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CITY OF SIDNEY
BUSINESS INCOME TAX RETURN
Calendar Year 201- or
Fiscal Period to

Mail completed form to:
City of Sidney
Revenue Collections - Tax
201 W. Poplar St.
Sidney, OH 45365

Due on or before April 15, 2020 or by the 15th day of the fourth month following the end of your fiscal year.

Federal Employer Identification Number:

Grid for Federal Employer Identification Number

Physical Location Address in Sidney:

Box for Physical Location Address in Sidney

Company Name & Address (include DBA):

Large box for Company Name & Address

CHECK ONE: Corporation S Corporation
Partnership Other

Business Contact Name:

Contact Phone Number:

If your business moved during the year, please indicate:

Date of move

Previous Address

Table with 2 columns: Description (1-15) and Amount/Percentage. Includes lines for Total Income, Deductions, Net Income, Taxable Income, and Tax Amount Due.

DECLARATION OF ESTIMATED TAX FOR 2020

Table for Declaration of Estimated Tax for 2020, including lines 16-20 for total amount payable.

The undersigned declares this return (& 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...

Signature of Taxpayer or Agent Date Signature of preparer, if other than taxpayer Date

Name and Title Phone Number Name and Title Phone Number



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ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
A.	Capital losses excluding ordinary losses (IRC) 1221 or 1231 property dispositions. Do not include ordinary loss from Federal Form 4797		J.	Capital Gains, excluding ordinary gains (IRC) 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250	
B.	5% of intangible income reported in letter K, except that from IRC 1221 property dispositions		K.	Federally reported intangible income such as, but not limited to interest, dividends, and patent & copyright income. Excludes prizes, awards, lottery winnings, or other income associated with games of chance.	
C.	Taxes based on income (State or City)		L.	Not previously deducted IRC Sec 179 Expense	
D.	Federal deducted dividends, distributions, or amounts set aside for, credited to or distributed to REIT or RIC investors		M.	Not previously deducted Partnership, S Corp, LLC charitable contributions	
E.	Federally deducted amounts paid or accrued to or for qualified self-employed retirements plans, health insurance plans, and the insurance plans for owners or owner-employees of non-C corporation entities		O.	Other	
F.	Partnership, S Corp, LLC charitable contributions, if limited to 10% of FTI				
G.	IRC Section 179 expenses, if limited, for partnerships, S Corps, LLCs				
H.	Other				
I. TOTAL ADDITONS (enter on Page 1, Line 2)			P. TOTAL DEDUCTIONS (enter on Page 1, Line 3)		

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by taxpayers who have a place or places of business outside Sidney to determine the portion of the net profits attributed to that part of the business within the boundaries of Sidney.

		A. LOCATED EVERYWHERE	B. LOCATED IN SIDNEY	C. PERCENTAGE (B/A)
Step 1	Average original cost of real & tangible personal property	\$	\$	
	Gross annual rentals multiplied by 8	\$	\$	
	Total Step 1	\$	\$	%
Step 2	Gross receipts from sales and work or services	\$	\$	%
Step 3	Total qualifying wages, salaries, commissions and other compensation for all employees	\$	\$	%
Step 4	TOTAL PERCENTAGE			%
Step 5	AVERAGE PERCENTAGE (Divide total percentages by the number of percentages used.) Enter on page 1, Line 6			%

SCHEDULE Y-1 – RECONCILIATION TO FORM W-3, WITHHOLDING RECONCILIATION

Total wages allocated to Sidney (from Federal Return or allocation formula)	\$
Total wages shown on Form W-3 (Withholding reconciliation)	\$
Please explain any difference:	
Are any employees leased in the year covered by this return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, then provide name, address and FID number of the leasing company.	
Were 1099-MISC forms issued to area residents? If yes, attach copies to this return. <input type="checkbox"/> Yes <input type="checkbox"/> No	



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FORM NOL

PRE – 2017 NOL's (100% allowable)

LOSS YEAR	2014	2015	2016	
1. LOSS AMOUNT	_____	_____	_____	
2. SCH. Y % (STEP 5)	_____	_____	_____	
3. LOSS Divided by SCH. Y % (Line 1 / Line 2)	_____	_____	_____	= PRE-NOL AVAILABLE _____

POST -2017 NOL's (See instructions)

LOSS YEAR	2017	2018	
4. LOSS AMOUNT (2017)	_____	_____	
5. Calculation of 50% of Post 2017 NOL's			
a. LOSS Divided by SCH. Y %	_____	_____	
b. Multiply by 50%	_____	_____	
6. Calculation for 50% of Municipal Taxable Income			
a. (Adjusted Federal Taxable Income (PAGE 1 LINE 5)	_____		
b. PRE-NOL Available (Line 3 Total)	_____		
c. Subtract (Line 3a – Line 3(b) (If less than zero enter 0)	_____		
d. Multiply by 50%	_____		
7. POST-NOL : Lessor of Line 5b. or Line 6d. ABOVE	_____		= POST-NOL AVAILABLE _____

TOTAL Current Year NOL Deduction

- 8. (ADD PRE-NOL + POST-NOL) NOL AVAILABLE _____
- 9. LESSOR OF NOL AVAILABE LINE 8 OR ADJUSTED FEDERAL TAXABLE INCOME LINE 6a. NOL _____ To Page 1, Line 6