

**BUSINESS
INCOME TAX RETURN
SYCAMORE TWP JEDZ**



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

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

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

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 ESTATE

SOLE PROPRIETOR TRUST

PARTNERSHIP FIDUCIARY

S-CORPORATION

OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 Sycamore Twp Jedz Taxable income (Line 5 minus Line 6)	7		
8 Sycamore Twp Jedz income tax (Multiply line 7 by 0.750%)	8		
9 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	
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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.

TaxPayer's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

ACCOUNT NUMBER _____

SECURITY PIN _____ CARD EXPIRATION _____ / /

AMOUNT _____