

**BUSINESS - 2014  
INCOME TAX RETURN  
SYCAMORE TWP JEDZ**



**MAKE CHECK OR MONEY ORDER TO:**  
SYCAMORE TWP JEDZ - NORTHWEST

c/o Deer Park Tax  
7777 Blue Ash Road  
Deer Park OH 45236

Voice 513-794-8863 Fax 513-794-8866  
breinert@deerpark-oh.gov

Fiscal Period 01/01/2014 to 12/31/2014

**Due Date 04/15/2015**

**Federal Schedules MUST be attached to this return.**

Federal ID#	
Business Telephone No.	
Principal Business Activity NAICS Code	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
INTO / /	OUT OF / /
CHECK ONE	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION	
<input type="checkbox"/> OTHER _____	

Name \_\_\_\_\_  
And \_\_\_\_\_  
Address \_\_\_\_\_

1 Total taxable income	1		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2 )	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 Sycamore Twp Jedz Taxable income (Line 5 minus Line 6)	7		
8 Sycamore Twp Jedz income tax (Multiply line 7 by 0.750%)	8		
9 Credits applied from previous year(s) to this year's liability	9		0.00
10 Estimates paid on this year's liability	10		0.00
11 Other credits	11		
12 Total credits (Total line 9, 10 and 11)			12
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than 1.01			13
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)			16
17 Overpayment ( Issued if greater than 1.01 )			17
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

**Declaration of Estimate For 2015**

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 0.750%)			21
22 Less credits (from 19 above)			22
23 Net estimated tax due (subtract line 22 from line 21)	23		
24 Minimum amount due for first quarter (Multiply line 23 by 25%)			24

**Amount You Owe**

25 Total amount due (add lines 16 and 24)	25	
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**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**

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.

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Tax Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If other than taxpayer) Phone No. \_\_\_\_\_

**CREDIT CARD INFORMATION FOR PAYMENT**

ACCOUNT NUMBER \_\_\_\_\_

SECURITY PIN \_\_\_\_\_ CARD EXPIRATION \_\_\_\_\_ / /

AMOUNT \_\_\_\_\_ CARD HOLDER SIGNATURE - SIGN HERE \_\_\_\_\_

**DEER PARK HAS MANDATORY FILING**  
**RETURN THIS FORM TO AVOID PENALTIES**

**STOP!!!**

IF YOU ONLY HAVE W-2 WAGES, DO NOT PROCEED.

THIS SIDE IS FOR LINE 2 - OTHER INCOME.

IF YOU HAVE RENTAL INCOME/LOSS: attach a copy of Federal Schedule E

IF PROFIT/LOSS FROM BUSINESS OR PROFESSION: attach Federal Schedule C

INCOME OTHER THAN SCHEDULE E OR C: (ie: partnerships, estate fees, etc.)  
 attach appropriate federal schedule

***DID YOU SIGN AND DATE THE RETURN? DID YOU ENCLOSE W-2'S  
 OR FEDERAL SCHEDULES? DID YOU ENCLOSE PAYMENT?***

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Net loss from sale, exchange or other disposition of capital or other assets _____	_____	n. Net gain from sale, exchange or other disposition of capital or other assets _____	_____
b. Interest and/or Other expense incurred in the production of non-taxable income _____	_____	o. Interest Income _____	_____
c. All Income Taxes Paid or Accrued _____	_____	p. Dividends (less Federal exclusion) _____	_____
d. Withdrawals by Owners _____	_____	q. Income from Patents and Copyrights _____	_____
e. Net Operating Loss - per Federal Return _____	_____	r. Other income exempt from Deer Park income Tax (explain) _____	_____
f. Payments to an individual retirement arrangement or Keogh Plan _____	_____		_____
g. Contributions _____	_____	2. Total Deductions (enter as line 4b Page 1) _____	_____
h. Other Deductions Not Allowable (explain) _____	_____		_____
i. Total Additions (enter as line 4a Page 1) _____	_____		_____

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

	a. LOCATED HERE	b. LOCATED IN DEER PARK	c. Percentage (1 to 5)
STEP 1. Average Value 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 _____			
Total Step 2 _____			%
STEP 3. Wages, Salaries, etc. Paid _____			
Less Compensation of executive officers or owner members Total Net Wages Factor (Step 3) _____			
4. Total Percentages _____			%
5. Average Percentage (Divide Line 4 by number of factors in Column a)-Carry to Line 5b-Page 1			



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QUARTERLY ESTIMATE

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MAIL TO

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7777 Blue Ash Road  
Deer Park OH 45236

AMOUNT ENCLOSED \$

Check No:

PAID CHECK WILL BE YOUR RECEIPT

If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.

Voice 513-794-8863 Fax 513-794-8866

DO NOT REMIT CASH BY MAIL

ESTIMATED TAX DECLARED	TOTAL UNDER PAID ESTIMATE PENALTY	TOTAL AMOUNT CREDITED	AMOUNT OF UNPAID BALANCE	QUARTERLY INSTALLMENT DUE

Name

AMENDED ESTIMATED TAX

DUE ON OR BEFORE

And

Address

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE. IF THIS STATEMENT DOES NOT REFLECT PAYMENT RECENTLY MADE, PLEASE ADVISE - INCOME TAX OFFICE - PROMPTLY

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