

Name _____ Address _____ City _____ State _____ Zip Code _____	EIN/FID Number _____	Check the appropriate box if: ☐ REFUND (An amount must be placed in Line 6B for this return to be considered a valid refund request) ☐ AMENDED tax year _____
REQUIRED: ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES TO THE BACK OF THIS RETURN * Local business address if different from mailing address: _____	Filing Status - check only one ☐ C-Corporation ☐ S-Corporation ☐ Fiduciary (Trust and Estates) ☐ Partnership/Association (do not use this form for Schedule C filers)	*Did you file a City return last year? ☐ YES ☐ NO *Is this a consolidated corporation return? ☐ YES ☐ NO *Should your account be inactivated? ☐ YES ☐ NO If YES, please explain: _____
* City(ies) of income #1 _____ #2 _____ * Nature of Business _____ * Trade Name _____		

Part A TAX CALCULATION Complete Tax Calculation only to determine your tax. Taxpayers should not complete Tax Calculation until after Schedule X and Schedule Y, if applicable, are completed.				
Column A		Column B Total Net Taxable Income*	TAX RATE	Column C Tax Due
WHITEHALL			2.5%	

*Entry in Column B cannot be less than zero (see instructions)

1. TOTAL NET TAX DUE (Total of Column C).....	1	\$
2. LESS CREDITS for <u>estimated tax payments</u> and overpayment from prior year return only	2	\$
3. BALANCE DUE (Line 1 Less Line 2). If Line 2 is greater than Line 1, enter amount (in brackets) here and carry to Line 6	3	\$
4. PENALTY: 15% _____ + INTEREST _____ + LATE FEE = _____ (see instructions)	4	\$
5. TOTAL AMOUNT DUE (Add lines 3 and 4). NOTE: no payment is due if the amount is \$10.00 or less	5	\$
6. OVERPAYMENT CLAIMED (if Line 2 exceeds Line 1).....	6	\$
A. Enter the amount from Line 6 you want CREDITED to you next year tax estimate.....	6A	\$
B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00) →	6B	\$

Part B	THESE QUESTIONS MUST BE ANSWERED	A Declaration of Estimated City Tax (Form W-1121) is REQUIRED for all business entities.
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Date of incorporation or inception _____
 Date City business commenced _____
 Check whether this return was prepared on: ☐ cash or ☐ accrual basis
 Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return?
☐ YES - If YES, provide the EIN(s) # _____
☐ NO - If NO, please explain on an attached statement.

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

 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? ☐ YES ☐ NO
 If YES, attach copies to this return.

SIGNATURE	MAILING INFORMATION	
The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated, and that the figures used are the same as used for Federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Signature Of Officer ▶ _____ Title ▶ _____ Date _____ Date _____	May the City of Whitehall discuss this return with the preparer shown below? (see instructions) ☐ YES ☐ NO Mailing Information: Mail to: Whitehall Income Tax Division 360 S Yearling Rd Whitehall, Ohio 43213-9803 PTIN _____ Phone No. () _____ Make payable to: City of Whitehall Contact Information: Phone: 614-237-9803 Fax: 614-237-7902 www.whitehall-oh.us	

Business Name	EIN/FID Number:
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Schedule X	RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER WCC §184
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1. Income per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 18; or Form 1065, "Analysis of Net Income (Loss)", Line 1; Form 1041, Line 17; Form 990 T, Line 30, 1120 REIT, Line 20	1	
2. A. Items not deductible (from Line 4J below)	2A	
B. Items not taxable (from Line 5F below)	2B	
C. Enter excess of Line 2A or 2B	2C	
D. Partnership K-1 Income (or Loss) (deduct partnership gain, add partnership loss. See W-1120 Schedule E, Column 4).....	2D	
E. Suspended §179 expense/suspended charitable contributions allowed in this tax year (attach schedule)	2E	
F. Other City taxable income not shown on Federal return	2F	
G. Net operating loss per WCC §184.03(A)(8) (Schedule must be attached to the City Return)_	2G	
3. Adjusted net income (Line 1 plus or minus Lines 2C, 2D, 2E, 2F and 2G). Enter in Part A or Schedule Y (figures entered in Part A cannot be less than zero)	3	
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)	4B	
C. Taxes based on income	4C	
D. Guaranteed payment to partners (not included within net profits)	4D	
E. Charitable contributions deducted above corporate limitations WCC §184.03(A)(10).....	4E	
F. IRS §179 expense deducted above corporate limitations WCC §184.03(A)(10).....	4F	
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/ owner employees of non C-Corporation businesses	4G	
H. Add any deduction for pass-through entity not allowed as a deduction for a C-Corporation under the Internal Revenue Code (see instructions) WCC §184.03(A)(10)	4H	
I. Other expenses not deductible (attach documentation or explanation)	4I	
J. TOTAL ADDITIONS (enter here and on Line 2A above)	4J	
ITEMS NOT TAXABLE		
5. A. Capital/IRS §1231 gains, etc. (do not deduct Section 1245 and 1250 gains)	5A	
B. Interest earned or accrued	5B	
C. Dividends	5C	
D. Income from patents, trademarks, copyrights and royalties from intangible sources	5D	
E. Other exempt income (attach documentation or explanation)	5E	
F. TOTAL DEDUCTIONS	5F	

Schedule Y	REQUIRED CALCULATION OF NET PROFIT FOR MULTI-CITY ALLOCATION
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1. Average original cost of all real and tangible personal property owned or used by the taxpayer in the business or profession wherever situated except leased or rented real property.....	1				
2. Annual rental on rented and leased real property used by the taxpayer wherever situated multiplied by 8.....	2				
3. Combine Lines 1 and 2.....	3				
4. All gross receipts from sales made or services performed wherever made or performed.....	4				
5. All wages, salaries and other compensation paid to employees wherever their services are performed except compensation exempt from municipal taxation under WCC §184.03(K)(17).....	5				
City	Column A Property	Column B Gross Receipts	Column C Wages	Column D Average %	Column E Allocated Net Profits
Whitehall	a \$	\$	\$	%	\$
	b %	%	%		

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