MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF AMBERLEY

INCOME TAX DEPT
7149 RIDGE ROAD
CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154
taxoffice@amberleyvillage.org

AMBERLEY VILLAGE
NET PROFIT INCOME TAX RETURN

DUE: APRIL 15

Fiscal Period: _____ to _____

Federal ID#

BusinessTelephone No.

Principal
Business
Activity
NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

- ☐ CORPORATION
- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ S-CORPORATION
- ☐ OTHER _____
- ☐ ESTATE
- ☐ TRUST
- ☐ FIDUCIARY

NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

1	Total taxable income	1	
2	Adjustments (See Schedule X)	2	
3	Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4	Allocation percentage (See Schedule Y)	4	%
5	Adjusted Net Income (Multiply line 3 by line 4)	5	
6	Allocable Net Loss Carry Forward	6	
7	Amberley Taxable income (Line 5 minus Line 6)	7	
8	Amberley income tax (Multiply line 7 by 2.000%)	8	
9	Credits applied from previous year(s) to this year's liability	9	
10	Estimates paid on this year's liability	10	
11	Other credits	11	
12	Total credits (Total line 9, 10 and 11)		12
13	Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00		13
14	Penalty	14	
15	Interest	15	
16	Total due (Total line 13, 14 and 15)		16
17	Overpayment (Issued if greater than 10.00)		17
18	Amount to be refunded	18	
19	Amount to be credited to next year	19	

Declaration of Estimate For Tax Year: _____

20	Total estimated income subject to tax	20	
21	Estimated tax due. (Multiply line 20 by 0.000%)		21
22	Less credits (from 19 above)		22
23	Net estimated tax due (subtract line 22 from line 21)	23	
24	Minimum amount due for first quarter (Multiply line 23 by 25%)		24

Amount You Owe

25	Total amount due (add lines 16 and 24)	25

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

LATE FILING PENALTY:
$25 FIRST MONTH MINIMUM AND $25.00 EACH SUBSEQUENT MONTH. MAXIMUM $150.00.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (including accompanying schedules and statements) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS KNOWLEDGE

TaxPayer's Signature Date

Tax Preparer's Signature (If other than taxpayer) Date

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

☐ MasterCard ☐ VISA ☐ DISCOVER

ACCOUNT NUMBER

SECURITY PIN CARD EXPIRATION / /

AMOUNT

May VILLAGE OF AMBERLEY discuss this return with the preparer shown above ___Yes ___No