

BUSINESS - 2021 INCOME TAX RETURN GEORGETOWN INCOME TX

Fiscal Period _____ to _____

**DUE DATE: 04/15/2022 or IRS DUE DATE
Federal Schedules MUST be attached to
this return.**

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
incometax@georgetownohio.gov

Federal ID# _____

Business Telephone No. _____

Principal Business Activity
NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION ESTATE
 SOLE PROPRIETOR TRUST
 PARTNERSHIP FIDUCIARY
 S-CORPORATION
 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 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 2022

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







ACCOUNT NUMBER

SECURITY PIN CARD EXPIRATION

AMOUNT _____

CARD HOLDER SIGNATURE - SIGN HERE