

Form BR File With
City Income Tax Bureau
1201 Steffens Avenue
Lincoln Heights, Oh 45215
On or before April 15, 2016

LINCOLN HEIGHTS INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE
MAY BE USED IN ANY CITY IN BUTLER, CLERMONT, HAMILTON, HIGHLAND
OR WARREN COUNTY BY INSERTING PROPER NAME AND CHANGING TAX RATE

TAX OFFICE
www.vlho.org
PHONE (513) 733-5900
FAX (513) 733-4190

DUE BY APRIL 15, 2016

TAXPAYER'S NAME, ADDRESS	ACCOUNT NO.	PRINCIPAL BUSINESS ACTIVITY _____ CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> FEDERAL ID# _____ TELEPHONE : _____ IF YOU MOVED DURING CURRENT YEAR PLEASE GIVE DATE OF MOVE. INTO CITY _____ OUT OF CITY _____
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INCOME

1. **ADJUSTED FEDERAL TAXABLE INCOME (ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES, SECTION A, PAGE 2)** \$ _____

ADJUST-MENTS TO INCOME

2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X FROM PAGE 2) ADD \$ _____

b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X FROM PAGE 2) DEDUCT \$ _____

c. DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -) \$ _____

3a. ADJUSTED NET PROFIT/LOSS (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) \$ _____

b. AMOUNT OF LINE 3a ALLOCABLE _____% (FROM LINE 5 SCHEDULE Y, PAGE 2) \$ _____

c. LESS ALLOCABLE LOSS PER PREVIOUS FILED INCOME TAX RETURN (ATTACH SCHEDULE). \$ _____
LOSS CARRY FORWARD LIMITED TO 3 YEARS.

4. NET PROFIT/LOSS SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c) \$ _____

5. **LINCOLN HEIGHTS INCOME TAX IS 2% OF LINE 4** \$ _____

TAX

6. CREDITS:

a. PAYMENT & CREDITS ON _____ DECLARATION OF ESTIMATED TAX . . . \$ _____

b. PRIOR YEAR OVERPAYMENT \$ _____

c. TOTAL CREDITS ALLOWABLE. \$ _____

7. BALANCE OF TAX DUE (LINE 5 LESS LINE 6c)
MAKE REMITTANCE PAYABLE TO LINCOLN HEIGHTS INCOME TAX DIVISION AND ATTACH WHEN FILING. . . TAX DUE \$

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEARS ESTIMATE (ENTER IN LINE 10b)
(If Line 6c is greater than line 5)

**NO TAXES OR REFUNDS OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED
BY LAW, ALL REFUNDS & CREDITS IN EXCESS OF \$10.00 ARE BEING REPORTED TO THE I.R.S.**

DECLARATION OF ESTIMATED TAX FOR YEAR 2016

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 2% FOR GROSS TAX OF \$ _____

10. LESS EXPECTED TAX CREDITS

A. OPERATING LOSS CARRY FORWARD (ATTACH SCHEDULE) \$ _____

B. OVERPAYMENT FROM PRIOR YEAR(S) \$ _____

C. TOTAL CREDITS \$ _____

11. **NET ESTIMATED TAX DUE FOR _____ (LINE 9 LESS LINE 10C)** \$ _____

12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11). \$

13. **TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 12)** \$
MAKE CHECKS PAYABLE TO LINCOLN HEIGHTS TAX DIVISION

FOR TAX OFFICE USE ONLY			
Tax \$ _____	Penalty \$ _____	Interest \$ _____	
Late _____ Months	TOTAL DUE (Tax & Assessments) \$ _____		

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 ANY KNOWLEDGE. MAY WE DISCUSS THIS RETURN WITH THE PREPARER SHOWN TO THE LEFT? YES NO

Signature of Person Preparing if Other Than Taxpayer _____ Date _____ Signature of Taxpayer or Agent (Required) _____ Date _____

ADDRESS _____ PHONE NUMBER _____ Title, if signing for a Business _____ Date _____

SECTION A	Adjusted Federal Taxable Income
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Ordinary Income for 1120 (Line 28)	\$ _____
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	\$ _____
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SECTION C	Income from rents - from Schedule E	\$ _____
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SECTION D	All Other Taxable Income	\$ _____
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TOTAL	From Sections A, B, C & D Enter on Page 1, Line 1	\$ _____
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SCHEDULE X	Reconciliation with Federal Income Tax Return as Required by ORC Section 718
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ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 properly dispositions	\$ _____	n. Capital gains (IRC 1221 or 1231 properly 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 properly 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	\$ _____	s. Other	\$ _____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to or distributed to REIT or RIC Investors	\$ _____	z. Total (Enter Line 2b Other Side)	\$ _____
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. Charitable Contributions (up to federal allowance)	\$ _____		
i. Other	\$ _____		
m. Total (Enter Line 2a 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 3b, Page 1 _____ %		

Are any employees leased in the year covered by this return? YES NO

If YES, please provide the name, address and FID number of the leasing agency _____

EXTENSION POLICY; Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.