

File With
SPRINGFIELD INCOME TAX DIV.
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 Springfield, Ohio 45502
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Springfield, Ohio
2006 BUSINESS INCOME TAX RETURN 2006

EXTENSION POLICY: AN EXTENSION WILL BE GRANTED AUTOMATICALLY, PROVIDED A FEDERAL EXTENSION HAS BEEN SECURED, AN ESTIMATE PAID, ALL REQUIREMENTS OF THE LOCAL ORDINANCE HAVE BEEN MET, AND A COPY OF THE EXTENSION HAS BEEN FILED WITH OUR OFFICE BY APRIL 16.

OR OTHER TAXABLE PERIOD BEGINNING _____ ENDING 20 _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 16, 2007 FISCAL AND PARTIAL YEARS, FILE WITHIN THREE AND ONE HALF (3½) MONTHS OF END OF THE PERIOD.

NAME AND ADDRESS: INDICATE CHANGE BY CHECKING NAME ADDRESS EFFECTIVE DATE _____

TAXPAYER'S NAME, ADDRESS _____ ACCOUNT NO. _____

MUST FILE A SEPARATE RETURN FOR EACH MUNICIPALITY

ACCOUNT INFORMATION UPDATE
 CORPORATION _____ PARTNERSHIP _____ S CORP _____
 IF OTHER, EXPLAIN _____

DID YOU FILE A RETURN FOR 2005 YES NO
 IF LIABLE FOR ONLY PART OF YEAR PLEASE GIVE
 DATES _____ 20 _____ TO _____ 20 _____

NOTE: IF RETURN IS NOT DUE CHECK BOX AND ATTACH WRITTEN EXPLANATION.

LATE FILING OF THIS RETURN SUBJECTS SPRINGFIELD TAXPAYERS TO A MINIMUM PENALTY OF \$25.00

| | | | | |
|---------------|--|---|--|----------|
| INCOME | 1. | TOTAL INCOME FROM PAGE 2 AND ATTACH COPIES OF FEDERAL FORMS & SCHEDULES | \$ _____ | |
| | ADJUST- MENTS TO INCOME | 2. a. | 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 -)..... \$ _____ | |
| | TAX | 3. a. | ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) | \$ _____ |
| | | b. | AMOUNT OF 3a APPORTIONED (_____ % FROM STEP 5 SCHEDULE Y)..... | \$ _____ |
| 4. | | AMOUNT SUBJECT TO SPRINGFIELD MUNICIPAL INCOME TAX (LINE 3a or 3b)..... | \$ _____ | |
| 5. | | SPRINGFIELD TAX - 2% OF AMOUNT ON LINE 4 | \$ _____ | |
| 6. | | LESS CREDITS: 2006 ESTIMATED TAX PAID THIS MUNICIPALITY | \$ _____ | |
| | | PREVIOUS YEAR OVERPAYMENT | \$ _____ | |
| | | Total Credits | \$ _____ | |

7. IF LINE 5 IS GREATER THAN LINE 6, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. 2006 TAX DUE..... \$ _____

A. \$ _____ PENALTY & INTEREST \$ _____ LATE FEE \$ _____ FAILURE TO PAY ESTIMATE \$ _____ TOTAL ASSESSMENTS

B. TOTAL TAX AND ASSESSMENTS DUE (LINES 7 & 7A)..... \$ _____

8. IF LINE 6 IS GREATER THAN 5, OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED TO 2007 \$ _____ (CARRY TO 2007 CREDIT LINE 12a)

COMPUTATION OF ESTIMATED TAX

DECLARATION OF ESTIMATED INCOME TAX FOR 2007

9. ESTIMATED INCOME SUBJECT TO SPRINGFIELD TAX _____ \$ _____

10. 2% OF AMOUNT SHOWN ON LINE 9 _____ \$ _____

11. CREDITS a. OVERPAYMENT - FROM LINE 8 _____ \$ _____
 b. PAYMENT OF PREVIOUS 2007 DECLARATION _____ \$ _____

12. NET TAX DUE (LINE 10 LESS LINES 11a & 11b) _____ \$ _____

13. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 25% OF LINE 9) (LESS CREDITS FROM 11a & 11b)..... \$ _____

14. TOTAL AMOUNT DUE (TOTAL OF LINE 7B & 14)..... \$ _____

(CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO THE CITY OF SPRINGFIELD) PAY TAXES TIMELY TO AVOID PENALTY AND/OR INTEREST
 (AMOUNTS OF LESS THAN ONE DOLLAR (\$1.00) SHALL NOT BE COLLECTED, REFUNDED OR CREDITED.)

