File with the City of Whitehall Income Tax Division 360 S Yearling Rd Whitehall OH 43213-1894 Telephone (614) 237-9803 Fax (614) 237-7902 Forms available on Internet at: www.whitehall-oh.us Make Checks and Money Orders Payable to: City of Whitehall

## 2012 BUSINESS W-1120 WHITEHALL CITY INCOME TAX RETURN

OR FISCAL PERIOD \_\_\_\_\_ TO \_

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15TH FISCAL YEARS FILE BY 15TH DAY OF THE FOURTH MONTH AFTER THE CLOSE OF THE PERIOD.

| FOF              | FOR OFFICE USE ONLY |      |         |          |      |  |  |
|------------------|---------------------|------|---------|----------|------|--|--|
| DATE<br>REC'D    |                     |      |         | INITIALS |      |  |  |
| PMT \$<br>W/FORM |                     |      | CHECK # |          |      |  |  |
|                  | ASH (<br>MAIL       |      | -       |          |      |  |  |
| DATE             |                     | INIT |         | BA       | TCH# |  |  |

TAX RETURN FOR (Check one) □ Corporation □ Partnership

☐ S-Corporation ☐ Fiduciary ☐ Estate ☐ Trust

|       |  | FEDERAL   |              |                         |  |
|-------|--|---|--------------|-------------------------|--|
|       |  | HAS A RETURN BEEN PREVIOUSLY FILED USING THIS NUMBER?   YES  NO |              |                         |  |
| PRO\  | /IDE NAME AND ADDRESS IN SPACE ABOVE   |   |              |                         |  |
| 1.    | ADJUSTED FEDERAL TAXABLE INCOME (Per attached Federal Form 1120 (Line 28), 1   | 120S (Sch. K- Line 18),1065                                     |              |                         |  |
|       | (Sch. K -Analysis of Net Income (Loss), Page 4 -Line 1), 1041 (Line 17), Form 990 (Line                                      | e 30) or the equivalent)  | 1 \$ _       |                         |  |
| 2.    | ADJUSTMENTS (From Schedule X, Line P)  |   | 2 \$ _       |                         |  |
| 3.    | TAXABLE INCOME BEFORE APPORTIONMENT (Line 1, plus or minus line 2; if net loss   | s – enter -0-)  | 3 \$ _       |                         |  |
| 4.    | APPORTIONMENT PERCENTAGE ((Enter 100% or % from Schedule Y, Step 5)  | 4 %   |              |                         |  |
| 5.    | ADJUSTED NET TAXABLE INCOME (Multiply line 3 by line 4 percentage rate)  | INCOME  | 5 \$ _       |                         |  |
| 6.    | WHITEHALL TAX DUE (Multiply line 5 by 2.5% (.025))   | TAX   | 6 \$ _       |                         |  |
| 7.    | ESTIMATED TAX PAYMENTS PLUS PRIOR YEAR CREDIT CARRIED FORWARD  |   | 7 \$ _       |                         |  |
| 8.    | OTHER CREDITS - EXPLAIN AND DOCUMENT FULLY   |   | 8 \$ _       | )                       |  |
| 9.    | TOTAL CREDITS (Add lines 7 and 8)  | TOTAL CREDIT  | 9 \$ (       | )                       |  |
| 10.   | IF LINE 6 IS GREATER THAN LINE 9 - TAX DUE (Line 6 less line 9)  | TAX DUE   | 10 \$ _      |                         |  |
| 11.   | IF LINE 9 IS GREATER THAN LINE 6 - OVERPAYMENT (Line 9 less line 6)  | OVERPAYMENT   | 11 \$ (      | )                       |  |
|       | PENALTY & INTEREST (See instructions):   |   |              |                         |  |
|       | A. PEN-LATE FILING (\$25.00):  | \$  |              |                         |  |
|       | B. PEN FOR LATE PAYMENT (10%):   |   |              |                         |  |
|       | C. INT-LATE TAX PMT (1.5% per month):  |   |              |                         |  |
|       | D. DECL.PEN: \$/DECL.INT:  |   |              |                         |  |
|       | TOTAL PENALTY/INTEREST (Add lines 12A, 12B, 12C and 12D)   |   | 12 \$        |                         |  |
| 13    | BALANCE DUE (Line 10 plus line 12, or, Line 11 less line 12. Enter here and on line 19.                                      |   |              | 4                       |  |
|       | (If balance due is less than \$5.00, adjust to zero and remit no payment)  | ,   | . • • –      |                         |  |
| 14    | OVERPAYMENT (Line 11, OR, line 11 less line 12; if less than \$5.00, enter -0-)  | OVERPAYMENT   | 14 \$ (      | )                       |  |
|       | INDICATE OVERPAYMENT DISTRIBUTION (Overpayment less than \$5.00 will not be refund   |   | 🗸 🗕          |                         |  |
|       | A. APPLY TO PRIOR YEAR / NEXT YEAR   | ·   |              |                         |  |
|       | B. REFUND REQUESTED  | *   |              |                         |  |
|       |  |   |              |                         |  |
|       | DECLARATION OF ESTIMATED 1   | AX FOR 2013   |              |                         |  |
| 15.   | Total estimated income subject to tax  |   | \$ _         |                         |  |
| 16.   | Multiply line 15 by 2.5%. Total Whitehall income tax declared  |   | \$ _         |                         |  |
| 17.   | Tax due before credits. Enter at least 22-1/2% of line 16  |   | \$ _         |                         |  |
| 18.   | Less credits from line 14.A. above, if any   |   | \$ _         |                         |  |
| 19.   | NET ESTIMATED TAX DUE. Line 17 less line 18*   |   | \$_          |                         |  |
| 20.   | TOTAL AMOUNT DUE. Line 13 plus line 19   |   | \$_          | •                       |  |
| *Firs | : Quarter Estimate should be paid with this return. Payment forms for the remaining estimated paym                           | ents are available at www.whitehall-oh                          | us or will l | be mailed upon request. |  |
| □ If  | this return was prepared by a tax practitioner, check here if we may contact him/her dir                                     | ectly with questions regarding the                              | preparat     | ion of this return.     |  |
|       | CLARE THAT I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHED<br>OWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. | ULES AND STATEMENTS AND T                                       | O THE BE     | EST OF MY               |  |
| SIGN  | ATURE OF PREPARER, IF OTHER THAN TAXPAYER DATE SIGNATURE OF  | TAXPAYER OR AGENT   |              | DATE                    |  |
| NAM   | E AND ADDRESS OF PREPARER TELEPHONE NUMBER NAME AND TITI   | LE  |              | TELEPHONE NUMBER        |  |

