

**BUSINESS - 20
INCOME TAX RETURN
WILLIAMSBURG TAX**

Fiscal Period 01/01/20 to 12/31/20

Due Date 04/15/20

Attach all necessary schedules

**MAKE CHECK OR MONEY ORDER TO:
WILLIAMSBURG TAX DEPT**

107 W Main Street
Williamsburg OH 45176

Voice 513-724-6107 Fax 513-724-6212
www.cwoerner@williamsburgohio.org

Name _____

And _____

Address _____



Federal ID# _____

Business Telephone No. _____

Principal Business Activity NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATE: _____

INTO / / OUT OF / /

CHECK ONE

- CORPORATION
- SOLE PROPRIETOR
- PARTNERSHIP
- S-CORPORATION
- OTHER _____
- ESTATE
- TRUST
- FIDUCIARY

- 1 Total taxable income
- 2 Adjustments (See Schedule X)
- 3 Taxable income before allocation (Line 1 plus/minus lines 2)
- 4 Allocation percentage (See Schedule Y)
- 5 Adjusted Net Income (Multiply line 3 by line 4)
- 6 Allocable Net Loss Carry Forward
- 7 Williamsburg Tax Taxable income (Line 5 minus Line 6)
- 8 Williamsburg Tax income tax (Multiply line 7 by 1.000%)
- 9 Credits applied from previous year(s) to this year's liability
- 10 Estimates paid on this year's liability
- 11 Other credits
- 12 Total credits (Total line 9, 10 and 11)
- 13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 5.00
- 14 Penalty
- 15 Interest
- 16 Total due (Total line 13, 14 and 15)
- 17 Overpayment (Issued if greater than 5.00)
- 18 Amount to be refunded
- 19 Amount to be credited to next year

1	
2	
3	
4	%
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Declaration of Estimate For 20

- 20 Total estimated income subject to tax
- 21 Estimated tax due. (Multiply line 20 by 1.000%)
- 22 Less credits (from 19 above)
- 23 Net estimated tax due (subtract line 22 from line 21)
- 24 Minimum amount due for first quarter (Multiply line 23 by)

20	
23	

21	
22	
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

Credit Card Information
By Phone or in person
MASTERCARD
VISA
DISCOVER

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

May VILLAGE OF WILLIAMSBURG TAX discuss this return with the preparer shown above ___Yes

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	ADD
A. Capital Losses (Sec 1221 or 1231 included)	\$ _____	H. Capital Gains	\$ _____
B. Taxes on or measured by net income	_____	I. Intangible income	_____
C. Guaranteed Payments to partners, retired partners, members or other owners	_____	J. Other income exempt (Explain)	_____
D. Expenses attributable to non-taxable income (5% of Line 1.)	_____		_____
E. Real Estate Investment Trust distributions	_____		_____
F. Other	_____		_____
	_____		_____
G. Total additions	\$ _____	K. Total deductions	\$ _____

L. Combine Lines G and K and enter net on Line 2 _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

		a. Located Everywhere	a. Located in Williamsburg	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 Line 4)			%

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

Total wages allocated to Williamsburg (from Federal Return or apportionment formula) \$ _____

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: _____

Address: _____

FID Number: _____