

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

DUE ON OR BEFORE APRIL 18, 2017

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 2017

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 _____