

**BRIMFIELD TALLMADGE JEDD**

**Business Income Tax Return 2008**

Telephone Number 330-633-5599 Fax 330-633-8835  
Web Site Address: [www.tallmadge-ohio.org](http://www.tallmadge-ohio.org)

Paid Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

File this return with the City of Tallmadge by April 15, 2009 or within 4 months of fiscal year end  
SS# / Federal ID # \_\_\_\_\_  
Please Print Name, Address and Federal ID If Not Shown

Principal business activity \_\_\_\_\_  
To JEDD Area on \_\_\_\_\_  
From JEDD Area on \_\_\_\_\_  
New Address \_\_\_\_\_  
Year beginning \_\_\_\_\_ Year ending \_\_\_\_\_

**INCOME**

1 Adjusted Federal Taxable Income for C-Corps (O.R.C. 718.01) or Actual for individuals per your Federal Income Tax Return (**Attach Federal Forms & Schedules**) 1 \_\_\_\_\_  
2 Items not deductible  
2a Capital losses 2a \_\_\_\_\_  
2b Expenses attributable to non-taxable income 2b \_\_\_\_\_  
2c Taxes based on income 2c \_\_\_\_\_  
2d.Guaranteed payments to partners 2d \_\_\_\_\_  
2e Charitable contributions 2e \_\_\_\_\_  
2f Other (explain) \_\_\_\_\_ 2f \_\_\_\_\_  
Total items not deductible (add lines 2a through 2f) 2 \_\_\_\_\_  
3 Items not taxable  
3a Capital gains 3a \_\_\_\_\_  
3b Interest and dividend income 3b \_\_\_\_\_  
3c Other (explain) \_\_\_\_\_ 3c \_\_\_\_\_  
Total items not taxable (add lines 3a through 3c) 3 \_\_\_\_\_  
4 Adjusted taxable income (add lines 1 and 2 then subtract line 3) 4 \_\_\_\_\_  
5 Business allocation formula (apply percentage by dividing Columns B by A) (A) (B)  
Located Everywhere Located in Brimfield JEDD  
5a Average original cost of real and tangible personal property \_\_\_\_\_  
5b Gross annual rentals multiplied by eight (8) \_\_\_\_\_  
5c Total (add lines 5a and 5b) \_\_\_\_\_ 5c \_\_\_\_\_ %  
5d Gross receipts from sales and work or services performed \_\_\_\_\_ 5d \_\_\_\_\_ %  
5e Total wages, salaries, commissions and other compensation of all employees \_\_\_\_\_ 5e \_\_\_\_\_ %  
Average percentage (add the percentage on lines 5c, 5d, 5e and divide by 3) 5 \_\_\_\_\_ %  
6 Amount allocable to Brimfield Tallmadge JEDD (multiply line 4 by line 5) (If loss enter 0) 6 \_\_\_\_\_

Office Use Only  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_  
11 \_\_\_\_\_  
12 \_\_\_\_\_  
13 \_\_\_\_\_  
14 \_\_\_\_\_

**TAX and CREDITS**

7 Brimfield/Tallmadge JEDD tax due before credits (multiply line 6 by .50%) 7 \_\_\_\_\_  
8 Estimated tax payments and/or credits from prior years 8 \_\_\_\_\_  
9 If difference between line 7 and line 8 is less than \$5.00, enter zero and proceed to line 15 9 \_\_\_\_\_

**OVERPAYMENT**

10 If line 8 is greater than line 7, and not less than \$5.00, enter the difference, which is amount of overpayment 10 \_\_\_\_\_  
11 Amount of line 10 to be credited to next year's estimated tax liability (enter here and on line 17) 11 \_\_\_\_\_  
12 Amount to be refunded (subtract line 11 from line 10) Proceed to line 15 12 \_\_\_\_\_

**AMOUNT PAYABLE TO BRIMFIELD TALLMADGE JEDD**

13 If line 7 is greater than line 9 and more than \$5.00, enter the difference, which is the balance due for the current year. Proceed to line 15. 13 \_\_\_\_\_  
14 Penalty \$ \_\_\_\_\_ + Interest \$ \_\_\_\_\_ +Late Fee \$ 25.00 14 \_\_\_\_\_

**DECLARATION of ESTIMATED INCOME TAX FOR YEAR 2009**

15 Estimated tax liability for the tax year 2009 ( If more than \$400.00) 15 \_\_\_\_\_  
16 First quarter of estimated tax payable to City of Tallmadge (multiply line 15 by 25%) 16 \_\_\_\_\_  
17 Previous year credits applied to estimated tax payment (line 9) 17 \_\_\_\_\_  
18 Net amount due for initial quarterly payment (subtract line 17 from line 16) 18 \_\_\_\_\_  
19 Net amount due (add line 13, 14 and 18) Make check payable to City of Tallmadge 19 \_\_\_\_\_

The undersigned declares this to be a true, correct, and complete Brimfield Tallmadge JEDD return for the period stated.

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Title of Taxpayer \_\_\_\_\_

If a tax-preparer completed this return, may we contact them directly with questions regarding this return? \_\_\_ Yes \_\_\_No

Signature of Tax Preparer (if other than Taxpayer) \_\_\_\_\_ Date \_\_\_\_\_ Preparer's Telephone Number \_\_\_\_\_