

**CITY OF PARMA HEIGHTS  
NET PROFIT TAX RETURN**

For Corporations, Partnerships, Estates & Trusts  
Due April 15, 2016 or 3½ months from End of Fiscal Year

**FILE #**

**2015**

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 2015 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 2016 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 2015 (PAYABLE WITH THIS RETURN) .....	\$ _____

**MANDATORY DECLARATION OF ESTIMATED PARMA HEIGHTS TAX FOR 2016  
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) \_\_\_\_\_

Address or Name and Address of Firm or Employer \_\_\_\_\_

Title \_\_\_\_\_

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

Telephone No. of Preparer \_\_\_\_\_

Date \_\_\_\_\_

**GENERAL TAX INFORMATION - MUST BE COMPLETED**

- |  |   |
|--|---|
| <p>1. Date Business or Trust Created _____</p> <p>2. Did you file a Parma Heights return last year? ___ Yes ___ No.</p> <p>3. Did you have any employees during 2015? ___ Yes ___ No. If yes, did they work in Parma Heights? ___ Yes ___ No.</p> <p>4. On which basis are your records kept? ___ Cash ___ Accrual<br/>___ Completed Contract ___ Other _____</p> <p>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.</p> | <p>6. If business terminated, complete the following; Date terminated _____</p> <p>7. If you sold your business, give name and address of purchaser.<br/>Name _____<br/>Address _____</p> <p>8. If Business Entity changed during past year, mark appropriate blocks:<br/>From: ___ Individual ___ Partnership ___ Corporation<br/>To: ___ Individual ___ Partnership ___ Corporation</p> |
|--|---|

**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.) EXPLAIN: _____	_____	K. Total Intangible Income .....	_____
H. TOTAL ADDITIONS (enter Line 2A, Page 1) .....	\$ _____	L. Other Deductions (See Instr.) .....	_____
		M. Other (explain) _____	_____
		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: \_\_\_\_\_