

2013 – KENTON CITY BUSINESS INCOME TAX RETURN – 2013

111 W. Franklin Street, P.O. Box 220, Kenton, OH 43326-0220

DUE ON OR BEFORE APRIL 15, 2014 OR BY THE 15TH DAY OF THE FOURTH MONTH FOLLOWING THE END OF THE FISCAL YEAR FISCAL YEAR BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND A MINIMUM \$35.00 PENALTY

For Assistance – Call 419-673-1355 or visit our website – www.kentoncity.com Make checks payable to City of Kenton

ENTER COMPLETE NAME AND ADDRESS INCLUDING ANY DBA (Doing Business As) INFORMATION

CHECK ONE:

- Corporation
Partnership
Other

FEDERAL ID NUMBER:

NATURE OF BUSINESS:

BUSINESS CONTACT NAME:

CONTACT PHONE NUMBER:

DID YOU FILE A KENTON CITY INCOME TAX RETURN FOR THE PREVIOUS YEAR? YES NO

IF YOUR BUSINESS MOVED DURING THE YEAR, YOU MUST COMPLETE LINES BELOW:

DATE OF MOVE:

PRESENT ADDRESS:

PREVIOUS ADDRESS:

IMPORTANT: All Federal Schedules (including "Statements") MUST be attached. Returns received without ALL completed schedules will be marked "INCOMPLETE" and returned to the taxpayer. AN "INCOMPLETE" RETURN IS NOT A FILED RETURN AND CAN CAUSE LATE CHARGES! YOU MUST OBTAIN A KENTON EXTENSION IF A FEDERAL EXTENSION HAS BEEN GRANTED. THIS EXTENSION MUST BE REQUESTED PRIOR TO FILING DUE DATE.

SECTION A

- 1. TOTAL INCOME PER ATTACHED FEDERAL RETURN
2. ADJUSTMENT FROM SCHEDULE X
3. TOTAL INCOME (LINE 1 PLUS OR MINUS LINE 2)
4. AMOUNT ALLOCABLE TO KENTON
5. TAX DUE (LINE 4 MULTIPLIED BY 1.50% or .0150)
6A. 2013 ESTIMATED PAYMENTS
6B. CREDIT FROM PRIOR YEAR
6C. TOTAL TAX CREDITS (ADD 6A and 6B)
7. IF LINE 5 IS GREATER THAN LINE 6C ENTER BALANCE DUE
8. IF LINE 6C IS GREATER THAN LINE 5 ENTER OVERPAYMENT
9. PENALTY \$ INTEREST \$
10. BALANCE DUE (ADD LINES 7 AND 9)

Tax Office Use Only – Do not use this space

SECTION B – DECLARATION OF ESTIMATED TAXES FOR 2014

- 11. TOTAL ESTIMATED TAX FOR 2014 (1.50% MULTIPLIED BY KENTON TAXABLE INCOME)
12. LESS CREDITS (INCLUDING PRIOR YEAR CREDIT FROM LINE 8)
13. NET TAXES OWED
14. AMOUNT PAID WITH THIS DECLARATION (1/4 OF LINE 13)
15. TOTAL DUE (ADD LINES 10 AND 14)

SECTION C

The undersigned declares that this return (and the 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, adjusted to the ordinance requirements for local tax purposes, and if an audit of the Federal return is made which affects the tax liability shown on the return, an amended return will be filed within three months with the City of Kenton. If this return was prepared by a Tax Preparer, I am authorizing them to disclose information concerning this return to the Kenton Tax Office. YES NO

Signature of Person Preparing Return (if other than Taxpayer) Date Taxpayer's Signature Date

Phone Number of Person Preparing Return Taxpayer's Printed Name and Title

PAID PRE-AUDITED BY ON AUDITED BY ON FILE DATE