

**BUSINESS - 2020  
INCOME TAX RETURN  
GEORGETOWN INCOME TX**

**MAKE CHECK OR MONEY ORDER TO:**  
GEORGETOWN INCOME TAX BUREAU

PO BOX 116  
GEORGETOWN OH 45121

Voice 937-378-6395 x1001 Fax 937-378-4505  
kathrynn.mcelroy@georgetownohio.gov

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**DUE DATE: 04/15/2021 or IRS DUE DATE  
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	0%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 Georgetown Income Tx Taxable income (Line 5 minus Line 6)	7	
8 Georgetown Income Tx 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 2021**

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	
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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			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCOUNT NUMBER
		DISC VER	_____
		SECURITY PIN	CARD EXPIRATION
		_____	____/____/____
AMOUNT	_____	CARD HOLDER SIGNATURE - SIGN HERE	

<b>SECTION A</b>	<b>Profit (or Loss) from Business or Profession</b>
1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS ..... \$ _____	
2. LESS Cost of Labor \$ _____ Material, supplies and other costs \$ _____	
GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) ..... \$ _____	
4. INTEREST \$ _____ OTHER BUSINESS INCOME (Specify) \$ _____	
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS ..... \$ _____	
<b>BUSINESS DEDUCTIONS</b>	
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) ..... \$ _____	

<b>SECTION B</b>	<b>Total from Federal Schedule D, Form 4797.</b>	\$ _____
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<b>SECTION C</b>	<b>Income from Rents — from Federal Schedule E.</b>				
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)
NET INCOME SECTION C .....					\$ _____

<b>SECTION D</b>	<b>All other Taxable Income</b>	
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS; FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
NET INCOME SECTION D .....		\$ _____

<b>TOTAL</b>	<b>From Sections A, B, C &amp; D. Enter on Page 1, Line 1</b>	\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>
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<b>SCHEDULE X</b>	<b>Reconciliation with Federal Income Tax Return</b>
<b>ITEMS NOT DEDUCTIBLE</b> a. Capital Losses (Excluding Ordinary Losses) ..... \$ _____ b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z) ..... \$ _____ c. Taxes based on income (State) ..... \$ _____ d. Taxes based on income (City) ..... \$ _____ e. Net operating loss deduction per Federal Return ..... \$ _____ f. Payments to partners ..... \$ _____ g. Contributions ..... \$ _____ h. Other expenses not deductible (Explain) ..... \$ _____ m. (Enter Line 2a Other Side) ..... Total \$ _____	<b>ADD</b> <b>ITEMS NOT TAXABLE</b> n. Capital gains (Excluding Ordinary Gains) ..... \$ _____ o. Interest income ..... \$ _____ p. Dividends ..... \$ _____ q. Other (Explain) ..... \$ _____ z. Enter Line 2b Other Side. .... Total \$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>

<b>SCHEDULE Y</b>	<b>Business Allocation Formula</b>															
<b>STEP 1. AVG. VALUE OF REAL &amp; TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8</b> TOTAL STEP 1. _____ <b>STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED</b> _____ <b>STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID</b> _____ 4. TOTAL PERCENTAGES _____% 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used) _____%	<table style="width:100%;"> <tr> <td style="width:33%;">a. LOCATED EVERYWHERE</td> <td style="width:33%;">b. LOCATED IN THIS CITY</td> <td style="width:34%;">c. PERCENTAGE (b + a)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____ %</td> </tr> <tr> <td colspan="3" style="text-align:right;">Carry to Line 3b, Page 1 <span style="border: 1px solid black; padding: 2px 20px;"> </span> %</td> </tr> </table>	a. LOCATED EVERYWHERE	b. LOCATED IN THIS CITY	c. PERCENTAGE (b + a)	_____	_____	_____ %	_____	_____	_____ %	_____	_____	_____ %	Carry to Line 3b, Page 1 <span style="border: 1px solid black; padding: 2px 20px;"> </span> %		
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_____	_____	_____ %														
_____	_____	_____ %														
_____	_____	_____ %														
Carry to Line 3b, Page 1 <span style="border: 1px solid black; padding: 2px 20px;"> </span> %																

<b>SCHEDULE Z</b>	<b>PARTNER'S SHARE OF INCOME</b>				
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident	3. Dist. Shares of Partner's	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes No	Percent Amount			
7. TOTALS from Section A and D Above		100	\$		