

VILLAGE OF MT. GILEAD  
INCOME TAX DEPARTMENT  
72. W. High Street  
Mt. Gilead, Ohio 43338  
Phone: (419) 946-4861

**2025**  
**BUSINESS FORM**  
**VILLAGE OF MT. GILEAD INCOME TAX**  
**DUE ON OR BEFORE APRIL 15 OR WITHIN**  
**3½ MONTHS FROM END OF FISCAL YEAR**

FOR TAX OFFICE USE ONLY

AMOUNT PAID WITH THIS RETURN

☐ Check ☐ Cash ☐ Money Order

Check No. \_\_\_\_\_

Date of Audit \_\_\_\_\_

Audited by \_\_\_\_\_

**FILING REQUIRED EVEN IF NO TAX DUE**

NAME & ADDRESS: Indicate Change(s) by Checking ☐ Name ☐ Address ☐ Effective Date

Principal Business Activity \_\_\_\_\_

☐ Corporation ☐ S Corporation ☐ Partnership ☐ Other

Federal ID No. \_\_\_\_\_

Local Mt. Gilead Address (if different from mailing address) \_\_\_\_\_

Fiscal Year Beginning \_\_\_\_\_ 20 \_\_\_\_\_ and ending \_\_\_\_\_ 20 \_\_\_\_\_

Should this account be inactive? ☐ Yes ☐ No

If yes, attach explanation

INCOME 1. ADJUSTED FEDERAL TAXABLE INCOME (Form 1120, line 28; 1120S, Schedule K, line 17e; Form 1120A, line 24, Form 1065 "analysis of Net income (Loss)", line 1; Form 1041, line 17 or the equivalent) ..... \$ \_\_\_\_\_

2. a. Items not deductible (from line 1 Schedule X on page 2)..... ADD \$ \_\_\_\_\_

b. Items not taxable (from line O Schedule X on page 2)..... DEDUCT \$ \_\_\_\_\_

c. Difference between 2a and 2b to be added or subtracted from line 1 ..... \$ \_\_\_\_\_

3. a. ADJUSTED NET INCOME (line 1 plus or minus 2c if Schedule X is used)..... \$ \_\_\_\_\_

b. Amount of line 3a allocable \_\_\_\_\_ % (from step 5 Schedule Y)..... \$ \_\_\_\_\_

c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE) ..... \$ \_\_\_\_\_

4. AMOUNT SUBJECT TO MT. GILEAD INCOME TAX (line 3b)..... \$ \_\_\_\_\_

5. TAX DUE: 1.25% of LINE 4..... \$ \_\_\_\_\_

6. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENTS FROM PRIOR YEAR RETURN ..... \$ \_\_\_\_\_

7. IF LINE 5 IS GREATER THAN LINE 6, payment of balance must accompany this return

Make remittance payable to the Village of Mt. Gilead ..... \$ \_\_\_\_\_

8. IF LINE 6 IS GREATER THAN LINE 5, overpayment to be refunded \$(A) \_\_\_\_\_ or credited \$(B) \_\_\_\_\_ to next year

Declaration penalty \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_

IF LINE 7 OR 8 IS LESS THAN \$10.00, NO PAYMENT DUE, NO REFUND ISSUED OR CREDIT CARRY FORWARD

**DECLARATION OF ESTIMATED TAX**

9. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ multiply by tax rate of 1.25% for gross tax of ..... \$ \_\_\_\_\_

10. MULTIPLY LINE 9 X .0125 ..... \$ \_\_\_\_\_

11. LESS OVERPAYMENT CREDIT FROM PRIOR YEARS ..... \$ \_\_\_\_\_

12. NET ESTIMATED TAX DUE (line 10 less line 11) ..... \$ \_\_\_\_\_

13. AMOUNT PAID WITH THIS DECLARATION (not less than ¼ of line 12)..... \$ \_\_\_\_\_

14. TOTAL OF THIS PAYMENT (Line 7 Plus Line 13) ..... \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO THE VILLAGE OF MT. GILEAD**

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.

Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer or Agent (Required) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Title if Signing for a Business \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE X****Reconciliation with Federal Tax Return Per O.R.C. 718**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses for IRC 1221 or 1231 property dispositions . . . . . \$ _____		J. 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. <b>Five percent of intangible income reported in letter K</b> except that from IRC 1221 property dispositions. . . . . _____		K. Federally reported intangible income such as, but not limited to interest, dividends, patent and copyright income . . . . . _____	
C. Taxes based on income . . . . . _____		L. Amount of Federal tax credit to the extent they have reduced corresponding operating expenses . . . . . _____	
D. Guaranteed payments or accruals to or for current or former partners or members . . . . . _____		M. Not previously deducted IRC section 179 expense . . . . . _____	
E. Federally deducted dividends distributions to REIT or RIC Investors . . . . . _____		N. Partnership, S Corp, LLC, Charitable Contributions . . . . . _____	
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans for owners or owner-employees of non-C Corp entities. . . . . _____		O. TOTAL (enter line 2b other side) . . . . . \$ _____	
G. Rental activities by Partnerships, S corps, LLCs, Trusts. . . . . _____			
H. Other . . . . . _____			
I. TOTAL (enter line 2a other side) . . . . . \$ _____			

**SCHEDULE Y****Business Apportionment Formula**

	a. LOCATED EVERYWHERE	b. LOCATED IN MT. GILEAD	c. PERCENTAGE (b ÷ a)
<b>STEP 1</b> Original cost of real and tangible personal property . . . . .	_____	_____	
Gross annual rental paid multiplied by 8. . . . .	_____	_____	
TOTAL STEP 1 . . . . .	_____	_____	%
<b>STEP 2</b> Gross receipts from sales made and/or work or services performed . . . . .	_____	_____	%
<b>STEP 3</b> Wages, salaries and other compensation paid . . . . .	_____	_____	%
<b>STEP 4</b> Total percentages . . . . .	_____	_____	%
<b>STEP 5</b> Average percentage (Divide total percentages by number of percentages used) Carry to Line 3b Page 1 . . . . .			%

**NET OPERATING LOSS CARRYFORWARD WORKSHEET - MUST COMPLETE IF CLAIMING CARRYFORWARD**

	COLUMN (1)	COLUMN (2)	COLUMN (3)	COLUMN (4)	COLUMN (5)
		Prior Years		Current Taxable Year	Future Taxable Year
Prior Taxable Year	NOL	NOL Utilized (Income Offset)	Carryforward	Carryforward NOL Used	Carryforward
2020					
2021					
2022					
2023					
2024					
<b>TOTALS</b>					

Column (1) For each prior tax year for which you incurred a net operating loss (NOL), enter the dollar amount of NOL incurred.  
Column (2) Enter the portion of NOL incurred (from Column 1) which has already been utilized in taxable years prior to the current taxable year.  
Column (3) Carryforward available for current tax year. Equals Column (1) minus Column (2).  
Column (4) Enter carryforward utilized on current tax year's return.  
Column (5) Carryforward available for future tax years. Equals Column (3) minus Column (4).

**TOTALS** Carry Column (4) Total to Line 3c on the front.