

**BUSINESS**  
**2013 – MARIEMONT EARNINGS TAX RETURN – 2013**  
**DUE ON OR BEFORE APRIL 15, 2014**

**FILING REQUIRED EVEN IF NO TAX IS DUE**

TAXPAYER'S NAME, ADDRESS ACCOUNT NO. \_\_\_\_\_

FISCAL YEAR FROM \_\_\_\_\_ TO \_\_\_\_\_

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_

☐ CORPORATION ☐ S CORPORATION

☐ PARTNERSHIP ☐ SOLE PROPRIETOR

**HAVE YOU HAD A FEDERAL AUDIT IN THE LAST 3 YEARS  
WHICH RESULTED IN A CHANGE IN YOUR TAX LIABILITY?**

**IF SO, GIVE TAX YEAR** \_\_\_\_\_

**FEDERAL ID#** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**IF MOVED DURING CURRENT YEAR, PLEASE GIVE DATE.**

**MOVED IN** \_\_\_\_\_ **MOVED OUT** \_\_\_\_\_

|  |    |   |       |       |
|--|----|---|-------|-------|
| <b>INCOME</b>                              | 1. | ADJUSTED FEDERAL TAXABLE INCOME ATTACH FEDERAL RETURN .....                                     | \$    | _____ |
|  | 2. | a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X ON PAGE 2)..... ADD \$                          | _____ |       |
|  |    | b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2) ..... DEDUCT \$                         | _____ |       |
|  |    | c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1. .... (+ or -)    | \$    | _____ |
| <b>ADJUST-<br/>MENTS<br/>TO<br/>INCOME</b> | 3. | a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2C IF SCHEDULE X IS USED. ....                | \$    | _____ |
|  |    | b. AMOUNT OF LINE 3a ALLOCABLE ( _____ FROM LINE 5 SCHEDULE Y) .....                            | \$    | _____ |
|  |    | c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE) .....                   | \$    | _____ |
| <b>TAX</b>                                 | 4. | AMOUNT SUBJECT TO MARIEMONT EARNINGS TAX (LINE 3a OR 3b LESS LINE 3c) .....                     | \$    | _____ |
|  | 5. | TAX 1.25% OF LINE 4 .....   | \$    | _____ |
|  | 6. | CREDITS:  |       |       |
|  |    | (a) PAYMENTS AND CREDITS ON 2013 DECLARATION OF ESTIMATED TAX .....                             | \$    | _____ |
|  |    | (b) PRIOR YEAR OVERPAYMENT .....  | \$    | _____ |
|  |    | (c) TOTAL CREDITS ALLOWABLE .....   | \$    | _____ |
|  | 7. | IF LINE 5 GREATER THAN LINE 6c PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN ..... 2013 TAX DUE | \$    | _____ |
|  | 8. | OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE                |       |       |

No taxes or refunds of  
less than \$5.00 shall be  
collected or refunded.

By law, all refunds & credits in excess of \$10.00 are being reported to the IRS

**DECLARATION OF ESTIMATED TAX FOR YEAR 2014**

|     |   |    |       |
|-----|---|----|-------|
| 9.  | TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.25% FOR GROSS TAX OF ..... | \$ | _____ |
| 10. | a. OVERPAYMENT FROM PRIOR YEAR(S) .....   | \$ | _____ |
|     | b. TOTAL CREDIT .....   | \$ | _____ |
| 11. | NET ESTIMATED TAX DUE FOR 2014 (LINE 9 LESS LINE 10b) .....                               | \$ | _____ |
| 12. | AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN ¼ OF LINE 11) .....                      | \$ | _____ |
|     | (NOT REQUIRED IF LINE 11 IS LESS THAN \$100.00)   |    |       |
| 13. | TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 12) ..... CHECK # _____                           | \$ | _____ |

**MAKE CHECKS PAYABLE TO VILLAGE OF MARIEMONT**

**FOR TAX OFFICE  
USE ONLY**

TAX \$ \_\_\_\_\_  
Late \_\_\_\_\_ Months

PENALTY \$ \_\_\_\_\_

INTEREST \$ \_\_\_\_\_

TOTAL AMOUNT DUE (Tax & Assessment) ..... \$ \_\_\_\_\_

I CERTIFY 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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

☐ CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED)

DATE

ADDRESS

TELEPHONE NUMBER

TITLE IF SIGNING FOR A BUSINESS

## Schedule X – Reconciliation with Federal Income Tax Return

| ITEMS NOT DEDUCTIBLE  | ADD   | ITEMS NOT TAXABLE                          | DEDUCT |
|---|-------|--|--------|
| A. Capital Losses (Sec. 1231 Included) .....  | _____ | N. Capital Gains.....                      | _____  |
| B. Income taxes .....   | _____ | O. Interest Income .....                   | _____  |
| C. Guaranteed Payments or Accruals to or for<br>current or former partners or members ..... | _____ | P. Dividends .....                         | _____  |
| D. Expenses Attributed to Non-taxable.....  | _____ | Q. Income for Copyrights and Patents ..... | _____  |
| E. Other .....  | _____ | R. Other Income Exempt (Explain) .....     | _____  |
| .....   | _____ | .....                                      | _____  |
| .....   | _____ | .....                                      | _____  |
| .....   | _____ | .....                                      | _____  |
| M. Total Additions.....   | _____ | Z. Total Deductions .....                  | _____  |

## Schedule Y – Business Apportionment Formula

|  | A. Located<br>Everywhere | B. Located in<br>Mariemont | C. Percentage<br>(B/A) |
|--|--------------------------|----------------------------|------------------------|
| Step 1. Original Cost of Real & Tangible Personal Property .....   | _____                    | _____                      | _____                  |
| Gross Annual Rentals Paid Multiplied by 8 .....  | _____                    | _____                      | _____                  |
| Total Step 1. ....   | _____                    | _____                      | _____                  |
| Step 2. Gross Receipts from Sales Made and/or Work or Services performed .....                             | _____                    | _____                      | _____                  |
| Step 3. Wages, Salaries and Other Compensation .....   | _____                    | _____                      | _____                  |
| Step 4. Total Percentages .....  | _____                    | _____                      | _____                  |
| Step 5. Average Percentage (Divide Total Percentage by Number of Percentages Used, enter on Line 3A) ..... | _____                    | _____                      | _____                  |

## Leased Employees

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 \_\_\_\_\_

## Extension Policy

Extensions may, upon request, be granted for filing of the annual return, provided and IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.