

Tax Year

INCOME TAX RETURN FOR  
NORTH COLLEGE HILL OHIO  
FILING REQUIRED EVEN IF NO TAX DUE\*  
TAX OFFICE PHONE: 513-931-1159  
FAX 513-521-1596  
www.northcollegehill.org

FORM BR

FILE WITH  
N.C.H. INCOME TAX DEPT.  
1500 W. GALBRAITH RD.  
NORTH COLLEGE HILL  
OHIO 45231

MAKE CHECK OR MONEY ORDER  
PAYABLE TO:  
CITY OF  
NORTH COLLEGE HILL

DUE ON OR BEFORE APRIL 15<sup>th</sup> FISCAL YEAR DATE \_\_\_\_\_ TO \_\_\_\_\_

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

TAXPAYERS NAME AND CURRENT MAILING ADDRESS

LOCAL BUSINESS NAME \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_

LOCAL ADDRESS (IF DIFFERENT) \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO N.C.H. \_\_\_\_\_ OR OUT OF N.C.H. \_\_\_\_\_

**You must obtain a North College Hill extension if a Federal extension has been requested. This extension must be requested prior to the due date of your return.**

<b>INCOME</b>	1. TOTAL INCOME FROM PAGE 2 - OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES.....	\$ _____
	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 b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -)	\$ _____
<b>ADJUST- MENTS</b>	3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)	\$ _____
	b. AMOUNT OF LINE 3a ALLOCABLE ( _____ % FROM LINE 5 SCHEDULE Y)	\$ _____
<b>TO INCOME</b>	c. LESS ALLOCABLE LOSS PER PVIOUS INCOME TAX RETURN (ATTACH SCHEDULE) (LOSSES MAY BE CARRIED FORWARD FOR 3 YEARS)	\$ _____
	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c)	\$ _____
<b>TAX</b>	5. NORTH COLLEGE HILL TAX 1.5% OF LINE 4	\$ _____
	6. CREDITS:	
	(a) PAYMENTS AND CREDITS ON <input type="text"/> DECLARATION OF ESTIMATED TAX	\$ _____
	(b) PRIOR YEAR OVERPAYMENT	\$ _____
	(x) TOTAL CREDITS ALLOWABLE	\$ _____
	7. IF LINE 5 GREATER THAN LINE 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: <small>*NO ADDITIONAL TAXES OR REFUNDS OF LESS THAN TWO DOLLARS (\$2.00) SHALL BE COLLECTED, REFUNDED OR CREDITED</small>	TAX DUE \$ <input type="text"/>

A. PENALTY \$ _____, INTEREST \$ _____	TOTAL \$ _____
B. TOTAL AMOUNT DUE (INCLUDING LINE 7A)	\$ _____
<small>THIS SPACE FOR TAX OFFICE ONLY</small>	
8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____	TO NEXT YEAR'S ESTIMATE

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS.

**DECLARATION OF ESTIMATED TAX FOR YEAR**

9. TOTAL INCOME SUBJECT TO TAX \$ _____	MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF	\$ _____
10. LESS EXPECTED TAX CREDITS		\$ _____
A. OVERPAYMENT FROM PRIOR YEAR		\$ _____
11. NET TAX DUE (LINE 9 LESS LINE 10 A)		\$ <input type="text"/>
12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11)		\$ <input type="text"/>
13. AMOUNT ENCLOSED: (LINE 7) \$ _____ + (LINE 12) \$ _____	AMOUNT DUE	<input type="text"/>

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.

Signature of Person Preparing if other than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Signature of Taxpayer or Agent (Required) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ and Telephone Number \_\_\_\_\_ Title, if Signing for a Business \_\_\_\_\_

**YOU MUST ATTACH APPROPRIATE FEDERAL SCHEDULE(S)**

<b>SECTION A</b>	<b>Profit (or Loss) from Business or Profession</b>	NET INCOME SECTION A ..... \$ _____
<b>SECTION B</b>	<b>Total from Federal Schedule D, Form 4797.</b>	NET INCOME SECTION B ..... \$ _____
<b>SECTION C</b>	<b>Income from Rents - from Federal Schedule E</b>	NET INCOME SECTION C ..... \$ _____

**SECTION C. INCOME from RENTS** — This schedule to be used ONLY by taxpayers not required to file federal income tax return.

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C ..... \$ \_\_\_\_\_

<b>SECTION D</b>	<b>All other Taxable Income</b>	NET INCOME SECTION D ..... \$ _____
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INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS

<b>TOTAL</b>	<b>From Sections A, B, C &amp; D</b>	Enter on Page 1, Line 1 ..... \$ _____
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A MUNICIPALITY DOES NOT NECESSARILY TAX ALL ITEMS OF INCOME, NOR DOES IT NECESSARILY ALLOW CERTAIN ITEMS AS DEDUCTIONS IN THE SAME MANNER AS THE STATE AND FEDERAL GOVERNMENT. IT IS THEREFORE REQUIRED THAT SCHEDULE "X" BELOW BE COMPLETED AND ALL RELATED FEDERAL SCHEDULES BE ATTACHED.

**SCHEDULE X Reconciliation with Federal Income Tax Return**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses (Excluding Ordinary Losses) .....	\$ _____		n. Capital gains (Excluding Ordinary Gains) .....	\$ _____	
b. Expenses incurred in the production of non-taxable Income (at least 5% of Line Z) .....	\$ _____		o. Interest income .....	\$ _____	
c. Taxes based on income (State) .....	\$ _____		p. Dividends .....	\$ _____	
d. Taxes based on income (City) .....	\$ _____		q. Other (Explain) .....	\$ _____	
e. Net operating loss deduction per Federal Return .....	\$ _____		.....		
f. Payments to partners .....	\$ _____		.....		
g. Contributions .....	\$ _____		.....		
h. Other expenses not deductible (Explain) .....	\$ _____		z. (Enter Line 2b Other Side) .....	TOTAL \$ _____	
m. (Enter Line 2a Other Side) .....	TOTAL \$ _____				

<b>SCHEDULE Y Business Allocation Formula</b>	a. LOCATED EVERYWHERE	b. LOCATED IN N.C.H.	c. PERCENTAGE (b ÷ a)
<b>STEP 1:</b> AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.	_____	_____	_____ %
<b>STEP 2:</b> GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
<b>STEP 3:</b> WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
<b>STEP 4:</b> TOTAL PERCENTAGES	_____	_____	_____ %
<b>STEP 5:</b> AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).			Carry to Line 3b, Page 1 _____ %

<b>SCHEDULE Z PARTNER'S SHARE OF INCOME</b>	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER				\$ _____	\$ _____		\$ _____
<b>TOTAL</b> From Section A and Section D Above			100	\$ _____			

**EXTENSION POLICY:**

IF FILING DATE CANNOT BE MET, A WRITTEN REQUEST FOR EXTENSION OR A COPY OF YOUR FEDERAL EXTENSION REQUEST MUST BE FILED WITH THE NCH TAX DEPARTMENT BEFORE THE FILING DATE.

**FILING IS REQUIRED EVEN IF NO TAX IS DUE!**

**DECLARATION AND RETURN PAYMENT CALENDAR**

APRIL 15,  
File Declaration  
with 1/4 payment

JULY 31,  
Make 2nd  
quarterly payment

OCT. 31,  
Make 3rd  
quarterly payment

JAN. 31,  
Make the 4th  
quarterly payment

APRIL 18,  
File return.  
Pay quarterly payment