

**VILLAGE OF MONROEVILLE
CORPORATION, PARTNERSHIP OR FIDUCIARY INCOME TAX RETURN**

Income Tax Department
P.O. Box 496
Monroeville, OH 44847-0496
Telephone: (419) 465-4443

TAX OFFICE USE ONLY
Processed By _____
Paid with this Return
\$ _____

File this Return with the Monroeville Income Tax Department on or before April 15, 20__ or by the 15th day of the fourth month after the close of a fiscal year.

from _____, 20__ through _____, 20__

Nature of Business _____

NAME: _____ Trade Name, or name of responsible official, and address are as they appear on our records. Make any necessary corrections.

C/O: _____

ADDRESS: _____ FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

CITY: _____

NET INCOME COMPUTATION

1. Net Income per Federal Return (Copy of Federal form must be attached)	
2. Add items not deductible under Monroeville Income Tax Ordinance (Schedule X)	
3. Deduct items not taxable under Monroeville Income Tax Ordinance (Schedule X)	
4. Adjusted Net Income (Line 1 plus Line 2 less Line 3)	
5. Business Allocation Percentage (Schedule Y, Part B, Line 5)	%
6. Net profit subject to Monroeville Income Tax (Line 4 times Line 5)	
7. Less: Prior Years' Monroeville Net Operating Loss Carryforward	
8. Taxable Income (Line 6 less Line 7)	
9. Monroeville Income Tax. (One Percent of line 8)	
10. Less: Payments made on Declaration of Estimated Monroeville Income Tax, or amount of tax paid on prior return IF this is an amended return.	
11. Unpaid Balance of Monroeville Income Tax, which must be paid with the filing of this return (Make check payable to Village of Monroeville — Tax Department)	
12. Overpayment of Monroeville Income Tax	
Use X to indicate whether overpayment is to be refunded <input type="checkbox"/> or applied against 2009 declaration <input type="checkbox"/> . No refunds will be made until 2009 Declaration is filed.	

AFFADAVIT

I hereby declare that this return is to the best of my knowledge and belief, a true, correct and complete return.

Preparer's Signature (if other than taxpayer) _____ (Date) _____ (Signature of Officer, Partner or Fiduciary) _____ (Date)

Address _____ F.E.I.N. or Soc. Sec. No. _____ Title _____

SCHEDULE X – Reconciliation with Federal Income Tax Return

(Schedule X entries are allowed ONLY to the extent directly included in determination of net profits as shown on line 1, Page 1.)

Items Not Deductible – ADD		Items Not Taxable – DEDUCT	
a. Capital Losses		g. Capital Gains	
b. All Income Taxes Paid		h. Interest Earned	
c. Net operating loss carry - forward deduction, from Federal return.		i. Dividends Received (Net of dividends received deductions)	
		j. Income from Royalties, Patents, Copyrights	
Total Additions (enter on line 2, Page 1)		Total Deductions (enter on line 3, Page 1)	

SCHEDULE Y – Business Allocation Percentage Formula

A. Calculation of Average Values for Property Factor

Value of Tangible Personal Property Use Dollars Only	Tangible Property Located Everywhere		Tangible Property Located in Monroeville	
	Beginning of Year	End of Year	Beginning of Year	End of Year
1. Net depreciable assets				
2. Net depletable assets				
3. Land				
4. Inventories				
5. Other tangible assets				
6. Total of above tangible property				
7. Total of beginning and ending totals	\$		\$	
8. Line 7 divided by 2.	\$		\$	
9. Gross annual rentals multiplied by 8	\$		\$	
10. AVERAGE VALUE (Add lines 8 and 9)	\$		\$	

B. Calculation of Taxable Proportion

Allocation Factors – Use Dollars Only	Grand Total Factor (a)	Monroeville Factor (b)	Percentage Divide (b) by (a)
1. PROPERTY FACTOR: Average value of tangible personal property (line 10 above)	\$	\$	%
2. SALES FACTOR: Net Sales	\$	\$	%
3. PAYROLL FACTOR: Wages, salaries paid	\$	\$	%
4. Total of percentages	X X X X X	X X X X X	%
5. Average Percentage (line 4 divided by number of percents) (carry average percentage to line 5, page 1 of return)			%

SCHEDULE Z – Partners' Distributive Shares of Net Income

1. Name of each partner	2. Address	3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)						
(b)						
(c)						
(d)						
7. TOTALS from Form 1065		100			xxxxxx	

**VILLAGE OF MONROEVILLE INCOME TAX RETURN
INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS OR FIDUCIARIES -**

WHO MUST FILE: Corporation, partnership, trust or estate that conducts business in Monroeville.

WHEN TO FILE: Tax return is due by April 15, or by the 15th day of the fourth month after the close of a fiscal year.

WHERE TO FILE: File with - Village of Monroeville
Income Tax Department
P. O. Box 496
Monroeville, OH 44847-0496

WHO TO CONTACT: For additional assistance, contact the Village Income Tax Department at (419) 465-4443.

This form is to be used by Corporations, Partnerships, Estates and Trusts. Net profits shall be determined on the basis of information used for Federal income tax purposes, reconciled to Village taxable income.

Complete the name and address information, and federal employer identification number, where requested. Follow line item instructions. Attach a copy of Federal schedule 1120, 1120S, 1065 or 1041, as applicable.

SCHEDULE X – Reconciliation with Federal Income Tax Return. Use Schedule X on Page 2 to reconcile Federal taxable income to Village taxable income.

SCHEDULE Y – Business Allocation Formula. Use Schedule Y on page 2 to compute the portion of net profits allocable to Monroeville when business is conducted both inside and outside of the Village.

SCHEDULE Z – Partners' Distributive Share of Net Income. Use Schedule Z on page 2 to allocate partnership net income to partners.

EXTENSION OF TIME TO FILE for good cause may be granted by the Administrator for up to six months after the original due date of the return. Make written request stating the reason for extension or submit a copy of your Federal extension request on or before the original due date.

OPERATING LOSSES: No portion of a net operating loss may be carried back against net profits of a prior year, however, losses may be carried forward against net profits until exhausted for up to five successive years.

DECLARATION OF ESTIMATED TAX: A declaration of estimated tax must be filed by every business entity with an anticipated liability for ~~10%~~ of \$100 or more. The declaration must be filed by April 15, ~~2000~~, or by the 15th day of the fourth month after the close of a fiscal year, and must be accompanied by at least one-fourth of the estimated tax. The remaining installments will be billed by the Village Income Tax Department.

PENALTY AND INTEREST: Penalty for failure to pay taxes when due is 1-1/2% per month with a minimum of \$25.00. Interest on unpaid balance and underpayment of a tax is 1/2% per month. Failure to receive an annual return shall not excuse any taxpayer from filing a return. Failure to file may result in prosecution.