

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

2022
BUSINESS FORM
VILLAGE OF MT. GILEAD INCOME TAX
 DUE ON OR BEFORE APRIL 18 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% 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 12 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. Five percent 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, 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)
STEP 1 Original cost of real and tangible personal property	_____	_____	
Gross annual rental paid multiplied by 8.	_____	_____	
TOTAL STEP 1	_____	_____	_____ %
STEP 2 Gross receipts from sales made and/or work or services performed . . .	_____	_____	_____ %
STEP 3 Wages, salaries and other compensation paid.	_____	_____	_____ %
STEP 4 Total percentages	_____	_____	_____ %
STEP 5 Average percentage (Divide total percentages by number of percentages used) Carry to Line 3b Page 1			_____ %