FORM FR 1224

BUSINESS - 2015
INCOME TAX RETURN
SPENCERVILLE

Fiscal Period _____ **to** _____

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX DEPARTMENT
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024
www.spencervilleoh.com

Federal ID#

BusinessTelephone No.

Principal Business Activity

NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

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

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	Spencerville Taxable income (Line 5 minus Line 6)	7		
8	Spencerville income tax (Multiply line 7 by 1.500%)	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 1.01			13
14	Penalty	14		
15	Interest	15		
16	Total due (Total line 13, 14 and 15)			16
17	Overpayment (Issued if greater than 1.01)			17
18	Amount to be refunded	18		
19	Amount to be credited to next year	19		

Declaration of Estimate For 2016

20	Total estimated income subject to tax	20		
21	Estimated tax due. (Multiply line 20 by 1.500%)			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. _____

May VILLAGE OF SPENCERVILLE discuss this return with the preparer shown above ___Yes ___No