E W1120 City City	of Whitehall, Income Tax Division ty Income Tax Return	ו For	Busir	nesso	es 🕯	20:	16		THE YEAR NNING NG	
Name			EIN/FID Number Che			Check th	eck the appropriate box if: <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request)			
Address									DED tax year	
City				us - chect prporation prporation	n	one	•Is this a co	onsolid	y return last year? YES NO	
State	Fiduciary (Trust and Estates)     Partnership/Association     YES NO     Should your account be inactivated YES     If YES place evolution					ount be inactivated YES NO				
REQUIRED: ATTACH A COPY O SUPPORTING SCH + Local business address if different from ma		(do not use this form for Schedule C filers)     (FLO, prease explaint      City(ies) of income #1 #2      Nature of Business								
		Trade Name								
Part A TAX CALCUL	ATION Complete Tax Calculation only to applicable, are completed.	o determin	e your tax. Ta	xpayers sh	ould no	t complete Tax	Calculation unt	il after	Schedule X and Schedule Y, if	
Column A	Column B Total Net Taxable Income*	TAX RATE	Column C Tax Due							
WHITEHALL		2.5%								
<ul> <li>PENALTY: 15%</li></ul>	te e 6 you want <b>REFUNDED</b>	E FEE ent is du	= le if the am A Declarat	ion of Estin	(see \$10.0 6 6B	0 or less \$ \$	V-1121) is REQ		\$ \$ \$ \$ \$ 0 for all business entities. Teturn?YESNO	
Date City business commenced Check whether this return was prepar	red on: cash or ccrual basis		lf YES;	please pr	ovide t	the name, add	dress and FIE	) num	ber of the leasing company	
Has City income tax been withheld fro during the period covered by this retu YES - If YES, provide the EIN(s	City tax	Gross city wages paid were \$ City tax in the amount of \$was withheld from wages and paid to Were 1099-MISC forms issued to central Ohio residents?								
NO - If NO, please explain on a	in attached statement.					this return.	itrai Onio res	sident	S?	
SIGNATURE the	ne taxable period stated, and that the figures used	d are the s	ag schedules) is a true, correct and complete return for same as used for Federal income tax purposes and x administration of the city of residence and the I.R.S.       MAILING INFORMATION         May the City of Whitehall discuss this return with the preparer shown below? (see instructions)       Mailing Information: Mail to: Whitehall Income Tax Division 360 S Yearling Rd Whitehall, Ohio 43213-9803			I Information: Ill Income Tax Division earling Rd				
Paid Preparer's		Da	PTIN		City Cor	Make payable to: City of Whitehall Contact Information: Phone: 614-237-9803				
Use Signature Only				Phone No. ( )		Fax	Phone: 614-237-9803 Fax: 614-237-7902 www.whitehall-oh.US			

Business Name	EIN/FID Number:					
Schedule X RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER WCC §184						
<ol> <li>Income per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line Income (Loss)", Line 1; Form 1041, Line 17; Form 990 T, Line 30, 1120 REIT, Line 20</li> </ol>						
<ul> <li>2. A. Items not deductible (from Line 4J below)</li> <li>B. Items not taxable (from Line 5F below)</li> </ul>						
<ul> <li>C. Enter excess of Line 2A or 2B</li> <li>D. Partnership K-1 Income (or Loss) (deduct partnership gain, add partnership loss. See W-E. Suspended Section 179 expense allowed in this tax year (attach schedule)</li> </ul>	-1120 Schedule E, Column 4)					
<ul> <li>F. Suspended charitable contributions allowed in this tax year (attach schedule)</li> <li>G. Other City taxable income not shown on Federal return</li> </ul>						
<ol> <li>Adjusted net income (Line 1 plus or minus Lines 2C, 2D, 2E, 2F and 2G). Enter in Part A Part A cannot be less than zero)</li> </ol>						
ITEMS NOT DEDUCTIBLE           4. A. Capital losses and IRS §1231 losses deducted	4A					
B. Amount equal to 5% of intangible income not attributable to sale, exchange or other disposition of IRS §1221 property (5% of Lines 5B, 5C, and 5D)	r dB					
C. Taxes based on income D. Guaranteed payment to partners (not included within net profits)						
E. Charitable contributions deducted above corporate limitations WCC §184.03(A)(10)						
<ul> <li>F. IRS §179 expense deducted above corporate limitations WCC §184.03(A)(10)</li> <li>G Qualified retirement, health insurance and life insurance plans on behalf of owners/</li> </ul>						
owner employees of non C-Corporation businesses Add any deduction for pass-through entity not allowed as a deduction for a C-Corpo under the Internal Revenue Code (see instructions) WCC \$184.03(A)(10)	oration 4H					
<ul> <li>Other expenses not deductible (attach documentation or explanation)</li> <li>J. TOTAL ADDITIONS (enter here and on Line 2A above)</li> </ul>						
ITEMS NOT TAXABLE	5A					
<ul> <li>5. A. Capital/IRS §1231 gains, etc. (do not deduct Section 1245 and 1250 gains)</li> <li>B. Interest earned or accrued</li> </ul>						
<ul> <li>C. Dividends</li> <li>D. Income from patents, trademarks, copyrights and royalties from intangible sources</li> <li>E. Other exempt income (attach documentation or explanation)</li> </ul>	5D 5E					
F. TOTAL DEDUCTIONS	5F					
Schedule X REQUIRED CALCULATION OF NET PROFILE						

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30	nequie i	KEQ	UIRED CALCULA	TION OF NET PR		CITY ALLOCAT	IOr	N	
1.	Average original cost	verage original cost of all real and tangible personal property owned or used by the taxpayer in the business or							
	profession wherever	1							
2.	Annual rental on rente	2							
3.	Combine Lines 1 and 2 3								
4.	All gross receipts from sales made or services performed wherever made or performed								
5.	•	_							
exempt from municipal taxation under WCC §184.03(K)(17)									
	City		Column A Property	Column B Gross Receipts	Column C Wages	Column D Average %	A	Column E Ilocated Net Profits	
Wh	itehall	a \$		\$	\$	%	\$		
		b	%	%	%	70	Ψ		

Business Name	EIN/FID Number:							
Schedule E PARTNERSHIP K-1 INCOME (OR LOSS)								
COLUMN 1 Partnership Name and Address (attach separate sheet, if necessary)	COLUMN 2 Federal I.D. No.	COLUMN 3 Partner's Percentage	COLUMN 4 Total Amount of K-1 Partnership Income (Loss) Everywhere					
		TOTAL						

## Attach all K-1s, if more than twelve K-1s please attach schedule

NOTE: Remember to file your Declaration of Estimated Taxes (Form W-1121) for the current year. Phone (614) 237-9803.