CITY OF BUCYRUS
INCOME TAX DEPARTMENT
P.O. Box 28
Bucyrus, OH 44820-0028

BUSINESS INCOME TAX RETURN

CALENDAR YEAR _____ DUE BY APRIL 15 OF FOLLOWING YEAR

FISCAL YEAR _____ TO _____ DUE 15TH DAY OF THE 4TH MONTH FOLLOWING YEAR END

MAKE CHECKS PAYABLE TO
BUCYRUS INCOME TAX DEPT

TYPE OF BUSINESS: ☐ Corporation ☐ Partnership ☐ "S" Corporation ☐ Other

Federal Employer Identification No. _____

1.	**FEDERAL TAXABLE INCOME** (CAUTION: May be different than the amount reported for Federal purposes. See instructions.)		$ _____
2.	ITEMS NOT DEDUCTIBLE (From Line M, Schedule X below)	ADD _____	
3.	ITEMS NOT TAXABLE (From Line Z, Schedule X below)	DEDUCT _____	
4.	ENTER EXCESS OF LINE 2 or 3		$ _____
5.	ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 4)		$ _____
6.	AMOUNT APPORTIONED TO BUCYRUS (If Schedule Y is used, _____ % from Line 5)		$ _____
7.	**AMOUNT SUBJECT TO MUNICIPAL INCOME TAX**		$ _____
8.	**BUCYRUS TAX DUE - 2.0%**		$ _____
9.	ESTIMATED PAYMENTS	$ _____	
10.	PRIOR YEAR OVERPAYMENTS	$ _____	
11.	TOTAL CREDITS (Add Lines 9 AND 10)	$ _____	
12.	**BALANCE OF TAX DUE** - (Subtract Line 11 from Line 8)		$ _____
13.	OVERPAYMENT (If Line 11 exceeds Line 8)	$ _____	
14.	_____ REFUND _____ CREDIT TO _____		
	ESTIMATED TAX (See Instructions)		
15.	TOTAL _____ ESTIMATED TAX DUE	$ _____	
16.	QUARTERLY AMOUNT DUE (1/4 of Line 15)	$ _____	
17.	PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT	$ _____	
18.	BALANCE OF QUARTERLY PAYMENT DUE (Line 16 minus Line 17)		$ _____
19.	PENALTY _____ AND INTEREST _____ LATE FILING FEE _____		$ _____
20.	**TOTAL DUE** (Add Lines 12 and 18) Make check or money order payable to **BUCYRUS INCOME TAX DEPT.**		$ _____

SCHEDULE X ITEMS NOT DEDUCTIBLE	**ADD**
A. 5% OF INTANGIBLE INCOME (LINE N-Q)	$ _____
B. LOSSES FROM THE SALE, EXCHANGE OR OTHER DISPOSITION OF SECTION 1221 OR 1231 PROPERTY	$ _____
C. TAXES ON OR MEASURED BY NET INCOME	$ _____
D. DIVIDENDS PAID TO INVESTORS OF A REIT OR RIC	$ _____
E. GUARANTEED PAYMENTS TO PARTNERS/MEMBERS	$ _____
F. PAYMENTS TO/FOR RETIREMENT PLAN, HEALTH OR LIFE INSURANCE FOR OWNER OR OWNER-EMPLOYEE	$ _____
M. TOTAL ADDITIONS (ENTER AS LINE 2 ABOVE)	$ _____

ITEMS NOT TAXABLE	**DEDUCT**
N. CAPITAL GAINS	$ _____
O. INTEREST	$ _____
P. DIVIDENDS	$ _____
Q. OTHER INTANGIBLE INCOME (EXPLAIN) _____	$ _____
R. GAIN FROM THE SALE, EXCHANGE OR OTHER DISPOSITION OF SECTION 1221 OR 1231 PROPERTY	$ _____
Z. TOTAL DEDUCTIONS (ENTER AS LINE 3 ABOVE)	$ _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)

		A. Located Everywhere	B. Located in Bucyrus	C. Percentage (B ÷ A)
Step 1.	Average original cost of real and tangible personal property	$ _____	$ _____	
	Gross annual rentals multiplied by 8	$ _____	$ _____	
	Total step 1	$ _____	$ _____	_____ %
Step 2.	Gross receipts from sales and work or services performed	$ _____	$ _____	_____ %
Step 3.	Total wages, salaries, commissions, and other compensation of all employees	$ _____	$ _____	_____ %
Step 4.	Total percentages			_____ %
Step 5.	Average percentage (Divide total percentages by number of percentages used - enter on % Line 6 above.)		_____ %	

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

Signature (Title) (Date)

Preparer's signature (other than taxpayer) (Date)

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? ☐ YES ☐ NO

Address (and Zip Code)

ACCOUNT INFORMATION UPDATE

Complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME _____

NATURE OF BUSINESS _____

BUCYRUS LOCATION _____

HOME OFFICE LOCATION _____

HOME OFFICE TELEPHONE _____ CONTACT _____

MAILING ADDRESS _____

FEDERAL IDENTIFICATION NUMBER _____

DATE BUSINESS BEGAN IN BUCYRUS _____

TYPE OF ENTITY (Corp, S Corp, Partnership, Assoc., etc.) _____

ACCOUNTING PERIOD _____ Calendar Year

_____ Fiscal Year (month ending _____)

NAME AND ADDRESS OF PARTY IN CHARGE OF BOOKS _____

_____

_____

DO YOU SUBCONTRACT LABOR TO PERFORM WORK IN BUCYRUS? ☐ YES ☐ NO
If YES, copies of 1099's or a statement containing the same information must be submitted no later than February 28 of each year. Failure to provide this information can result in a $500.00 penalty.

DO YOU HAVE EMPLOYEES WORKING IN BUCYRUS? ☐ YES ☐ NO
If YES, copies of employee W-2 forms must be submitted no later than February 28 of each year.

IF YOU RENT PROPERTY IN BUCYRUS, NAME AND ADDRESS OF PERSON OR ENTITY THAT OWNS SAID PROPERTY

_____

_____

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