

**BUSINESS - 20\_\_\_\_  
INCOME TAX RETURN  
GREENWICH**

**CALENDAR YEAR TAXPAYERS  
FILE ON OR BEFORE APRIL 18  
FISCAL YEAR TAXPAYERS FILE WITHIN  
4 MONTHS OF END OF PERIOD**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

<b>Tax Office Use Only : Tax Office Use Only :</b>
TOTAL TAX LIABILITY _____
TOTAL TAX PAID W/ RETURN _____
CHECK # _____

Federal ID # / Social Security #
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

1 Total taxable income	1	_____	
2 Adjustments (See Schedule X)	2	_____	
3 Taxable income before allocation (Line 1 plus/minus line 2)	3	_____	
4 Percentage allocation to Greenwich (See Schedule Y)	4	_____ %	
5 Greenwich Taxable income (Multiple line 3 by line 4)	5	_____	
6 Greenwich income tax (Multiply line 5 by 1%)	6	_____	
7 Credits applied from previous year(s) to this year's liability	7	_____	
8 Estimates paid on this year's liability	8	_____	
9 Other credits - <b>Maximum Credit 1.00%</b>	9	_____	
10 Total credits (Total line 7, 8 and 9)			10 _____
11 Tax due (If line 6 is greater than line 10, subtract line 10 from line 6)			11 _____
12 Penalty \$25.00 per month, maximum \$150.00 and an additional 15% on any unpaid balance (If applicable)	12	_____	
13 Interest 5% per annum (If applicable)	13	_____	
14 Total due (Total line 11, 12 and 13)			14 _____
15 Overpayment (If line 10 is greater than line 6, subtract line 6 from line 10)			15 _____
16 Amount to be refunded (\$10.00 or greater)	16	_____	
17 Amount to be credited to next year	17	_____	

**Declaration of Estimate for 2018**

18 Total estimated income subject to tax	18	_____	
19 Estimated tax due. (Multiply line 18 by <b>1%</b> )			19 _____
20 Tax due before credits (Multiply line 19 by .25)			20 _____
21 Less credits (from 17 above)	21	_____	
22 Net estimated tax due (subtract line 20 from line 21)			22 _____

**Amount You Owe**

23 Total amount due (add lines 14 and 22)	23	_____
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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 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:  
VILLAGE OF GREENWICH TAX DEPT.**

45 MAIN STREET  
GREENWICH OH 44837

Phone 419-752-2441 Fax 419-752-1903  
Website [www.villageofgreenwich.com](http://www.villageofgreenwich.com)

**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 - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Excluding Ordinary Loss) ...\$	_____	I. Capital Gains (Excluding Ordinary Gain).....\$	_____
B. 5% of amount deducted as intangible income.....	_____	J. Interest Earned or Accrued .....	_____
C. Taxes Based on Income.....	_____	K. Dividends .....	_____
D. Guaranteed Payments To Partners.....	_____	L. Income From Royalties, Patents and Copyrights .....	_____
E. Sick Pay Exclusions, If Omitted in Line 1 on Front .....	_____	M. Other (Explain) (Including IRC section 179 expense & charitable contributions, if not included in federal taxable income calculations) .....	_____
F. Previous Year Net Operating Loss Deduction .....	_____		
G. Other (Explain) (Including all amounts allowed as a deduction in the computation of federal taxable income for real estate investment trusts and regulated investment companies) .....	_____	N. TOTAL DEDUCTIONS.....	_____
		\$	_____
H. TOTAL ADDITIONS .....	\$	O. Combine Lines H and N and enter net on line 2 on front	_____

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

	A. Located Everywhere	B. Located in Greenwich	C. Percentage (B ÷ A)
Step 1. Average original cost of real and tangible personal property . .	\$	\$	
Gross annual rentals paid multiplied by 8 .....	\$	\$	
Total Step 1.....	\$	\$	_____ %
Step 2. Gross receipts from sales made and/or work or services performed .....	\$	\$	_____ %
Step 3. Qualifying Wages, Salaries, Etc. Paid .....	\$	\$	_____ %
Step 4. Total percentages .....			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used - carry to line 4 on front). . . . .			_____ %

**SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARE OF NET INCOME**

1. Name and address of each partner	2. Social Security Number	3. Amount	4. EIN of Payer
(a)			
(b)			
(c)			
(d)			
Carry forward to line 1 on front	TOTAL		

**ATTACH FEDERAL SCHEDULES**