Form 150 File With

CONNEAUT
INCOME TAX DEPARTMENT
294 Main St.
Conneaut, Ohio 44030
Tax Office Phone (440) 593-7418

BUSINESS
2019 - CONNEAUT INCOME TAX RETURN - 2019

DUE ON OR BEFORE APRIL 15, 2020

LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND A MINIMUM $25.00 PENALTY

FILING REQUIRED EVEN IF NO TAX DUE

Fiscal Years Fill In Dates
Beginning 20
Ending 20
And File Within 4 Months of Ending Date

A WRITTEN EXTENSION REQUEST MUST BE RECEIVED BY DUE DATE. A FEDERAL EXTENSION DOES NOT AUTOMATICALLY APPLY TO CONNEAUT

TAXPAYER'S NAME, ADDRESS ACCOUNT NO.

PRINCIPAL BUSINESS ACTIVITY _____

CORPORATION ☐ S CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐

FEDERAL I.D. # _____

PHONE # _____

IF MOVED DURING CURRENT YEAR PLEASE GIVE DATE OF MOVE

INTO CONNEAUT _____ OUT OF CONNEAUT _____

INCOME

1. TOTAL INCOME FROM PAGE 2 **(ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES)** ..... $ _____

ADJUSTMENTS TO INCOME

2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X FROM PAGE 2) ..... ADD $ _____

b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2) ..... DEDUCT $ _____

c. DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 ..... (+ OR -) $ _____

3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) ..... $ _____

b. AMOUNT OF LINE 3a ALLOCABLE _____ % (FROM STEP 5 SCHEDULE Y) ..... $ _____

4. AMOUNT SUBJECT TO CONNEAUT EARNINGS TAX (LINE 3b) ..... $ _____

TAX

5. TAX 1.65% OF LINE 4 ..... $ _____

6. CREDITS:

a. PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX ..... $ _____

b. PRIOR YEAR OVERPAYMENT ..... $ _____

c. TOTAL CREDITS ALLOWABLE ..... $ _____

7. **BALANCE OF TAX DUE (LINE 5 LESS LINE 6c)**

MAKE REMITTANCE PAYABLE TO CONNEAUT INCOME TAX DEPARTMENT AND ATTACH WHEN FILING ..... TAX DUE $ _____

8. OVERPAYMENT TO BE REFUNDED $ _____ OR CREDITED $ _____ TO NEXT YEAR'S ESTIMATE
(If Line 6c is greater than Line 5)

9. **ADD PENALTY IF FILED AFTER APRIL 15 OR FISCAL FILING DATE** (Penalty depends on filing date) ..... $ _____

No taxes or refunds of less than $10.00 shall be collected or refunded.

By Law, all Refunds & Credits in excess of $10.00 are being reported to I.R.S.

DECLARATION OF ESTIMATED TAX FOR YEAR 2020

10. TOTAL INCOME SUBJECT TO TAX $ _____ MULTIPLY BY TAX RATE OF 1.65% FOR GROSS TAX OF ..... $ _____

11. LESS EXPECTED TAX CREDITS

a. OVERPAYMENT FROM PRIOR YEAR(S) ..... $ _____

b. TOTAL CREDIT ..... $ _____

12. NET ESTIMATED TAX DUE (LINE 10 LESS LINE 11b) ..... $ _____

13. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 12) ..... $ _____

14. TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 13) ..... $ _____
MAKE CHECKS PAYABLE TO CONNEAUT INCOME TAX DEPARTMENT

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer — Date

Signature of Taxpayer or Agent (Required) — Date

Address — Telephone Number

Title, If Signing for a Business

NOTE: ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

SECTION A — Profit (or Loss) from Business or Profession

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS ..... $ _____
2. LESS Cost of Labor $ _____ Material, supplies & other costs $ _____ ..... $ _____
3. GROSS PROFIT FROM SALES, ETC. (Line 1 Less Line 2) ..... $ _____
4. INTEREST $ _____ OTHER BUSINESS INCOME (Specify) $ _____ ..... $ _____
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS ..... $ _____

BUSINESS DEDUCTIONS

6. ADVERTISING AND PROMOTION ..... $ _____
7. AUTO, TRUCK AND TRAVEL ..... $ _____
8. INT. ON BUSINESS INDEBTEDNESS .. $ _____
9a. TAXES BASED ON INCOME ..... $ _____
b. OTHER BUSINESS TAXES ..... $ _____
10. SALARIES AND WAGES ..... $ _____
11. DEPRECIATION, AMORTIZATION $ _____
12. RENTS (Paid to _____) $ _____
13. OTHER (List if over 10% of Line 14) ... $ _____
14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) ..... $ _____
15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14) ..... $ _____

SECTION B — Total from Federal Schedule D, Form 4797 $ _____

SECTION C — Income from Rents — from Federal Schedule E

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C ..... $ _____

SECTION D — All Other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D ..... $ _____

TOTAL — From Sections A, B, C & D. Enter on Page 1, Line 1 ..... $ _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses)	$ _____	n. Capital Gains (Excluding Ordinary Gains)	$ _____
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z)	$ _____	o. Interest Income	$ _____
c. Taxes based on income (State)	$ _____	p. Dividends	$ _____
d. Taxes bases on income (City)	$ _____	q. Other (Explain)	$ _____
e. Net operating loss deduction per Federal Return	$ _____	_____	
f. Payments to partners	$ _____	_____	
g. Charitable Contributions (not an expense)	$ _____		
h. Other expenses not deductible (Explain)	$ _____		
m. (Enter Line 2a Other Side) ..... TOTAL	$ _____	z. Enter Line 2b Other Side ..... TOTAL	$ _____

SCHEDULE Y — Business Allocation Formula

		a. LOCATED EVERYWHERE	B. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1.	AVERAGE VALUE OF REAL & TANG. PERSONAL PROPERTY	_____	_____	
	GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
	(NET BOOK VALUE) TOTAL STEP 1	_____	_____	_____ %
STEP 2.	GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3.	WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
4.	TOTAL PERCENTAGES	_____	_____	_____ %

5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used). Carry to Line 3b, Page 1 _____ %

SCHEDULE Z - PARTNER'S SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident Yes	2. Resident No	3. Dist. Shares of Partners Percent	3. Dist. Shares of Partners Amount	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
				$	$		$
7. TOTAL From Section A and Section D above			100	$			