

BUSINESS - 2009 INCOME TAX RETURN RAVENNA

MAKE CHECK OR MONEY ORDER TO:
CITY OF RAVENNA INCOME TAX DEPT

PO BOX 1215
RAVENNA OH 44266-1215

Voice 330-297-7817 Fax 330-297-2164
E-mail TMURRAY@CI.RAVENNA.OH.US

Fiscal Period _____ to _____

Federal ID# _____

Business Telephone No. _____

Principal Business Activity NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION ESTATE

SOLE PROPRIETOR TRUST

PARTNERSHIP FIDUCIARY

S-CORPORATION

OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1		
2 Adjustment (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus Lines 2)	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply Line 3 by Line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 Ravenna Taxable income (Line 5 minus Line 6)	7		
8 Ravenna income tax (Multiply Line 7 by 2.000%)	8		
9 Credits applied from previous year(s) to this year's liability	9		
10 Estimated paid on this year's liability	10		
11 Other credits	11		
12 Total credits (Total Line 9,10 and11)			12 <input style="width: 100px; height: 20px;" type="text"/>
13 Tax due (If Line 8 is greater than line 12, subtract Line 12 from Line 8) If greater than 1.00			13 <input style="width: 100px; height: 20px;" type="text"/>
14 Penalty	14		
15 Interest	15		
16 Total due (Total Line 13, 14 and 15)			16 <input style="width: 100px; height: 20px;" type="text"/>
17 Overpayment (Issued if greater than 1.00)			17 <input style="width: 100px; height: 20px;" type="text"/>
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

Declaration of Estimate For 2010

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply Line 20 by 2.000%)			21 <input style="width: 100px; height: 20px;" type="text"/>
22 Less credits (from 19 above)			22 <input style="width: 100px; height: 20px;" type="text"/>
23 Net estimated tax due (Subtract Line 22 from Line 21)	23		
24 Minimum amount due for first quarter (Multiply Line 23 by 25%)			24 <input style="width: 100px; height: 20px;" type="text"/>

Amount You Owe

25 Total amount due (Add Lines 16 and 24)			25 <input style="width: 100px; height: 20px;" type="text"/>
---	--	--	---

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

Tax Payer's Signature Date

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

Phone No. _____

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

RECONCILIATION WITH FEDERAL INCOME TAX RETURN

1. FEDERAL TAXABLE INCOME before net operating losses and special deductions per attached federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 18; Form 1120A, Line 24; Form 1120-REIT, Line 20; Form 1065, Page 4, Line 1, "Analysis of Net Income (Loss)"; Form 1041, Line 17; Form 990 T, Line 30).....	1	
2. Other City taxable income that is not shown on Federal return.....	2	
3. TOTAL TAXABLE INCOME (enter here and on Line 1 on Business return).....	3	

SCHEDULE X

ITEMS NOT DEDUCTIBLE - ADD

4. A. Capital losses (IRS Section 1221 and 1231 assets included) - Enter as a positive number.....	4A			
B. 5% Of Line 5B (If IRS Section 1221 asset was disposed of in 2008).....	4B			
C. Taxes based on income (State, Local, Ohio Franchise & other taxes paid or accrued based on net income).....	4C			
D. Guaranteed payments to partners (not included in net profits).....	4D			
E. Net operating loss deduction per federal return	4E			
F. Qualified retirement, health insurance and life insurance plans on behalf of owners/owner employees...	4F			
G. REI - Other investor Benefits.....	4G			
H. Other expenses not deductible (attach documentation and/or explanation).....	4H			
I. Total Additions.....			4I	

ITEMS NOT TAXABLE - DEDUCT

5. A. Capital gains - IRS Section 1221 or 1231.....	5A			
B. Intangible income (Interest, dividends, patents, etc).....	5B			
C. Other exempt income (attach documentation and/or explanation).....	5C			
D. Total Deductions.....			5D	
6. TOTAL ADJUSTMENTS (enter here and on Line 2 on Business return).....			6	

SCHEDULE Y BUSINESS ALLOCATION

If there is business activity both inside and outside of Ravenna use this 3-factor formula.

1. Average net book value of real & tangible personal property.....	A. LOCATED EVERYWHERE		B. LOCATED IN RAVENNA		C. PERCENTAGE (B÷A)	
	\$	\$	\$	\$	1	%
Gross annual rentals multiplied by 8.....	\$	\$	\$	\$		
Total of Step 1.....	\$	\$	\$	\$	1	%
2. Total wages, salaries, commissions and other compensation paid to all employees.....	\$	\$	\$	\$	2	%
3. Gross receipts from sales and work or services performed.....	\$	\$	\$	\$	3	%
4. Total of Percentages.....					4	%
5. Average percentage (Divide total percentages by number of percentages used) Enter here and on Line 4 on Business return.....					5	%

SCHEDULE Z

PARTNERS DISTRIBUTIVE SHARES OF NET INCOME

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)							
(c)							
(d)							
7. TOTALS			100%	\$	\$	%	\$

SCHEDULE F

LOSS CARRY FORWARD CALCULATION - Five Year Limit

	2004	2005	2006	2007	2008	2009	TOTAL
Unused Loss Carry Forward							
Loss Used in 2009							
Loss Carried Forward to 2010							