www.sidneyoh.com

CITY OF SIDNEY
BUSINESS INCOME TAX RETURN

Calendar Year 2014 or
Fiscal Period _____ to _____

Mail completed form to:
City of Sidney
Revenue Collections – Tax
201 W. Poplar St.
Sidney, OH 45365

Due on or before April 15, 2015 or by the 15th day of the fourth month following the end of your fiscal year.

Federal Employer Identification Number:

☐☐-☐☐☐☐☐☐☐

Company Name & Address (include DBA):

Physical Location Address in Sidney:

CHECK ONE: ☐ Corporation ☐ S Corporation
☐ Partnership ☐ Other _____

Business Contact Name: _____

Contact Phone Number: _____
If your business moved during the year, please indicate:
Date of move _____

Previous Address _____

1. TOTAL INCOME PER ATTACHED FEDERAL RETURN		1.
2. ITEMS NOT DEDUCTIBLE (From Schedule X, Line I, on page 2)	2.	
3. ITEMS NOT TAXABLE (From Schedule X, Line P, on page 2)	3.	
4. ENTER EXCESS OF LINE 2 OR 3		4.
5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4)		5.
6. PERCENT ALLOCABLE TO SIDNEY (From Schedule Y, Step 5, on page 2)		6. %
7. SIDNEY TAXABLE INCOME (Multiply Line 5 by Line 6)		7.
8. NET LOSS CARRYFORWARD (Limited to 5 years – attach schedule)		8.
9. INCOME SUBJECT TO SIDNEY INCOME TAX (Line 7 minus Line 8)		9.
10. SIDNEY INCOME TAX (Multiply Line 9 by 1.5%)		10.
11. A. ESTIMATES PAID ON THIS YEAR'S LIABILITY	11A.	
B. CREDITS APPLIED FROM 2013 TO THIS YEAR'S LIABILITY	11B.	
C. TOTAL CREDITS (Line 11A plus Line 11B)		11C.
12. **TAX AMOUNT DUE,** IF Line 10 is greater than Line 11C, subtract Line 11C from Line 10		12.
13. Late Filing Penalty $ ____ Late Pmt Penalty $ ____ Late Pmt Interest $ ____ Underestimation penalty $ ____		13.
14. **BALANCE DUE FOR 2014** (Add lines 12 and 13) (Do not stop here. Complete lines 16-20 below)		14.
15. **OVERPAYMENT**, IF Line 10 is less than Line 11C, subtract Line 10 from Line 11C	15.	
REFUND $ ____ **CREDIT** TO 2015 $ ____		
.DECLARATION OF ESTIMATED TAX FOR 2015		
16. Total income subject to tax $ _____, multiply by **1.75% (new rate)**	16.	
17. LESS: CREDIT from line 15 above	17.	
18. Net Taxes Owed (Line 16 minus line 17) (Quarterly statements will not be mailed.)	18.	
19. **AMOUNT PAID WITH THIS DECLARATION** for 1st Quarter Estimated Tax (See Instructions)		19.
20. **TOTAL AMOUNT PAYABLE TO CITY OF SIDNEY** (Add lines 14 and 19)		20.

The undersigned declares this return (& 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, adjusted to the ordinance requirements for local tax purposes, and if an audit is made which affects tax liability shown on this return, an amended return will be filed within three months. If this return was prepared by a Tax Preparer, I am authorizing them to disclose information concerning this return to the Sidney Tax Office ☐ YES ☐ NO

Signature of Taxpayer or Agent _____ Date _____ Signature of preparer, if other than taxpayer _____ Date _____

Name and Title _____ Phone Number _____ Name and Title _____ Phone Number _____

www.sidneyoh.com

CITY OF SIDNEY
BUSINESS INCOME TAX RETURN
Calendar Year 2014 or
Fiscal Period _____ to _____

Mail completed form to:
City of Sidney
Revenue Collections – Tax
201 W. Poplar St.
Sidney, OH 45365

Due on or before April 15, 2015 or by the 15th day of the fourth month following the end of your fiscal year.

SCHEDULE X – RECONCILATION WITH FEDERAL INCOME TAX RETURN, AS REQUIRED BY ORC 718

	ITEMS NOT DEDUCTIBLE	ADD		ITEMS NOT TAXABLE	DEDUCT
A.	Capital losses excluding ordinary losses (IRC) 1221 or 1231 property dispositions. Do not include ordinary loss from Federal Form 4797		J.	Capital Gains, excluding ordinary 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.	5% of intangible income reported in letter K, except that from IRC 1221 property dispositions		K.	Federally reported intangible income such as, but not limited to interest, dividends, and patent & copyright income. Excludes prizes, awards, lottery winnings, or other income associated with games of chance.	
C.	Taxes based on income (State or City)		L.	Not previously deducted IRC Sec 179 Expense	
D.	Federal deducted dividends, distributions, or amounts set aside for, credited to or distributed to REIT or RIC investors		M.	Not previously deducted Partnership, S Corp, LLC charitable contributions	
E.	Federally deducted amounts paid or accrued to or for qualified self-employed retirements plans, health insurance plans, and the insurance plans for owners or owner-employees of non-C corporation entities		N.	Domestic production activity deduction	
F.	Partnership, S Corp, LLC charitable contributions, if limited to 10% of FTI		O.	Other	
G.	IRC Section 179 expenses, if limited, for partnerships, S Corps, LLCs				
H.	Other				
I. TOTAL ADDITONS (enter on Page 1, Line 2)			P. TOTAL DEDUCTIONS (enter on Page 1, Line 3)		

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by taxpayers who have a place or places of business outside Sidney to determine the portion of the net profits attributed to that part of the business within the boundaries of Sidney.

		A. LOCATED EVERYWHERE	B. LOCATED IN SIDNEY	C. PERCENTAGE (B/A)
Step 1	Average original cost of real & tangible personal property	$	$	
	Gross annual rentals multiplied by 8	$	$	
	Total Step 1	$	$	%
Step 2	Gross receipts from sales and work or services	$	$	%
Step 3	Total qualifying wages, salaries, commissions and other compensation for all employees	$	$	%
Step 4			TOTAL PERCENTAGE	%
Step 5	AVERAGE PERCENTAGE (**Divide total percentages by the number of percentages used.**) Enter on page 1, Line 6			%

SCHEDULE Y-1 – RECONCILIATION TO FORM W-3, WITHHOLDING RECONCILIATION

Total wages allocated to Sidney (from Federal Return or allocation formula)	$
Total wages shown on Form W-3 (Withholding reconciliation)	$
Please explain any difference:	
Are any employees leased in the year covered by this return?	☐ Yes ☐ No
If yes, then provide name, address and FID number of the leasing company.	
Were 1099-MISC forms issued to area residents? If yes, attach copies to this return.	☐ Yes ☐ No