

2014 BUSINESS INCOME TAX RETURN 2014

CALENDAR YEAR _____ . DUE BY APRIL 15 OF FOLLOWING YEAR
FISCAL YEAR _____ TO _____ DUE 4 MONTHS AFTER FISCAL YEAR END.

www.franklinohio.org

NAME AND CURRENT ADDRESS

TYPE OF BUSINESS

Corporation Partnership
 "S" Corporation Other _____

Amended Return Year _____

Federal Employer Identification No.

--	--	--	--	--	--	--	--	--	--

1. **ADJUSTED FEDERAL TAXABLE INCOME** (attach copy of Federal Return) (From _____ Line _____) \$ _____
2. ITEMS NOT DEDUCTIBLE (From Line I, Schedule X on back) ADD _____
3. ITEMS NOT TAXABLE (From Line P, Schedule X on back) DEDUCT _____
4. COMBINE OF LINE 2 or 3..... _____
5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4) _____
6. APPORTIONMENT PERCENTAGE (Schedule Y Line 5 _____ % of Line 5 _____
7. LESS ALLOCABLE LOSS PER PREVIOUS TAX RETURN
(attach schedules) **1 YR. LOSS CARRY FORWARD** \$ _____
8. **AMOUNT SUBJECT TO MUNICIPAL INCOME TAX** _____
9. **FRANKLIN TAX DUE - (2.00%)** \$ _____
10. ESTIMATED PAYMENTS \$ _____
11. PRIOR YEAR OVERPAYMENTS AND OTHER CREDITS \$ _____
12. TOTAL CREDITS (Add Lines 10, 11) _____
13. **BALANCE OF TAX DUE** (Subtract Line 12 from Line 9)..... \$
14. OVERPAYMENT (If Line 12 exceeds Line 9) \$ _____
15. REFUND _____ CREDIT _____ _____
16. LATE FILING FEE \$30.00 PENALTY (_____ 2%/mo) AND INTEREST (_____ 1%/mo) _____
17. **BALANCE DUE (ADD LINES 13 AND 16) (PAYABLE TO CITY OF FRANKLIN TAX DEPT)**..... \$

No Tax, Refund or Credit of Less than \$3.00 Should Be Collected, Refunded or Credited.

DECLARATION OF ESTIMATED TAX FOR YEAR 2015

**MANDATORY DECLARATION OF ESTIMATED TAX
IF YOU OWE MORE THAN \$100, YOU MUST FILE AND PAY ESTIMATED TAX.**

18. TOTAL ESTIMATED TAX DUE..... \$ _____
19. PRIOR YEARS CREDIT (Line 15) APPLIED TO FIRST QUARTERLY PAYMENT.....
20. BALANCE OF QUARTERLY PAYMENT DUE (Line 18 minus Line 19 divided by 4) \$ _____
21. TOTAL DUE (Add Lines 17 and 20) payable to City of Franklin Tax Dept..... _____

The undersigned declares that this return (and accompanying schedules) is a true, and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

Signature _____ (Title) _____ (Date) _____ Preparer's signature (other than taxpayer) _____ (Date) _____

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO

Address (and zip code) _____ Phone Number _____

SCHEDULE X

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

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property disposition	\$ _____	J. Federally reported income/gain from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250.....	\$ _____
B. Five percent of intangible income reported on Line K (Sch.X), except that which is from IRC 1221 or IRC 1231 property disposition	\$ _____	K. Federally reported intangible income such as, but not limited to, interest, dividends, patent and copyright income	\$ _____
C. Federally deducted taxes based on income	\$ _____	L. Amount of Federal tax credits to the extent they have reduced corresponding operating expenses.....	\$ _____
D. Guaranteed payments or accruals to, or for, current or former partners or members	\$ _____	M. IRC Section 179 expenses (not previously deducted)	\$ _____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors.....	\$ _____	N. Charitable contributions of Partnerships, S corp's, LLC's	\$ _____
F. Federally deducted amounts paid or accrued to, or for, qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non C corporation entities	\$ _____	O. Other (explain and document)	\$ _____
G. Rental activities by Partnership, S corp, LLC, Trusts	\$ _____	P. TOTAL DEDUCTIONS (lines J thru O).....	\$ _____
H. Other (explain and document)	\$ _____		
I. TOTAL ADDITIONS (lines A thru H).....	\$ _____		

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

	A. Located Everywhere	B. Located in This City	C. Percentage (B ÷ A)
Step 1. Average original cost of real & tangible personal property	\$ _____	\$ _____	X X X X X X
Gross annual rentals multiplied by 8	\$ _____	\$ _____	X X X X X X
TOTAL STEP 1	\$ _____	\$ _____	1. _____ %
Step 2. Gross receipts from sales made and/or work/services perform	\$ _____	\$ _____	2. _____ %
Step 3. Total wages, salaries, commissions & other compensation of all employees	\$ _____	\$ _____	3. _____ %
Step 4. Total percentages			4. _____ %
Step 5. Average percentage (divide total percentages by number of percentages used, (zero not used)			5. _____ %

CARRY STEP 5 AVERAGE PERCENTAGE TO PAGE 1, LINE 6.

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

Total wages allocated to Franklin (from Federal Return or allocation formula).....	\$ _____
Total wages shown on Form W-3 (Withholding Reconciliation)	\$ _____
Please explain any difference _____	

Are there 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.

Name: _____ FID Number: _____

Address: _____ Phone: _____