE REFUNDED 9C. \$ \_\_\_\_\_
- 10. INSUFFICIENT ESTIMATED TAXES PAID PENALTY (15% OF ESTIMATES UNPAID FOR 2017) 10. \$ \_\_\_\_\_
- 11. INTEREST (.5% OF TAX PER MONTH OR PORTION OF A MONTH ON LINE 8) 11. \$ \_\_\_\_\_
- 12. LATE FILING PENALTY (\$25.00 PER MONTH OR PORTION OF A MONTH)(MAXIMUM \$150.00) 12. \$ \_\_\_\_\_
- 13. TOTAL INTEREST AND PENALTIES (ADD Lines 10-12) 13. \$ \_\_\_\_\_
- NO PAYMENT OR REFUND FOR AMOUNT UNDER \$10.00**
- 14. AMOUNT DUE FOR 2017 14. \$ \_\_\_\_\_

DECLARATION OF ESTIMATED TAX FOR 2018 TAX YEAR

THIS SECTION MUST BE COMPLETED IF AMOUNT DUE FOR TAX YEAR 2017 IS AT LEAST \$200.00

- 15. ESTIMATED TAXABLE INCOME 15. \$ \_\_\_\_\_
- 16. ESTIMATED TAX DUE (Mutiply line 13 by 2.0%) 16. \$ \_\_\_\_\_
- 17. LESS OVERPAYMENTS FROM 9B 17. \$ \_\_\_\_\_
- 18. NET ESTIMATED TAX DUE (Subtract line 15 from line 14) 18. \$ \_\_\_\_\_
- 19. MINIMUM AMOUNT DUE FOR FIRST QTR (Multiply line 16 by .225) 19. \$ \_\_\_\_\_

20. TOTAL AMOUNT DUE (Add lines 12 and 17) -PAY IN FULL WITH RETURN (DUE APRIL 17TH) 20. \$ \_\_\_\_\_

\*\*\*FOR YOUR CONVENIENCE, PLEASE USE OUR WEBSITE: [www.ashlandincometax.com](http://www.ashlandincometax.com)\*\*\*

Taxpayer's/ Statutory Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

I (WE) AUTHORIZE THE INCOME TAX DEPT TO DISCUSS THIS RETURN AND ENCLOSURES WITH THE PREPARER ABOVE. CHECK HERE \_\_\_\_\_

\*SCHEDULE X AND SCHEDULE Y ARE LOCATED ON BACK PAGE\*

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
ASHLAND MUNICIPAL INCOME TAX  
218 LUTHER ST, ASHLAND OH 44805  
PH: 419-289-0386 FAX: 419-289-9225

CREDIT CARD INFORMATION FOR PAYMENT  
American Express, Master Card, Discover & VISA  
Call 1-800-272-9829 or Visit  
[www.officialpayments.com](http://www.officialpayments.com)

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

| ITEMS NOT DEDUCTIBLE  | <u>ADD</u>    |
|---|---------------|
| (19A) Capital Losses (Excluding Ordinary Losses)                | \$ _____      |
| (19B) Expenses incurred in the production of non-taxable income | _____         |
| (19C) Taxes based on income                                     | _____         |
| ITEMS NOT TAXABLE   | <u>DEDUCT</u> |
| (19D) Other expenses not deductible (Federally Deferred)        | _____         |
| (19E) Total Lines (16A) through (16D)                           | _____         |
| (19F) Capital gains (Excluding Ordinary Gains)                  | _____         |
| (19G) Interest Income   | _____         |
| (19H) Dividends   | _____         |
| (19I) Other   | _____         |
| (19J) Total Lines 19F through 19I                               | _____         |
| (19K) Subtract line 19J from 19E (Carry forward to line 2)      | 19. \$ _____  |

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

|   | a. LOCATED<br>EVERYWHERE | b. LOCATED IN<br>ASHLAND | c. PERCENTAGE<br>(b ÷ a) |
|---|--------------------------|--------------------------|--------------------------|
| STEP 1A. AVG VALUE OF REAL & TANG. PERSONAL PROPERTY                | _____                    | _____                    |                          |
| STEP 1B. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8                  | _____                    | _____                    |                          |
| TOTAL STEP 1A & 1B  | _____                    | _____                    | _____ %                  |
| STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR<br>SERVICES PERFORMED | _____                    | _____                    | _____ %                  |
| STEP 3. WAGES, SALARIES AND OTHER COMPESATION PAID                  | _____                    | _____                    | _____ %                  |
| STEP 4. TOTAL PERCENTAGES   |                          |                          | _____ %                  |
| STEP 5. AVERAGE PERCENTAGE (Carry forward to line 4)                |                          |                          |                          |

**INSTRUCTIONS**

**NAME AND ADDRESS** - Please make any changes to address

**IDENTIFICATION NUMBER** - Enter you federal identification number

**LINE 1 - ALL INCOME** - Federal Schedules and/or Federal Returns E, K-1, 1120, 1120S & 1041.

**LINE 2 - ADJUSTMENTS** - Combine the total of "not deductible" items and "not taxable items" from Schedule X.

**LINE 3 - TAXABLE INCOME BEFORE SCHEDULE Y ALLOCATION**

**LINE 4 - ALLOCATION PERCENTAGE** - per schedule Y step 5.

**LINE 5 - ASHLAND INCOME TAX** - Multiply line 3 by line 4.

**LINE 6 - ASHLAND INCOME TAX 2.0% OF LINE 5.**

**LINE 7 - CREDITS ALLOWABLE**

A. Estimated tax payments paid / prior year credit

**LINE 8 - TAX DUE** - If line 6 is more than 7, enter the difference. This is the amount of tax due.  
Amounts under \$10.00 are **not** payable.

**LINE 9 - OVERPAYMENT**

- A. If line 6 is less than 7, enter the difference. This is the amount of overpayment.
- B. Enter the portion of line of line 9A that you would like applied to next year's return.
- C. Enter the portion of 9A that you would like refunded.  
Amounts under \$10.00 will not be refunded

**LINE 10 - INSUFFICIENT ESTIMATED TAXES PENALTY**

If Line 8 is more than \$200.00 and is less than 90% of the previous year's tax due, you are subject to a penalty of 15% of taxes unpaid on the Declaration of Estimated Taxes.

**Line 11 - INTEREST** - Interest will be assessed on any unpaid tax balance. The interest rate is .5% per month.

**LINE 12 - LATE FILING PENALTY** - If your return is filed after the filing deadline, you are subject to a penalty of \$25.00 per month or portion of a month.

**LINE 13 - TOTAL INTEREST AND PENALTIES** - Add Lines 10-12

**LINE 14 - AMOUNT DUE FOR 2016**

Add Line 8 and Line 13 and this will be the total amount due for 2016.

**DECLARATION OF ESTIMATED TAX**

**Line 15 - 19 - SELF EXPLANATORY**

Complete this section only if the amount of tax due is over \$200.00

**LINE 20 - TOTAL AMOUNT OF TAXES DUE BY APRIL 17TH**