

City of Sharonville Tax
 11641 Chester Road
 Sharonville, OH 45246-2803
 Phone: (513) 563-1169
 Fax: (513) 588-3969
www.sharonville.org

**Business Tax Return
 2024**

FISCAL PERIOD _____ TO _____

Due on or before 4/15/2025 or 15th day of the 4th month following the end of the fiscal year

<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Name and Address _____

Account # _____

Federal ID # _____

Phone # _____

Partial year activity: Start Date: _____

End Date: _____

Part A 2024 TAX CALCULATION

1. Adjusted Federal Taxable Income (attach copy of Federal return) from Form _____ Line _____ \$ _____
2. Adjustments (Schedule X, Line N)..... \$ _____
3. Taxable income before apportionment (Line 1 plus or minus Line 2) \$ _____
4. Enter pre-apportioned losses from 2019 through 2023..... \$ _____
5. Net Taxable Income (Line 3 minus Line 4)..... \$ _____
6. Apportionment percentage (Schedule Y, Step 5) _____ %
- 7a. **Sharonville Taxable Income** (multiply Line 5 by Line 6)..... \$ _____
- 7b. **Sharonville Tax Amount** (multiply Line 7a by 1.5% [.015])..... \$ _____
- 8 a. Estimates paid on this year's liability..... \$ _____
- 8 b. Credits applied to this year's liability..... \$ _____
9. Total payments and credits (add lines 8a and 8b) \$ _____
10. Balance of tax due (Line 7b minus Line 9)..... \$ _____
11. Late filing penalty _____ Late payment penalty _____ Interest _____ \$ _____
12. **Total balance due** (Line 10 plus Line 11).....(no tax due if less than \$10)..... \$ _____
13. Overpayment (If Line 9 is greater than Line 12) \$ _____
14. Amount to be refunded (amounts less than \$10 will not be refunded) \$ _____
15. Amount to be credited to next year (if less than \$10 enter zero) \$ _____

Part B DECLARATION OF ESTIMATED TAX FOR 2025

16. Total estimated income subject to tax \$ _____
17. Sharonville income tax declared (multiply Line 16 by 1.5% [.015])..... \$ _____
18. 1st quarter estimated tax due before credits (minimum of 22.5% of Line 17)..... \$ _____
19. Less credits from prior year (Line 15 above) \$ _____
20. **1st quarter net estimated tax due** (Line 17 minus Line 18)..... \$ _____
 (Estimate payments are required for annual balances of \$200 or more)
21. **TOTAL AMOUNT DUE (Add Line 12 and Line 20)**..... \$ _____

Make checks or money orders payable to City of Sharonville Tax. Online payments: www.sharonville.org. To pay by phone: 1-800-487-4567

Check to give us permission to contact your tax practitioner directly if there are questions regarding the preparation of this return.

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 those used for Federal Income Tax purposes.

Signature of Person Preparing Return _____ Date _____ Signature of Officer or Agent _____ Date _____

Printed Name of Person Preparing Return _____ Phone Number _____ Name and Title _____ Phone Number _____

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE

- A. Capital Losses (Sec 1221 or 1231 included)
- B. Taxes on or measured by Net Income
- C. Guaranteed Payments to Partners, retired partners, members or other owners
- D. Expenses attributable to intangible income (5% of Line K)
- E. Real Estate Investment Trust Distributions
- F. Amounts paid or accrued for qualified self-employed retirement plans, health or life insurance plans for partners, shareholders or members of non-C Corporation entities
- G. Depreciation recovery (non-C corporations are subject to IRC Section 291 depreciation recovery on section 1250 property)
- H. Other
- I. **TOTAL ADDITIONS**

ITEMS NOT TAXABLE

- J. Capital Gains
- K. Intangible income
- L. Other income exempt (Explain)
- M. **TOTAL DEDUCTIONS**
- N. **Combine Line I (Total Additions) and Line M (Total Deductions) and enter net on Page 1, Part A, Line 2**

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Sharonville	Percentage (b / a)
STEP 1. Original cost of real and tangible personal property...	_____	_____	
Gross annual rentals paid multiplied by 8.....	_____	_____	
TOTAL STEP 1.....	_____	_____	%
STEP 2. Wages, salaries, and other compensation paid See Schedule Y-1*.....	_____	_____	%
STEP 3. Gross receipts from sales made and services performed.....	_____	_____	%
STEP 4. Total percentages (add percentages from Steps 1-3)			%
STEP 5. Average percentage (divide total percentage by number of percentages used—enter on Part A, Line 6)			%

***SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Sharonville (from Federal return or apportionment formula Schedule Y Step 2)..... \$ _____

Total wages shown on Form W-3 (Withholding Reconciliation)..... \$ _____

Please explain any difference:

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: _____ Federal ID Number: _____

Address: _____

NOTICE: Unless accompanied by copies of appropriate federal forms/schedules and by payment of the total tax due on Line 21 this form is not a legal final return or declaration.

NOTICE: Failure to file a required return and/or to pay taxes due by due date will result in imposition of penalty and interest.