

BUSINESS - 2017 INCOME TAX RETURN GEORGETOWN

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU

PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505
 incometax@georgetownohio.org

Fiscal Period _____ to _____

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 Georgetown Taxable income (Line 5 minus Line 6)	7	
8 Georgetown income tax (Multiply line 7 by 1.000%)	8	
9 Credits applied from previous year(s) to this year's liability	9	
10 Estimates paid on this year's liability	10	
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 10.00		13
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)		16
17 Overpayment (Issued if greater than 10.00)		17
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For 2018

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.000%)		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
---	--	----

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

 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