

BUSINESS

2014 – MARIEMONT EARNINGS TAX RETURN – 2014

DUE ON OR BEFORE APRIL 15, 2015

FILING REQUIRED EVEN IF NO TAX IS DUE

TAXPAYER'S NAME, ADDRESS ACCOUNT NO. _____	FISCAL YEAR FROM _____ TO _____ PRINCIPAL BUSINESS ACTIVITY _____ <input type="checkbox"/> CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> 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 _____
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INCOME	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 -) \$ _____	
ADJUST- MENTS TO INCOME	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)	\$ _____
TAX	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 2014 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 2014 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 2015

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 2015 (LINE 9 LESS LINE 10b)	\$ _____
12.	AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 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) \$ _____
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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 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 Everywhere	B. Located in Mariemont	C. Percentage (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.