

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

2015 BUSINESS W-1120 WHITEHALL CITY INCOME TAX RETURN

OR FISCAL PERIOD _____ TO _____
CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 18TH
FISCAL YEARS FILE BY 15TH DAY OF THE FOURTH MONTH
AFTER THE CLOSE OF THE PERIOD.

FOR OFFICE USE ONLY		
DATE REC'D	INITIALS	
PMT \$ W/FORM	CHECK #	
CASH FAX	CK MAIL	MO OFC
CHG CDB	U/DR	
DATE	INIT.	BATCH #

TAX RETURN FOR (Check one) ☐ Corporation ☐ Partnership
☐ S-Corporation ☐ Fiduciary ☐ Estate ☐ Trust

FEDERAL
I.D. NO.

PROVIDE NAME AND ADDRESS IN SPACE ABOVE

HAS A RETURN BEEN PREVIOUSLY FILED
USING THIS NUMBER? ☐ YES ☐ NO

1. ADJUSTED FEDERAL TAXABLE INCOME (Per attached Federal Form 1120 (Line 28), 1120S (Sch. K- Line 18), 1065 (Sch. K -Analysis of Net Income (Loss), - Line 1), 1041 (Line 17), Form 990T (Line 30) or the equivalent)	1	\$	_____
2. ADJUSTMENTS (From Schedule X, Line N)	2	\$	_____
3. TAXABLE INCOME BEFORE APPORTIONMENT (Line 1, plus or minus line 2; if net loss - 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	\$	(_____)
12. 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)..... PENALTY/INT.	12	\$	_____
13. BALANCE DUE (Line 10 plus line 12, or, Line 11 less line 12. Enter here and on line 19.) BALANCE DUE	13	\$	_____
(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 refunded or carried forward.):			
A. APPLY TO PRIOR YEAR / NEXT YEAR		\$	_____
B. REFUND REQUESTED.....		\$	_____

DECLARATION OF ESTIMATED TAX FOR 2016

VOUCHER 1

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 25% 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	\$	_____

*First Quarter Estimate should be paid with this return. Payment forms for the remaining estimated payments are available at www.whitehall-oh.us or will be mailed upon request.
☐ If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

I DECARE 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.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT

DATE

NAME AND ADDRESS OF PREPARER

TELEPHONE NUMBER

NAME AND TITLE

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	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (not ordinary losses)	\$	H. Capital Gains (not ordinary gains)	\$
B. Taxes Based on Income	\$	I. Interest income	\$
C. 5% Of Amount Deducted as intangible income	\$	J. Dividends	\$
D. Guaranteed payments to partners	\$	K. Income from Patents and Copyrights	\$
E. Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax \$		L. Other (attach explanation)	\$
F. Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS)	\$		
G. Total Additions	\$	M. Total Deductions	\$
N. Combine Lines G and M and enter net on Line 2			\$

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

(THIS FORM IS TO BE USED BY NON-RESIDENTS OF WHITEHALL OHIO ONLY)

	a. LOCATED EVERYWHERE	b. LOCATED IN WHITEHALL	c. PERCENTAGE (B ÷ A)
Step 1. Average original cost of real & tangible personal property	\$	\$	XXXXX
Gross annual rentals multiplied by 8	\$	\$	XXXXX
TOTAL STEP 1	\$	\$	1. _____ %
Step 2. Gross receipts from sales made and/or work/services performed.....	\$	\$	2. _____ %
Step 3. Total wages, salaries, commissions & other compensation of all employees	\$	\$	3. _____ %
Step 4. Total percentages.....			4. _____ %
Step 5. Average percentage (Step 4 total divided by number of percentages used. If a and b in a Step are both zero, the percentage is not used) CARRY STEP 5 AVERAGE PERCENTAGE TO PAGE 1, LINE 4.			5. _____ %

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

Total wages apportioned to Whitehall (from Federal Return or apportionment formula)..... \$

Total wages shown on Whitehall Form W-3 (Employer's Withholding Reconciliation)

Please explain any difference

ACCOUNT INFORMATION UPDATE

A. Name, address and phone number of party in charge of books:

B. Date business commenced in Whitehall? Date ceased in Whitehall?

C. Has Whitehall income tax been withheld from and remitted for all taxable employees during the period covered by this return? ☐ YES ☐ NO
If YES, provide EIN(s) If NO, explain on an attached statement.

D. Are any employees leased in the year covered by this return? ☐ YES ☐ NO
If YES, please provide name, address, and FID number of the leasing company

E. Were 1099-MISC forms issued to central Ohio residents? ☐ YES ☐ NO
If YES, attach copies to this return (if not already filed).

F. Is this entity a subsidiary of another Corporation? If yes: provide name
Name Phone
Address City State Zip

NOTE: Employee W-2's and sub-contract labor 1099's must be filed with Tax Div. by Feb. 28th, every year.