FORM FR 1077 669

MAKE CHECK OR MONEY ORDER TO:
SYCAMORE TWP JEDD - NORTHWEST

c/o Deer Park Tax
7777 Blue Ash Road
Deer Park OH 45236

Voice 513-794-8863 Ext Fax 513-794-8866

BUSINESS INCOME TAX RETURN SYCAMORE TWP JEDD

Fiscal Period _____ to _____

Federal Schedules MUST be attached to this return.

Federal ID#

Business Telephone No.

Principal Business Activity NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

- ☐ CORPORATION
- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ S-CORPORATION
- ☐ OTHER _____
- ☐ ESTATE
- ☐ TRUST
- ☐ FIDUCIARY

Name

And

Address

1	Total taxable income	1	
2	Adjustments (SCHEDULE X , PG 2)	2	
3	Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4	Allocation percentage (SCHEDULE Y , PG 2)	4	%
5	Adjusted Net Income (Multiply line 3 by line 4)	5	
6	Allocable Net Loss Carry Forward	6	
7	Sycamore Twp Jedd Taxable income (Line 5 minus Line 6) 8	7	
	Sycamore Twp Jedd income tax (Multiply line 7 by 0.750%) 9	8	
	Credits applied from previous year(s) to this year's liability	9	
10	Estimates paid on this year's liability	10	
11	Other credits	11	
12	Total credits (Total line 9, 10 and 11)		12
13	Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) if greater than $10.00)		13
14	Penalty	14	
15	Interest	15	
16	Total due (Total line 13, 14 and 15)		16
17	Overpayment (Issued if greater than $10.00)		17
18	Amount to be refunded	18	
19	Amount to be credited to next year	19	

Declaration of Estimate For

20	Total estimated income subject to tax	20	
21	Estimated tax due. (Multiply line 20 by 0.750%)		21
22	Less credits (from 19 above)		22
23	Net estimated tax due (subtract line 22 from line 21)	23	
24	Minimum amount due for first quarter (Multiply line 23 by 25%)		24

Amount You Owe

25	Total amount due (add lines 16 and 24)	25

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

THERE IS A 3% FEE FOR ANY CARD PAYMENT

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer) Phone No.

CREDIT CARD INFORMATION FOR PAYMENT

☐ MasterCard ☐ VISA ☐ DISCOVER

ACCOUNT NUMBER

SECURITY PIN CARD EXPIRATION / /

AMOUNT

May JEDD OF SYCAMORE TWP JEDD discuss this return with the preparer shown above

___Yes

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