

**FORM CR – FILE WITH:**  
 VILLAGE OF ARCHBOLD  
 INCOME TAX DEPT.  
 300 N. DEFIANCE ST.  
 P.O. BOX 406  
 ARCHBOLD, OH 43502-0406  
 ON OR BEFORE APRIL 30  
 OR WITHIN 4 MONTHS  
 AFTER FISCAL YEAR END

**VILLAGE OF ARCHBOLD, OHIO  
 CORPORATION, PARTNERSHIP OR FIDUCIARY  
 INCOME TAX RETURN**

(Tax Office Use Only) **PAGE 1**

Processed by \_\_\_\_\_

Cash  M.O.

Check  
 Paid with this Return

YEAR \_\_\_\_\_

FOR CALENDAR YEAR OR FISCAL YEAR  
 FROM \_\_\_\_\_, 20\_\_\_\_ THROUGH \_\_\_\_\_, 20\_\_\_\_

\$ \_\_\_\_\_

NAME AND ADDRESS ARE AS THEY APPEAR ON OUR RECORDS. MAKE ANY NECESSARY CORRECTIONS.

FEDERAL I.D. # \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

**NET INCOME COMPUTATION – ATTACH COPY OF FEDERAL RETURN AND SUPPORTING SCHEDULES/STATEMENTS, IF APPLICABLE.**

\*NOTE: IF BUSINESS ALLOCATION PERCENTAGE FORMULA (SCHEDULE Y) IS USED, DISREGARD COLUMN B.

	COLUMN A As shown by Federal Return	COLUMN B Allocable to Archbold, Ohio (*See Note)
1. Net Income (or Loss) Per Federal Return . . . . .	\$ _____	\$ _____
2. Add items not deductible (From line h, Schedule X, page 2) . . . . .	_____	_____
3. Deduct items not taxable (From line n, Schedule X, page 2) . . . . .	_____	_____
4. Adjusted Net Income (or Loss) . . . . .	\$ _____	\$ _____
5. _____% (as determined by Schedule Y, page 2) of line 4, Col. A	\$ _____	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Amount subject to Archbold Income Tax (line 5, Col. A, or line 4, Col. B) . . . . .	\$ _____	\$ _____
7. Archbold Income Tax – 1-1/2% (.015) of line 6. . . . .	\$ _____	\$ _____
8. Less: Payments (or credit) on Declaration of Estimated Archbold Income Tax (Carryover CR \$ _____ + Pmts. \$ _____)	_____	_____
9. BALANCE OF TAX DUE (line 7 minus line 8) . . . . .	\$ _____	\$ _____
10. If line 8 is GREATER than line 7, enter OVERPAYMENT here . . . . .	\$ _____	\$ _____

11. Use X to indicate whether overpayment is to be  refunded \$ \_\_\_\_\_ and/or  credited \$ \_\_\_\_\_ to next year's estimate.

**NOTE:** Balance due of less than \$1.00 need not be paid. Overpayment of less than \$1.00 will not be refunded or credited. No refund will be made until next year's declaration is filed.

**DECLARATION OF ESTIMATED INCOME TAX FOR NEXT CALENDAR/FISCAL YEAR**

12. ESTIMATED NET INCOME SUBJECT TO ARCHBOLD INCOME TAX. . . . .	\$ _____
13. ESTIMATED ARCHBOLD INCOME TAX at 1-1/2% (.015) of line 12 . . . . .	\$ _____
14. DECLARATION AMOUNT DUE (1/4 of line 13) . . . . .	\$ _____
15. LESS: CREDIT for prior year overpayment carried forward to this year. . . . .	_____
16. AMOUNT PAID WITH THIS DECLARATION (line 14 minus line 15 – if less than zero, enter zero) . . . . .	_____
17. TOTAL PAYMENT ENCLOSED (line 9 plus line 16) . . . . .	_____

**MAKE CHECK OR MONEY ORDER PAYABLE TO: ARCHBOLD, OHIO – INCOME TAX**

I certify that the information contained in this return has been examined by me and to the best of my knowledge and belief is a true and complete return. I authorize the Village of Archbold Income Tax Department to discuss my account with the preparer named below.

\_\_\_\_\_  
 Signature of Person or Firm Preparing Return  
 if Other than Taxpayer

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Phone

**SCHEDULE X**

Adjustment of net profit (or loss) for income Not Taxable and items Not Deductible under Archbold, Ohio, Income Tax Ordinance. (Schedule X entries are allowed ONLY to the extent directly included in the determination of net profit (or loss) as shown on line 1, page 1.)

Items Not Deductible – ADD		Items Not Taxable - DEDUCT	
a. Capital Losses (Excluding Ordinary Losses)	\$	i. Capital Gains (Excluding Ordinary Gains)	\$
b. Archbold, Ohio, Income Tax paid or accrued		j. Interest earned and accrued	
c. Other state or city taxes, based on income, paid or accrued		k. Dividends	
d. Net operating loss deduction per Federal return		l. Income from Royalties, Patents, Copyrights	
e. Guaranteed Payments to Partners		m. Other (explain)	
f. Expenses incurred in the production of non-taxable income			
g. Other expenses not deductible (explain)			
h. Total Additions (enter on line 2, page 1)	\$	n. Total Deductions (enter on line 3, page 1)	\$

**SCHEDULE Y  
BUSINESS ALLOCATION PERCENTAGE FORMULA**

If the taxpayer did not have a place of business outside Archbold, its business allocation percentage is 100%.

**NOTE: USE DOLLARS ONLY.**

Tangible Property	Tangible Property Located Everywhere		Tangible Property Located in Archbold	
	Beginning of Year	End of Year	Beginning of Year	End of Year
<b>Value of Real and Tangible Personal Property:</b>				
1. Depreciable assets	\$	\$	\$	\$
2. Land and land improvements				
3. Inventories				
4. Total of above real and tangible property	\$	\$	\$	\$
5. Total of beginning and ending totals	\$		\$	
6. Line 5 divided by 2	\$		\$	
7. Gross annual rentals multiplied by 8	\$		\$	
8. AVERAGE VALUE (line 6 plus line 7)	\$		\$	

**CALCULATION OF TAXABLE PROPORTION**

USE DOLLARS ONLY – Divide (b) by (a) to obtain decimal – Carry out decimal at least four places

Allocation Factors	Grand Total Factor (a)	Archbold Factor (b)	Percentage
1. PROPERTY FACTOR: Average value of real and tangible personal property (line 8 above)	\$	\$	%
2. SALES FACTOR: Gross receipts from sales made (less returns and allowances) and/or work or services performed	\$	\$	%
3. PAYROLL FACTOR: Wages, salaries and other compensation paid	\$	\$	%
4. Total percents			%
5. Average Percentage (line 4 divided by number of percents used) (Carry average percentage to line 5, page 1)			%