NOTICE: BY LAW, ALL REFUNDS AND CREDITS IN EXCESS OF \$10.00 ARE REPORTED TO IRS.

HAS YOUR FEDERAL TAX LIABILITY FOR ANY PRIOR YEAR BEEN CHANGED IN THE YEAR COVERED BY THIS RETURN AS A RESULT OF AN EXAMINATION BY THE INTERNAL REVENUE SERVICE? YES NO. IF YES, HAS AN AMENDED RETURN BEEN FILED FOR SUCH YEAR OR YEARS? YES NO. DID YOU RECEIVE OR APPLY FOR A REFUND FROM ANY OTHER CITY IN 2006? YES NO.

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.

NOTE: UNLESS ACCOMPANIED BY COPIES OF APPROPRIATE FEDERAL SCHEDULES AND BY PAYMENT OF THE BALANCE OF TAX DECLARED DUE (LINE 15) THIS FORM IS NOT A LEGAL FINAL RETURN.

DO YOU USE SUBCONTRACT LABOR TO PERFORM WORK IN THIS CITY? YES NO. IF YES, COPIES OF 1099'S ISSUED MUST BE SUBMITTED TO THIS OFFICE WITHIN 4 MONTHS AFTER THE END OF TAX YEAR.

DO YOU HAVE EMPLOYEES WORKING IN THE CITY? YES NO. IF YES, COPIES OF EMPLOYEE W-2 FORMS MUST BE SUBMITTED BY FEBRUARY 28.

Please include Springfield address if different than mailing address:

MAY THE TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? () YES () NO

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER _____ DATE _____ SIGNATURE OF TAXPAYER OR AGENT _____ DATE _____
 DAYTIME PHONE # _____ DAYTIME PHONE # _____

| | |
|--|---|
| SECTION A | ADJUSTED FEDERAL TAXABLE INCOME (AFTI) |
| ADJUSTED FEDERAL TAXABLE INCOME PER ATTACHED RETURN (FORM 1120, LINE 28) AFTI BEFORE SCHEDULE X RECONCILIATION.....\$ _____ | |
| ADJUSTED FEDERAL TAXABLE INCOME BEFORE NET OPERATING LOSSES AND SPECIAL DEDUCTIONS PER ATTACHED RETURN FORM 1120S, LINE 21; FORM 1065, LINE 22; FORM 1041, LINE 17; FORM 990-T, LINE 30).....\$ _____ | |
| 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 | \$ _____ |
| AFTI BEFORE SCHEDULE X RECONCILIATION FOR S CORPORATIONS, PARTNERSHIPS, AND TRUSTS (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 | \$ _____ |
|--------------|--|-----------------|

| | | | |
|------------------|---|--|--|
| SECTION X | RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC 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 2a OTHER SIDE)..... | \$ _____ | Z. TOTAL (ENTER LINE 2b OTHER SIDE) | \$ _____ |

| | |
|------------------|---------------------------------------|
| SECTION 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 | _____ | _____ | % |
| STEP 4. TOTAL PERCENTAGE | _____ | _____ | % |
| STEP 5. AVERAGE PERCENTAGE | Divide Total Percentages by Number of Percentages Used to Carry to Line 3b, Page 1 | | \$ _____ |

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|--|
| ARE ANY EMPLOYEES LEASED IN THE YEAR COVERED BY THIS RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PLEASE PROVIDE THE NAME, ADDRESS AND FID NUMBER OF THE LEASING COMPANY _____ |
| _____ |

EXTENSION POLICY: EXTENSIONS MAY, UPON REQUEST, BE GRANTED FOR FILING OF THE ANNUAL RETURN, PROVIDED AND IRS EXTENSION HAS BEEN SECURED.
EXTENSION REQUEST 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.