## **SCHEDULE X**

This schedule is used to adjust your federal net income to your Whitehall taxable income. The left column is for items deductible on the federal return, but not deductible under the Whitehall Ordinance. The right hand column is for items taxable on the federal return, but not taxable by Whitehall.

|  | ITEMS NOT DEDUCTIBLE   | ADD  | ITE  | MS NOT TAXABLE  | DEDUCT     |  |  |
|--|--|--|--|---|------------|--|--|
| A.   | Capital Losses (IRC 1221 or 1231 property dispositions)  | \$   | l.   | Federally reported income/gains from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 |            |  |  |
| B.   | Five percent (5%) of intangible income reported on Line K, except that from IRC 1221 prop. dispositions                      | \$   | J.   | or 1250 (excluding ordinary gains)  Federally reported intangible income such as, but   | \$         |  |  |
| C.   | Federally deducted taxes based on income   | \$   | not limited to, interest, dividends, and patent and copyright income |   | \$         |  |  |
| D.   | Guaranteed payments or accruals to, or for, current or former partners or members  | aranteed payments or accruals to, or for, rent or former partners or members \$  |  |   | \$         |  |  |
| E.   | Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to DELT or DIC investors. | Φ.   | L.<br>M.   | IRC Section 179 expenses (not previously deducted) Charitable contributions of Partnerships,  |            |  |  |
| F.   | distributed to REIT or RIC investors\$  Federally deducted amounts paid or accrued to,                                       |  |  | S corp's, LLC'S   | \$         |  |  |
| or for, qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner employees of non-C corporation entities |  | \$   | N.<br>O.   | Other (explain and document)  TOTAL DEDUCTIONS (lines I through N)  |            |  |  |
| G.   | Other (explain and document)   |  |  |   |            |  |  |
| Н.   | TOTAL ADDITIONS (lines A through G)  | \$   |  |   |            |  |  |
| P.   | CALCULATE DIFFERENCE BETWEEN LINE H AND  | LINE O, CARRY TO   | PAGE 1   | , LINE 2  | \$         |  |  |
|  | SCHED  | ULE Y - BUSINESS   | APPO   | RTIONMENT FORMULA   |            |  |  |
| Ste Ste Ste Ste Tota   | Gross annual rentals multiplied by 8   | ervices performed  pervices performed  pervices performed  per of percentages use  AGE 1, LINE 4.  CONCILIATION TO F  In or apportionment f  //ithholding Reconcilia | ployees<br>ed. If a a  | EVERYWHERE   WHITEHALL  | XXXXX  1   |  |  |
|  |  | ACCOUNT INFO   | DRMAT  | ION LIPDATE   |            |  |  |
| L  | Name, address and phone number of party in charge  | e of books:  |  |   |            |  |  |
| В.   | Date business commenced in Whitehall?  |  |  | Date ceased in Whitehall?   |            |  |  |
| C.   |  |  | •  | yees during the period covered by this return?  |            |  |  |
| D.   | Are any employees leased in the year covered by this return?   |  |  |   |            |  |  |
| E.   |  | ents?  |  |   | 🗆 YES 🗆 NO |  |  |
| F.   | Is this entity a subsidiary of another Corporation? If   | •  |  |   |            |  |  |
|  |  |  |  |   |            |  |  |
|  | Address  | City   |  | State Zip   |            |  |  |