

Form VSB-R
Income Tax
Apple Creek, Ohio

(Tax Office Use
ONLY)

THIS IS NOT A FEDERAL RETURN
File this Return with the Apple Creek Income Tax Dept., on or before **April 15, 20**____, or
within 3 ½ months after the close of a fiscal year.

(Tax Office Use
ONLY
Processed by _____

Paid with this Return

**CORPORATION, PARTNERSHIP OR FIDUCIARY
INCOME TAX RETURN
APPLE CREEK, OHIO, INCOME TAX**
For Period from January 1, 20____through December 31, 20____, or Fiscal period
From____, 20____, through____, 20____
Nature of Business_____

Trade Name, or name of responsible official, and Address are as they appear on our record. Make any necessary corrections

NAME:
C/O:
ADDRESS:
CITY:

NET INCOME COMPUTATION

	COLUMN A As shown by Federal Return	COLUMN B Allocable to Apple Creek, Ohio (See Note 1)
1. Net Income Per Federal Return		
2. Add items not deductible under Apple Creek Income Tax Ordinance (Schedule X)		
3. Deduct items not taxable under Apple Creek Income Tax Ordinance (Schedule X)-		
4. Adjusted Net Income		
5.% (as determined by Schedule Y) of line 4—Column A		XXXXXXXXXXXXXXXXXXXX
6. Net Profit (line 5, Col. A, or line 4, Col. B)		
7. Deduct allocable net loss per previous Apple Creek Income Tax Returns filed- See Note (2) below		
8. Net profit subject to Apple Creek Income Tax—Line 6 less line 7		
9. Apple Creek Income Tax, one per cent of line 8		
10. Less: Payments made on account of Declaration of Estimated Apple Creek Income Tax, or amount of tax paid on prior return IF this is an amended return		
11. Unpaid Balance of Apple Creek Income Tax, which amount must be paid with the filing of this return: (Make check payable to Village of Apple Creek---Income Tax)		
12. Overpayment of Apple Creek Income Tax.		
13. Use X to indicate whether overpayment is to be refunded (X), or applied against 20____ declaration (). No refund will be made until 20____ Declaration is filed.		

NOTE 1----If Business Allocation Percentage Formula (Schedule Y) is used, disregard Column B

NOTE 2----**NET LOSS CARRY- FORWARD:** Net Loss incurred prior to January 1, 20____not allowed for carry-forward purposes. Carry-Forward loss limited to five years. Net loss carry-back not allowed under any circumstances.

AFFIDAVIT

The undersigned Officer or Partner (or Chief Accounting Officer) of the Business for which this return is made, declares that this return is to the best of his knowledge and Belief, a true correct and complete return.

(Signature of Firm or person, other than taxpayer, preparing return)

(Date)

(Signature of Taxpayer)

(Date)

MAIL THIS COPY TO VILLAGE OF APPLE CREEK INCOME TAX DEPT., VILLAGE HALL, APPLE CREEK, OHIO 44606

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