

# Business Tax Return 2014

OR

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

Amended Return - Tax Year: \_\_\_\_\_

Calendar Year Taxpayers file on or before **April 15, 2015**  
Fiscal Year Due on 15<sup>th</sup> Day of 4<sup>th</sup> Month After Year End

## City of Blue Ash

Income Tax Office  
4343 Cooper Road  
Blue Ash, OH 45242  
Phone: (513) 745-8516  
Fax: (513) 745-8651  
Website: [www.blueash.com](http://www.blueash.com)  
Email: [blueashtax@blueash.com](mailto:blueashtax@blueash.com)

THIS SPACE IS FOR OFFICIAL USE ONLY

Did you file a City return last year?  
 YES  NO

Is this a combined corporate return?  
 YES  NO

Should your account be inactivated?  YES  NO  
If YES, please explain:

A  
Name  
Address 1  
Address 2  
Address 3  
Blue Ash Acct#

FID# \_\_\_\_\_ - \_\_\_\_\_

Phone # \_\_\_\_\_

Filing Status (Check one)

C-Corporation  S-Corporation  
 LLC  Partnership/Association

If the information above is incorrect, please make corrections.

Partial Year: Start date \_\_\_\_\_ End Date \_\_\_\_\_

### Part A TAX CALCULATION

1.	Adjusted Federal Taxable Income (Attach Copy of Federal Return) From Form _____ Line _____	\$	
2.	Adjustments (From Line L, Schedule X)	\$	
3.	Taxable income before apportionment (Line 1 plus/minus Line 2)	\$	
4.	Apportionment percentage (From Step 5, Schedule Y) _____%		
5.	Blue Ash taxable income (Multiply Line 3 by Line 4)	\$	
6.	Net operating loss carry-forward claimed. Limited to five years (attach schedule)	\$	
7.	Amount subject to Blue Ash income tax (Line 5 plus/minus Line 6)	\$	
8.	Blue Ash income tax (Multiply Line 7 by <b>1.25%</b> [.0125])	\$	
9 a.	Estimates paid on this year's liability	\$	
9 b.	Credits applied to this year's liability	\$	
10.	Total payments and credits (Lines 9a + 9b)	\$	
11.	Tax due (Subtract Line 10 from Line 8)	\$	
12.	Overpayment (Line 10 greater than Line 8)	\$	
13.	Amount to be refunded (Amounts less than \$1 will not be refunded)	\$	
14.	Amount to be credited to next year	\$	

### Part B DECLARATION OF ESTIMATED TAX FOR 2015 – Mandatory if estimated Liability is \$100.00 or more

15.	Total estimated income subject to tax	\$	
16.	Blue Ash income tax declared (Multiply Line 15 by <b>1.25%</b> [.0125])	\$	
17.	Tax due before credits (at least 25% of Line 16)	\$	
18.	Less credits (from Line 14 above)	\$	
19.	Net estimated tax due if Line 17 minus Line 18 is greater than zero*	\$	
20.	<b>TOTAL AMOUNT DUE</b> —Line 11 plus Line 19 ( <b>Make checks payable to the Blue Ash Income Tax Office</b> )	\$	

#### FOR TAX OFFICE USE ONLY

Tax \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ Late \_\_\_\_\_ months TOTAL DUE \$ \_\_\_\_\_

**\*Subsequent estimated payments are due by the last day of the month following each quarter of the taxable year.**

Check here if we may contact the tax preparer directly with questions regarding the preparation of this return.

**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 herein are the same as used for Federal Income Tax purposes.**

Signature of Person Preparing Return \_\_\_\_\_ Date \_\_\_\_\_

Signature of Officer or Agent \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Preparing Return \_\_\_\_\_ Phone Number \_\_\_\_\_

Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN – See Instructions**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 1221 or 1231 included) _____	\$ _____	H. Capital Gains..... _____	\$ _____
B. Taxes on or measured by net income _____	_____	I. Intangible income ..... _____	_____
C. Guaranteed Payments to partners, retired partners, members or other owners. _____	_____	J. Other income exempt (Explain)..... _____	_____
D. Expenses attributable to non-taxable income (5% of Line I.) _____	_____	_____	_____
E. Real Estate Investment Trust distributions..... _____	_____	_____	_____
F. Other (See Instructions)..... _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
G. <b>Total additions</b> ..... _____	\$ _____	K. <b>Total deductions</b> ..... _____	\$ _____
<b>L. Combine Lines G and K and enter net on Part A, Line 2</b>			\$ _____

**SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA – See Instructions**

	a. Located Everywhere	b. Located in Blue Ash	Percentage (b / a)
STEP 1. Original cost of real and tangible personal property..... _____	_____	_____	
Gross annual rentals paid multiplied by 8..... _____	_____	_____	
TOTAL STEP 1..... _____	_____	_____	%
STEP 2. Wages, salaries, and other compensation paid *See Schedule Y-1 Below..... _____	_____	_____	%
STEP 3. Gross receipts from sales made and services performed..... _____	_____	_____	%
STEP 4. Total percentages (Add percentages from Steps 1-3)			%
STEP 5. Average percentage (Divide total percentage by number of percentages used—Carry to Part A, Line 4)			%

**\*SCHEDULE Y-1 RECONCILIATION TO BLUE ASH FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Blue Ash (from Federal Return or apportionment formula Schedule Y Step 2)..... _____	\$ _____
Total wages shown on Blue Ash 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: \_\_\_\_\_ Address: \_\_\_\_\_

FID Number: \_\_\_\_\_

**Extension Request must be made in writing and received by this office on or BEFORE the original due date of the return. Failure to file a return and/or pay taxes due by the due date of the return could result in imposition of penalty and interest.**

**CITY OF BLUE ASH  
BUSINESS INCOME TAX RETURN INSTRUCTIONS**

Mail to: Blue Ash Income Tax Office  
4343 Cooper Road  
Blue Ash, Ohio 45242

Office Phone: (513) 745-8516  
Fax: (513) 745-8651  
Website: [www.blueash.com](http://www.blueash.com)  
Email: [blueashtax@blueash.com](mailto:blueashtax@blueash.com)

**Extension Requests:** Required to be received in writing by the original filing due date.

**Subsequent Estimated Payments:** Due by the last day of the month following each quarter of the taxable year.

This form is to be used by all entities, even if no tax is due, other than sole proprietorships and single member limited liability companies. Sole proprietors and single member limited liability companies should file on the Individual Income Tax Return.

**General Instructions:**

If you are filing for any year other than a calendar year, indicate the year of the tax return with beginning and ending dates. Fiscal year taxpayers should use the beginning year of the fiscal period as the year of the tax return.

1. If you received a pre-printed form containing incorrect information, make the necessary corrections to the form. If the form is not pre-printed, please enter the information in the spaces provided for name, address and EIN/FID number.
2. Complete the box that pertains to the filing of a city return in the previous year, the combined corporate return question and whether or not the account should be inactivated. If your account should be inactivated, provide an explanation. If this is a final return, give the reason why. If you sold the business, provide the name, address and phone number of the purchaser on a separate attachment.
3. Check the appropriate box that corresponds to the filing status of the business.
4. If you are amending a tax year, be sure to indicate the year that you are amending in the space provided. Include your amended federal return or documentation pertaining to the Internal Revenue Service audit.
5. Provide copies of all federal forms and schedules.

**Part A – TAX CALCULATION**

**LINE 1:** Enter the Adjusted Federal Taxable Income (AFTI). As defined by Ohio Revised Code (ORC) 718.01 AFTI means a C corporation's federal taxable income before net operating losses and special deductions. Other business entities must compute the AFTI as if they were a C corporation. Generally this is the line titled "Income/(Loss) Reconciliation" on the Schedule K of the Form 1120S for subchapter S corporations or the line titled "Analysis of Net Income (Loss)" of the Form 1065 for partnerships and limited liability companies.

**LINE 2:** Enter the total adjustments from Schedule X.

**Schedule X – Reconciliation with the Federal Return**

**ADD – Items not Deductible and Included in Line 1**

- A. Enter the amount included in Line 1 of the Business Tax Return related to the sale, exchange, or other disposition of an asset described in section 1221 or 1231 of the Internal Revenue Code. This would include the 1231 loss reported on Form 4797.
- B. Enter any taxes on or measured by net income included as a deduction in computing Line 1.
- C. Enter any guaranteed payments or similar payments made to partners, members or other owners that were deducted in arriving at the income amount on Line 1. This includes amounts related to self-employed retirement plans and health or life insurance for an owner or owner-employee.
- D. Enter 5% of the intangible income included in Line 1 of the Business tax return that is not directly related to the sale, exchange or other disposition of property described in Section 1221 or 1231 of the Internal Revenue Code.
- E. Add Real Estate Investment Trust distributions allowed as a deduction in the computation of Federal Taxable Income.
- F. Other. Please provide a complete explanation. Examples: losses from flow-thru entities, charitable contribution deducted above the 10% corporation limitation.
- G. Add Lines A through F.

