

**BUSINESS - 2017
INCOME TAX RETURN
TWP SWJEDZ**

MAKE CHECK OR MONEY ORDER TO:
SYCAMORE TOWNSHIP SWJEDZ

c/o Amberley Village
7149 Ridge Road
Cincinnati OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

Fiscal Period _____ to _____

Federal Schedules MUST be attached to this return.

Federal ID#
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 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 Twp Swjedz Taxable income (Line 5 minus Line 6)	7	
8 Twp Swjedz income tax (Multiply line 7 by 0.750%)	8	
9 Credits applied from previous year(s) to this year's liability	9	0.00
10 Estimates paid on this year's liability	10	0.00
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 2018

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 0.750%)	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	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

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. _____

May SYCAMORE TWP SWJEDZ discuss this return with the preparer shown above ___Yes ___No

SECTION A Adjusted Federal Taxable Income for S-Corporations and Partnerships

Ordinary income for 1120 (Line 21)	\$ _____
Ordinary income for 1120S (Line 21) or 1065 (Line 22)	\$ _____
Add Income/Losses reported to shareholders on Schedule K:	
Net Income from Rental (Real Estate or Other)	\$ _____
Interest	\$ _____
Dividends	\$ _____
Royalties	\$ _____
Capital Gain/(Loss)	\$ _____
Other Income/(Loss)	\$ _____
Total Additions	\$ _____
Less Deductions reported to shareholders on Schedule K:	
Charitable Contributions (Limited to 10% of Adjusted Taxable Income)	\$ _____
Section 179 Depreciation	\$ _____
Other Deductions	\$ _____
Total Deductions	\$ _____
Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K)	\$ _____

SECTION B Total from Federal Schedule D, Form 4797 \$ _____

SECTION C Income from rents - from Schedule E \$ _____

SECTION D All Other Taxable Income \$ _____

TOTAL From Sections A, B, C & D Enter on Page 1, Line 1 \$ _____

SCHEDULE X Reconciliation with Federal Income Tax Return as Required by IRC Section 718

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)	\$ _____
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	\$ _____
c. Taxes based on income (State)	\$ _____	p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	\$ _____
d. Taxes based on income (City)	\$ _____	q. Not previously deducted IRC Section 179 Expense	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or members	\$ _____	r. Partnership, S corp, LLC charitable contributions	\$ _____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____	s. Other	\$ _____
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities	\$ _____		
h. Rental activities by partnership, S corp or LLC, Trusts	\$ _____		
i. Other	\$ _____		
m. Total (Enter Line 2 Other Side)	\$ _____	z. Total (Enter Line 2 Other Side)	\$ _____

SCHEDULE Y Business Apportionment Formula

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B + A)	
STEP 1. ORIGINAL COST OF REAL & 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. WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____	%
4. TOTAL PERCENTAGES			_____	%
5. AVERAGE PERCENTAGES				

Divide Total Percentages by Number of Percentages Used Carry to Line 3, Page 1 _____ %