

Village of Leipsic  
 Income Tax Department  
 142 E Main St.  
 Leipsic, OH 45856  
 www.leipsic.com  
 419-943-2492

## 2016 Leipsic Bussiness Tax Return

OR FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_  
 CALENDAR YEAR DUE ON OR BEFORE APRIL 18, 2017  
 FISCAL YEAR DUE ON THE 15TH DAY OF THE FOURTH MONTH  
 AFTER THE CLOSE OF THE PERIOD

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, ST, Zip \_\_\_\_\_

FEIN: \_\_\_\_\_  
 Did you file a village return last year  Yes  No  
 Business Status: Check all that apply:  
 C Corporation  S Corporation  LLC  
 Partnership  Fiduciary (Trust or Estates)  
 Should your account be inactivated  Yes  No  
 If yes please explain \_\_\_\_\_

### Part A Tax Calculation

1. Federal Taxable Income before net operating losses and special deductions-Attach copy of federal return		1
2. Adjustments( From Schedule X, Line P)		2
3. Adjusted Federal Taxable Income before apportionment (Line 1 plus Line 2)		3
4. Apportionment percentage (Schedule Y, Step 5)	4	
5. Leipsic Adjusted Federal Taxable Income ( Line 4multiplied by Line 5)		5
6. Enter loss carryforward 2011 ( ) 2012 ( ) 2013 ( ) 2014 ( ) 2015 ( )		6
7. Municipal Taxable Income (Line 5 plus Line 6)		7
8. Leipsic Income Tax ( Line 7 multiplied by 1.5%)		8
9a. Estimated Taxes Paid/Extension Payment	9a.	
9b. Prior Year Credit	9b.	
10. Prior Year Credit		10
11. Balance due (Overpayment) (Line 8 minus Line 10)		11
12. Late Filling Penalty (\$25.00 per month or fraction thereof, not to exceed \$150.00)		12
13a. Penalty Due (15% of the amount not timely paid)		13a.
13b. Interest Due (Imposed on all tax not timely paid)		13b.
14. Total Due (Total of Lines 11, 12, 13a and 13b) No payment Due if Line 14 is \$10.00 or less.		14
15. Overpayment from Line 14	15	
16. Amount to be Refunded (Amounts \$10.00 or less will not be refunded)	16	
17. Credit to Next Year	17	

### Part B Declaration of Estimated Tax for 2017-Must be completed if estimated tax liability is at least \$200.00

18. Total Estimated Income Subject to Tax	18	
19. Leipsic Income Tax Declaration( Line 18 multiplied by 1.5%)	19	
20. Declaration Due (Multiply Line 19 by 22.5%)	20	
21. Less: Overpayment from Prior Year (Line 17 above)	21	
22. Net Estimated Tax Due with this Return-subsequent payments are due by 6/15, 9/15, 12/15: fiscal filers-see instructions	22	

23. TOTAL AMOUNT DUE-Add Lines 14 and 22. Make Checks payable to The Village of Leipsic 23

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.  Yes  No  
 The undersigned declares that this return(and accompanying schedules) is a true, correct, and complete return for the taxable period stated.

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preparer(other than taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

Preparers Name / Phone Number \_\_\_\_\_

Address of Preparer \_\_\_\_\_

Preparer Email Address \_\_\_\_\_

**WORKSHEET C-OTHER INCOME (Schedules C, E, F, K-1, 1099-MISC, W-2G, Ect. To avoid a delay in processing attach supporting documents)**

**Schedule X Reconciliation with Federal Income Tax Return**

ITEMS NOT DEDUCTIBLE (ADDITIONS)		
A. Capital losses and IRC Section 1231 Losses		
B. Taxes on or measured by net income		
C. Expenses attributable to intangible income (5% of total intangible income, excluding capital gains)		
D. Guaranteed payments to current or former partners, shareholders or members		
E. Amounts paid or accrued to a qualified self-employed retirement plan for current or former partners, shareholders or members		
F. Amounts paid or accrued to or for health or life insurance for current or former partners, shareholders or members		
G. Depreciation recovery (non-C Corporations are subject to IRC Section 291 depreciation recovery on Section 1250 property)		
H. Loss incurred by a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's federal taxable income unless the loss is included in the net profit of an affiliated group in accordance with ORC 718.06 (E)(3)(b)		
I. Real Estate Investment Trust (REIT) distributions		
J. Other-Please List		
K. Total of Lines A through J	(Add Lines A-J)	K.

ITEMS NOT TAXABLE (DEDUCTIONS)		
I. Capital Gains and IRC 1231 Gains (Do not deduct IRC Section 1245 and 1250 gains)		
M. Dividend Income		
N. Interest Income		
O. Other Intangible income as defined in ORC 718.01(S)		
P. Net Profit of a pass-through entity owned directly or indirectly by the taxpayer and included in the taxpayer's federal taxable income unless the net profit is included in the net profit of an affiliated group in accordance with ORC 718.06 (E) (3) (b)		
Q. Other-Please List		
R. Total Deductions	(Add Lines L-Q)	

<b>S. Net Adjustments (Line K minus Line R)</b>	<b>Enter Total on Page 1 Line 2 S.</b>
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**Schedule Y Bussiness Apportionment Formula**

	Located Everywhere (A)	Located in Leipsic (B)	Percentage (B/A)
Step 1 Original Cost of Real and Tangible Personal Property			
Gross Annual Rents Paid Multiplied by 8			
Total Step 1			
Step 2 Wages, Salaries and Other Compensation Paid			%
Step 3 Gross Receipts from Sales Made and/or Work or Services Performed			%
Step 4 Total Percentages (Add Percentages from Steps 1-3)			%
Step 5 Apportionment Percentage (Divide Step 4 by Number of Percentages Used)	ENTER ON PAGE 1, LINE 4		%

**Schedule Y-1 Reconciliation of Schedule Y Wages to Withholding Returns**

1. Total Wages Allocated to Leipsic(from federal return or apportionment formula)	1
2. Total Wages shown on Form W-3(Village of Leipsic Annau Withholding Reconciliation)	2
3. Difference (B Minus A)	3
Explain any differences reflected on Line C above:	