**DEDUCT – Items not Taxable and Included in Line 1**

- H. Enter the amount of the income that is included on Line 1 of the Business Tax Return that is directly related to the sale, exchange, or other disposition of an asset described in Section 1221 or 1231 of the Internal Revenue Code less the income and gain included in this amount that is described in Section 1245 or 1250 of the Internal Revenue Code.
- I. Enter the total amount of intangible income included in Line 1 of the Business tax return that is not directly related to the sale, exchange or other disposition of property described in Section 1221 or 1231 of the Internal Revenue Code. Intangible income generally includes, but is not limited to interest, dividends, copyrights and patents.
- J. If Line 1 of the return includes other income exempt from municipal tax, enter on this line and provide an explanation.
- K. Add Lines H-J.
- L. Deduct Line K from Line G. Insert the net amount as an addition (or deduction) on Part A, Line 2.

**LINE 3:** Line 1 plus or minus Line 2.

**LINE 4:** Enter the apportionment percentage from Step 5 of Schedule Y. (ORC 718.02)

### **Schedule Y – Apportionment to Blue Ash**

**Step 1.** Compute the percentage of the original average cost of the real and tangible personal property owned or used by the taxpayer in the City of Blue Ash during the taxable period to the original average cost of all of the real and tangible personal property owned or used by the taxpayer during the same period, wherever situated.

Real property shall include property rented or leased by the taxpayer. The value of such property shall be determined by multiplying the annual rental thereon by eight.

**Step 2.** Compute the percentage of total personal compensation paid during the period for services performed in the City of Blue Ash to total personal compensation paid during the same period for all business locations. Do not include amounts paid to contractors.

**Step 3.** Compute the percentage of the gross receipts of the business or profession from sales made and services performed in the City of Blue Ash during the taxable period to gross receipts of the business or profession during the same period from sales and services, wherever made or performed.

**Step 4.** Calculate the total of the percentages derived in Steps 1 through 3.

**Step 5.** Divide the total derived in Step 4 by the number of percentages used. Insert this percentage on Part A, Line 4 of the return.

**LINE 5:** Multiply Line 3 by Line 4.

**LINE 6:** Enter the amount of net operating losses apportioned to Blue Ash. Operating losses, from prior years, may be carried forward for a maximum period of five tax years. *An explanatory schedule is required to support any adjustments made on this line.*

**LINE 7:** Line 5 plus or minus Line 6.

**LINE 8:** Multiply Line 7 by 1.25% (.0125).

**LINE 9a:** Enter the amount of estimated tax payments including any amounts paid with an extension.

**LINE 9b:** Enter the amount of the overpayment from prior years credited to this year's tax return.

**LINE 10:** Line 9a plus Line 9b.

**LINE 11:** If Line 8 is greater than Line 10, enter the tax due. If this amount is less than \$1, payment is not required.

**LINE 12:** If Line 10 is greater than Line 8, enter the overpayment.

**LINE 13:** Enter the amount to be refunded. Amounts less than \$1 will not be refunded.

**LINE 14:** Enter the amount to be credited to next tax year's estimated tax liability.

### **Part B – DECLARATION OF ESTIMATED TAX**

**LINE 15:** Enter the amount of estimated income for the next tax year.

**LINE 16:** Enter the total tax due for the next tax year.

**LINE 17:** Divide Line 16 by 4 to determine the amount of estimated tax for the first quarter.

**LINE 18:** Enter the amount of credits from Line 14.

**LINE 19:** Enter and remit the net estimated tax due if Line 17 minus Line 18 is greater than zero.

This is the first of four quarterly estimated tax payments. The second payment is due on the last day of the 7<sup>th</sup> month after the beginning of the year and is equal to the total estimated tax on Line 16 divided by 4 less any overpayment still available from prior years. Third payment is due on the last day of the 10<sup>th</sup> month after the beginning of the year and the final estimated payment is due on the last day of the month following the taxable year end.

**LINE 20:** Combine Line 11 and Line 19 to determine the total amount due.