



One Government Center, Ste 2070
 Toledo, OH 43604-2280
 Phone: (419) 245-1662
 web site: www.toledo.oh.gov
 email: incometax@toledo.oh.gov

TROY TOWNSHIP JEDD BUSINESS TAX RETURN

2016

For filers of Federal Forms 1120, 1120S, 1065, 1041

Return due on or before April 18, 2017 or
 within 3 months 15 days after the close of fiscal year or period

Schedule C Filers Do Not Use This Form

Attach a copy of your Federal return including all supporting schedules
 to the back of this return

PLEASE CHECK IF A

REFUND
 CREDIT TO 2017
 AMENDED

TROY TWP AC # _____ FED ID # _____

NAME _____

TRADE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOCAL BUSINESS ADDRESS IF DIFFERENT

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FOR FISCAL YEAR
 BEGINNING _____ ENDING _____
 (Short period return Yes No)

FILING STATUS CHECK ONLY ONE

C-Corporation Fiduciary (Trust & Estates)
 S-Corporation Partnership/Association
 (Do not use this form for Schedule C filers)

Did you file a Toledo return last year Yes No

Is this a consolidated return Yes No

Should your account be closed Yes No

Reason _____

Do you have employees in Toledo? Yes No

Nature of business _____

PART A TAX CALCULATION — DO NOT COMPLETE TAX CALCULATION UNTIL SCHEDULE X HAS BEEN COMPLETED:

1. TOTAL FROM SCHEDULE X LINE 5 ADJUSTED FEDERAL TAXABLE INCOME 1. \$ _____
2. ALLOCATION FROM SCHEDULE Y PAGE 2 2. _____ %
3. MULTIPLY Line 1 BY Line 2 3. \$ _____
4. Loss Carried Forward (limited to 5 most recent prior years) 4. \$ _____
5. JEDD TAXABLE INCOME Line 3 minus Line 4 5. \$ _____
6. TAX ON Line 5 @ 2.25% 6. \$ _____
7. 7a. JEDD resident partnership tax paid to other cities \$ _____
 7b. Other Credits (see instructions) \$ _____ Total 7a + 7b = 7c \$ _____
8. Subtract Line 7c from Line 6 8. \$ _____
9. Total amount of credits from prior year 9a \$ _____ total estimate payments 9b \$ _____
 Total credits Line 9a + 9b = 9c \$ _____

(A DECLARATION OF ESTIMATED CITY TAX IS REQUIRED FOR ALL ENTITIES AND INDIVIDUALS WHO OWE MORE THAN \$200 TAX FOR THE YEAR)

10. Subtract Line 9c from Line 8 – Balance of tax Due 10. \$ _____
 If Line 10 is **Positive**, you have a balance of tax due; go to Line 11. (Do not remit amounts under \$10 as no billing or collection will occur)
 If Line 10 is **Negative**, you have an Overpayment; go to Line 13. (Amounts of \$9.99 or less will not be refunded or credited)
 Returns need to be filed in both cases even when under \$10.00
11. See instructions to calculate
 11a. penalty \$ _____ 11b. interest \$ _____ 11c. late filing fee \$ _____ 11d. total 11a+11b+11c=11d. \$ _____
12. Total Line 10 and Line 11d 12. \$ _____

PAYMENT MUST ACCOMPANY RETURN. MAKE PAYMENT PAYABLE TO THE "COMMISSIONER OF TAXATION"

(or see instructions to pay by credit card) (If paying online, return still needs to be mailed)

13. If Line 10 is an overpayment, indicate the amount to be credited to the 2017 estimate (\$ _____)
 or the amount to be refunded (\$ _____). Please check appropriate box at top of page.

Signature **IMPORTANT This return is NOT considered filed until signed.**
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 are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

TAX PREPARER'S SIGNATURE _____ DATE _____

PRINT NAME _____

FIRM NAME _____ PHONE _____

TAXPAYER MUST SIGN (Signature of Taxpayer) _____ DATE _____

TITLE _____ PHONE _____

FED ID NUMBER _____

Check box if City may discuss your return with tax preparer.

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER ORC 718

1. Income per attached Federal return (Form 1120, Form 1120S, Form 1065 or Form 1041) 1. \$ _____
2. a. Items not deductible (from Line 6J below) 2a. \$ _____
- b. Items not taxable (from Line 7F below) 2b. \$ _____
- c. Combine Lines 2a and 2b 2c. \$ _____
3. Combine Line 2c and Line 1 3. \$ _____
4. Partnership income previously filed and paid at entity level 4. \$ _____
5. Adjusted Federal Taxable Income before allocation (Line 3 minus Line 4 Enter in Part A Line 1)..... 5. \$ _____

6. ITEMS NOT DEDUCTIBLE

- | | |
|--|---|
| <p>A. Federally deducted losses from IRS 1221 or 1231 property dispositions A \$ _____</p> <p>B. Amount equal to 5% of intangible income not attributable to sale, exchange or other disposition of IRS 1221 property (5% of Line 7B, 7C, and 7D) B \$ _____</p> <p>C. Federally deducted taxes based on income C \$ _____</p> <p>D. Guaranteed payments or accruals to or for current or former partners or members D \$ _____</p> <p>E. Charitable contributions deducted above corporate limitations E \$ _____</p> | <p>F. IRS 179 expense deducted above corporate limitations F \$ _____</p> <p>G. Qualified retirement, health insurance and life insurance plans on behalf of owners/owner employees of non C-Corporation businesses G \$ _____</p> <p>H. Federally deducted dividends, distributions or amounts set aside for, credited to, or distributed to REIT or RIC investors.. H \$ _____</p> <p>I. Other expenses not deductible (attach documentation explaining) I \$ _____</p> <p>J. TOTAL ADDITIONS (Enter here and on Line 2a above)..... J \$ _____</p> |
|--|---|

7. ITEMS NOT TAXABLE

- | | |
|---|--|
| <p>A. Capital/IRS 1231 gains, etc (do not deduct Section 1245 and 1250 gains)..... A \$ _____</p> <p>B. Interest earned or accrued B \$ _____</p> <p>C. Dividends..... C \$ _____</p> | <p>D. Income from patents, trademarks, copyrights and royalties from intangible sources D \$ _____</p> <p>E. Other exempt income (attach documentation or explanation) E \$ _____</p> <p>F. Total Items not taxable F \$ _____</p> |
|---|--|

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA (SEE INSTRUCTIONS)

	A. Located Everywhere	B. Located in Toledo	C. Percentage (B ÷ A)
Step 1. Average Original Cost of Real & Tangible Personal Property	_____	_____	
Gross Annual Rentals Multiplied by 8	_____	_____	
Total Step 1	_____	_____	_____ %
Step 2. Total wages, salaries, commissions and other compensation of all employees	_____	_____	_____ %
Step 3. Gross receipts from sales made and work or services performed	_____	_____	_____ %
Step 4. Total percentages	_____	_____	_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used)	_____	_____	_____ %

SCHEDULE Y-1 RECONCILIATION OF SCHEDULE Y WAGES LISTED ABOVE TO W3 WITHHOLDING RETURN

1. Total workplace JEDD wages shown on your withholding tax returns filed for the year covered by this return..... \$ _____
2. Explanation of any difference between total wages remitted and total wages shown on Schedule Y above.

3. Provide the EIN, name and address under which the withholding tax was remitted if different.

NAME _____	EIN _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
4. Were 1099-MISC forms issued to JEDD residents or to anyone working in JEDD ? Yes No
If YES, attach copies to this return when filed.