

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

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

FOR CALENDAR YEAR OR FISCAL YEAR FROM _____, 20____ THROUGH _____, 20____

Processed by _____ Cash M.O. Check Paid with this Return \$ _____

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.

Table with 3 columns: Description, COLUMN A As shown by Federal Return, and COLUMN B Allocable to Archbold, Ohio (*See Note). Rows include Net Income, Adjusted Net Income, and BALANCE OF TAX DUE.

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

Table with 2 columns: Description and Amount. Rows include ESTIMATED NET INCOME, ESTIMATED ARCHBOLD INCOME TAX, and TOTAL PAYMENT ENCLOSED.

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. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$	i. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250	\$
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. 5% of intangible income reported on lines j, k & l			
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
Value of Real and Tangible Personal Property:				
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)			%