

BUSINESS - 2023 INCOME TAX RETURN COLDWATER

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF COLDWATER

610 W SYCAMORE ST
COLDWATER OH 45828Voice 419-678-2685 Ext Fax 419-678-2365
taxdept@villageofcoldwater.com

Fiscal Period _____ to _____

**Federal Schedules MUST be attached to this
return.**

Federal ID#

BusinessTelephone No.

Principal
Business
Activity
NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

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

Name

And

Address

- 1 Total taxable income
2 Adjustments (See Schedule X)
3 Taxable income before allocation (Line 1 plus/minus lines 2)
4 Allocation percentage (See Schedule Y)
5 Adjusted Net Income (Multiply line 3 by line 4)
6 Allocable Net Loss Carry Forward
7 Coldwater Taxable income (Line 5 minus Line 6)
8 Coldwater income tax (Multiply line 7 by 1.000%)
9 Credits applied from previous year(s) to this year's liability
10 Estimates paid on this year's liability
11 Other credits
12 Total credits (Total line 9, 10 and 11)
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.01
14 Penalty
15 Interest
16 Total due (Total line 13, 14 and 15)
17 Overpayment (Issued if greater than 10.01)
18 Amount to be refunded
19 Amount to be credited to next year

1	
2	
3	
4	%
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17	

Declaration of Estimate For 2024

- 20 Total estimated income subject to tax
21 Estimated tax due. (Multiply line 20 by 0.000%)
22 Less credits (from 19 above)
23 Net estimated tax due (subtract line 22 from line 21)
24 Minimum amount due for first quarter (Multiply line 23 by 25%)

20	
21	
22	
23	
24	

Amount You Owe

- 25 Total amount due (add lines 16 and 24)

25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

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.

TaxPayer's Signature

Date

Tax Preparer's Signature
(If other than taxpayer)

Date

Phone No. _____

May VILLAGE OF COLDWATER discuss this return with the preparer shown above ___ Yes ___ No

SECTION A		Profit (or Loss) from Business or Profession	
1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS.....			\$ _____
2. LESS Cost of Labor	\$ _____	Materials, supplies and other costs	\$ _____
3. GROSS PROFIT FROM SALES, ETC., (LINE 1 LESS LINE 2).....			\$ _____
4. INTEREST	\$ _____	OTHER BUSINESS INCOME (Specify)	\$ _____
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS.....			\$ _____
BUSINESS DEDUCTIONS			
6. ADVERTISING AND PROMOTION.....	\$ _____	11. DEPRECIATION, AMORTIZATION.....	\$ _____
7. AUTO, TRUCK AND TRAVEL.....	\$ _____	12. RENTS (Paid to _____).....	\$ _____
8. INT. ON BUSINESS INDEBTEDNESS.....	\$ _____	13. OTHER (List if over 10% of Line 14.....)	\$ _____
9a. TAXES BASED ON INCOME.....	\$ _____	14. TOTAL BUSINESS DEDUCTIONS (Total	\$ _____
9b. OTHER BUSINESS TAXES.....	\$ _____	15. NET PROFIT (OR LOSS) FROM BUSINESS	
10. SALARIES AND WAGES.....	\$ _____	OR PROFESSION (Line 5 Less Line 14)	\$ _____

SECTION B	Total from Federal Schedule D, Form 4797	\$ _____
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SECTION C						Income from Rents - from Federal Schedule E
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or Loss)	

NET INCOME SECTION C..... \$ _____

SECTION D			All other Taxable Income
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS			
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT	

NET INCOME SECTION D..... \$ _____

TOTAL	From Sections A, B, C, & D. Enter on Page 1, Line 1	\$ _____
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SCHEDULE X				Reconciliation with Federal Income Tax Return	
ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses (Excluding Ordinary Losses).....	\$ _____	j. Capital Gains (Excluding Ordinary Gains).....			\$ _____
b. Expenses incurred in the production of non-taxable Income (at least 5% of Line N).....	\$ _____	k. Interest Income.....			\$ _____
c. Taxes based on Income (State).....	\$ _____	l. Dividends.....			\$ _____
d. Taxes based on Income (City).....	\$ _____	m. Other (Explain)			
e. Net operating loss deduction per Federal Return.....	\$ _____				
f. Payments to partners.....	\$ _____				
g. Contributions.....	\$ _____				
h. Other expenses not deductible (Explain).....	\$ _____				
i. Total Lines a-h.....	\$ _____	n. Total Lines j-m			\$ _____
					Total (Line i less Line n) \$ _____

SCHEDULE Y		Business Allocation Formula		
		a. LOCATED EVERYWHERE	b. LOCATED IN THE CITY	c. PERCENTAGE (b. ÷ a.)
STEP 1. AVG. VALUE OF REAL & TANGIBLE PERSONAL PROPERTY				
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8				
TOTAL OF STEP 1.		%		
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK				
OR SERVICES PERFORMED		%		
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID		%		
STEP 4. TOTAL PERCENTAGES		%		
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentage by Number of Percentages Used).		Carry to Page 1, Line 4 %		

SCHEDULE Z		PARTNER'S SHARE OF INCOME		2. Resident	3. Dist. Shares of Partners	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
1. Name & Municipality or Township of each Partner	YES	OR	NO	PERCENT	AMOUNT			
7. TOTALS from Section A and D Above				100%	\$			