CITY OF PARMA HEIGHTS
NET PROFIT TAX RETURN

For Corporations, Partnerships, Estates & Trusts
Due April 15, 2014 or 3½ months from End of Fiscal Year

FILE #

2013

Business Name and Mailing Address

OFFICE USE ONLY

6281 Pearl Road, Parma Heights, Ohio 44130-3084
PHONE (440) 888-6440 FAX (440) 885-8228

FAILURE TO FILE THIS RETURN OR EXTENSION ON OR BEFORE THE DUE DATE WILL RESULT IN A MINIMUM $25 PENALTY. EXTENSIONS – SEE INSTRUCTIONS

Check Status as Taxpayer: ☐ Corporation
☐ Subchapter S Corp. ☐ Partnership ☐ Other

Is the Business Entity a Resident of Parma Heights? Yes ___ No___

Did the Business Entity move? Yes___ No___

Date Moved Into Parma Heights _____

Date Moved Out of Parma Heights _____

Federal Identification Number _____

Trade Name _____

Local Business Address _____

Telephone Number _____

Standard-Industrial Classification Number

Name and Address as they appear on our records. Make any Necessary Corrections.

For Calendar Year 2013 or Fiscal Period

From _____ 20_____. Ending _____ 20_____.

COMPUTATION OF TAXABLE INCOME

1. Total Taxable Income (Copy of Federal Form 1120, 1120S, 1065, or 1041 Required) (ATTACH ALL PAGES) ..... $ _____
2. A. Add Items Not Deductible (From Schedule X, Line H) ..... $ _____
   B. Deduct Items Not Taxable (From Schedule X, Line Z) ..... $ (_____)
3. Adjusted Net Income ..... $ _____
4. Schedule Y _____% allocable to Parma Heights ..... $ _____
5. Less allocable Net Loss per previous City Income Tax Return (5 Year Limit) ..... $ _____
6. TOTAL ADJUSTED INCOME SUBJECT TO PARMA HEIGHTS INCOME TAX ..... $ _____
7. Parma Heights Income Tax 3% of Line 6 ..... $ _____
8. CREDITS: A. Payments to Parma Heights on Estimated Tax (_____) $_____
   B. Overpayment from preceding Year ..... $
   C. Total Credits (Line 8A plus 8B) ..... $ (_____)
9. A. TAX DUE (Line 7 Less 8C) - No credit/payment if $1.00 or less ..... $ _____
   B. Overpayment Claimed (If Line 8C exceeds Line 7) ..... $_____ .....
   C. Enter Amount of Line 9B to be Credited to 2014 Estimated Tax .. $_____ .....
   D. Amount to be refunded Line (Line 9B Less Line 9C) ..... $_____ .....
   (NO REFUND LESS THAN $5.00) (See Instructions)
10. PENALTY (10%) (See Instructions) Late Filing $_____ + Late Paying $_____ TOTAL LINE 10 → _____
11. PENALTY (10%) (Underpayment of Estimated Tax) (See Instructions) ..... $ _____
12. INTEREST (18%) (See Instructions) ..... $ _____
13. TOTAL AMOUNT DUE FOR 2013 (PAYABLE WITH THIS RETURN) ..... $ _____

MANDATORY DECLARATION OF ESTIMATED PARMA HEIGHTS TAX FOR 2014
FAILURE TO PAY ESTIMATED TAX WILL RESULT IN A 10% PENALTY See Instructions

14. Estimated Net Income Subject to Parma Heights' Income Tax _____ X TAX RATE OF 3% FOR GROSS TAX OF $ _____
15. AMOUNT DUE WITH ESTIMATE 1/4 of Line 14 ..... $ _____
16. Less Credit from Line 9C ..... $ (_____)
17. ESTIMATED TAX AMOUNT DUE ..... $

TOTAL AMOUNT DUE - ADD LINE 13 AND LINE 17 AND REMIT THIS AMOUNT ON OR BEFORE THE DUE DATE OR FOUR MONTHS AFTER THE BEGINNING OF THE FISCAL YEAR ..... $ _____

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF PARMA HEIGHTS, MAIL IN ENCLOSED ENVELOPE OR TO TAX ADMINISTRATOR, 6281 Pearl Road, Parma Heights, Ohio 44130-3084

The undersigned, President or Treasurer (or assistant treasurer, or chief accounting officer) of the business for which this return is made, declares that this return has been examined by him and is to the best of his knowledge and belief, a true, correct and complete return.

Signature Of Person Preparing, if Other than Taxpayer _____ Date _____

Signature (President, Treasurer, Partner or Member) _____

Title _____

Address or Name and Address of Firm or Employer _____

MAY THE CITY DISCUSS THIS RETURN WITH THE TAX PREPARER? YES ☐ NO ☐

Telephone No. of Preparer _____

Date _____

GENERAL TAX INFORMATION - MUST BE COMPLETED

1. Date Business or Trust Created _____
2. Did you file a Parma Heights return last year? ____ Yes ____ No.
3. Did you have any employees during 2013? ____ Yes ____ No. If yes, did they work in Parma Heights? ____ Yes ____ No.
4. On which basis are your records kept? ____ Cash ____ Accrual ____ Completed Contract ____ Other _____
5. Has your Federal Tax liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service? ____ Yes ____ No.
6. If business terminated, complete the following; Date terminated _____
7. If you sold your business, give name and address of purchaser.
   Name _____
   Address _____
8. If Business Entity changed during past year, mark appropriate blocks:
   From: _____ Individual _____ Partnership _____ Corporation
   To: _____ Individual _____ Partnership _____ Corporation

SCHEDULE X ADJUSTMENTS

Ohio's Municipal Income Tax Reform, (House Bill 95) created a Uniform Net Profits Base. For taxable years beginning after 2003, be sure returns comply with Ohio Revised Code 718.01. Excluding Schedule C, E, and F filers, taxable income shall be computed as if the taxpayer is a C Corporation. Include all supporting schedules, forms and statements to support your income calculation.

ITEMS NOT DEDUCTIBLE – ADD		ITEMS NOT TAXABLE – DEDUCT	
A. Capital losses – Section 1221 or 1231	$	I. Capital Gains – Section 1221 or 1231	$
B. 5% of Line K – (Intangible Income)		J. Intangible Income	
C. Taxes based on Income		Interest Income _____	
D. REIT – other Investor Benefits (See Instr.)		Dividends _____	
E. Guaranteed Payments to Partners		Royalties _____	
F. Self-employed/owner expenses (See Instr.)		Other	
G. Other (Depreciation Recovery Note: Business entities that are not C corporations, but are required to file as a C corporation, are subject to Section 291 depreciation recovery of Section 1250 property.)		K. Total Intangible Income	
		L. Other Deductions (See Instr.)	
EXPLAIN: _____		M. Other (explain) _____	
H. TOTAL ADDITIONS (enter Line 2A, Page 1)	$	Z. TOTAL DEDUCTIONS (enter Line 2B, Page 1)	$

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA

		a. LOCATED EVERYWHERE	b. LOCATED IN PARMA HEIGHTS	PERCENTAGE [(b) Divided (a)]
STEP 1.	AVG. **ORIGINAL COST** OF REAL & TANG. 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 (SEE INSTRUCTIONS)	$ _____	$ _____	_____ %
STEP 3.	WAGES, SALARIES, AND OTHER COMPENSATION PAID	$ _____	$ _____	_____ %
STEP 4.	TOTAL PERCENTAGES			_____ %
STEP 5.	AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)			Carry to Page 1, Line 4 _____ %

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: _____