

GRANVILLE INCOME TAX BUREAU
 141 EAST BROADWAY, PO BOX 514
 GRANVILLE, OHIO 43023
 (740) 587-2764 Fax 587-0128
 WEBSITE: www.granville.oh.us

VILLAGE OF GRANVILLE 2006 BUSINESS INCOME TAX RETURN

CALENDAR YEAR TAXPAYERS FILE BY APRIL 15, 2007
 FISCAL YEAR TAXPAYERS FILE WITHIN 4 MONTHS FROM YEAR END
 BEGINNING _____ 20 ____ & ENDING _____ 20 ____

FEDERAL ID # _____

COMPANY NAME _____

Did you file a return last year? Yes No

Is this a final return? Yes No

TAX RETURN FOR (check one)

Corporation Partnership S-Corporation

Fiduciary Estate Trust

1. Taxable Income from Federal Return (Attach copy of Federal Return) From Form _____ Line _____ \$ _____
2. Adjustments (From line Q, Page 2, Schedule X)..... \$ _____
3. Taxable Income before allocation (Line 1 plus/minus line 2)..... \$ _____
4. Allocation Percentage (From Step 5 on Page 2, Schedule Y) (Resident Businesses enter 100%) _____ % X Line 3 = \$ _____
5. Allocable net loss from previous Granville income tax return, if applicable (Attach schedule)..... \$ - _____
6. Granville taxable income (Line 4 less Line 5)..... \$ _____
7. Granville tax: 1.5% of Line 6 (.015)..... \$ _____
8. Estimated tax paid to Village Of Granville \$ _____
9. Other Credits (Explain) \$ _____
10. TOTAL CREDITS..... \$ _____
11. TAX BALANCE DUE (LINE 7 less Line 10)..... \$ _____
12. Late Filing Penalty (See Below) \$ _____ Interest (1% per month) \$ _____ Total P&I \$ _____
 (Late Filing Penalty: Less than 30 days - \$25.00, More than 30 days, less than 120 days - \$50.00, More than 120 days - \$100.00)
13. TOTAL TAX DUE INCLUDING PENALTY & INTEREST (Sum of Line 11 and 12)..... \$ _____
14. Overpayment to be refunded \$ _____ OR Credit to next year estimate..... \$ _____

If tax due/refund amount is under \$5.00, no payment is required; no refund/credit carry forward will be issued.

DECLARATION OF ESTIMATED TAX FOR YEAR 2007

15. Total estimated income subject to tax..... \$ _____
16. Multiply Line 15 by 1.5% (.015) (Granville tax declared) \$ _____
17. Amount of quarterly payments due (Line 16 ÷ 4) \$ _____
18. Overpayments from prior year (Line 14 if Credited) \$ _____
19. Amount paid with this declaration (Line 17 Less Line 18)..... \$ _____
20. Balance of estimated tax due (Line 16 Less Line 18 & 19)..... \$ _____

TOTAL PAYMENT DUE: LINE 13 \$ _____ + LINE 19 \$ _____ = **AMOUNT DUE WITH TAX FILING** \$ _____

The undersigned certifies that this return (including accompanying schedules and statements) 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 Person Preparing if Other Than Taxpayer _____ Date _____ Signature of Taxpayer or Agent _____ Date _____

Name & Address of Preparer _____ Telephone # _____ Name and Title _____ Date _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: **VILLAGE OF GRANVILLE**

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property disposition.....	\$ _____	J. Federally reported income/gain from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250.....	\$ _____
B. Five percent of intangible income reported on Line K, (Sch. X), except that which is from IRC 1221 property disposition	\$ _____	K. Federally reported intangible income such as, but not limited to, interest, dividends, and patent and copyright income	\$ _____
C. Federally deducted taxes based on income.....	\$ _____	L. Amount of Federal tax credits to the extent that they have reduced Corresponding operating expenses ...	\$ _____
D. Guaranteed payments or accruals to, or for current or former partners or members	\$ _____	M. IRC Section 179 expenses (not previously deducted)..	\$ _____
E. Federally deducted dividends, distributions, or amounts Set aside for, credited to, or distributed to REIT or RIC investors.....	\$ _____	N. Other (explain and document)	\$ _____
F. Federally deducted amounts paid or accrued to, or for, qualified self-employment retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non C corporation entities.....	\$ _____	O. TOTAL DEDUCTIONS (Lines J thru N).....	\$ _____
G. Rental activities by Partnership, S-Corp, LLC, Trusts..	\$ _____		
H. Other (explain & document).....	\$ _____		
I. TOTAL ADDITIONS (lines A thru H).....	\$ _____		
P. CALCULATE DIFFERENCE BETWEEN LINE I AND LINE O – CARRY TO PAGE 1, LINE 2			\$ _____

SCHEDULE Y –BUSINESS APPORTIONMENT FORMULA (To be used only by non resident businesses of the Village of Granville)

	A. Located Everywhere	B. Located In Village of Granville	C. Percentage (B ÷ A)
STEP 1 Average original cost of real & tangible personal property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
TOTAL STEP 1	\$ _____	\$ _____	1 _____ %
STEP 2 Gross receipts from sales made and/or work or services performed	\$ _____	\$ _____	2 _____ %
STEP 3 Wages, salaries and other commissions paid to all employees	\$ _____	\$ _____	3 _____ %
STEP 4 TOTAL PERCENTAGES			4 _____ %
STEP 5 AVERAGE PERCENTAGE (divide total percentages by number of percentages used) (zero not used).....			5 _____ %
CARRY STEP 5 AVERAGE PERCENTAGE TO PAGE 1, LINE 4			

SCHEDULE Y-1 RECONCILIATION TO WITHHOLDING RECONCILIATION

Total wages allocated to Granville (from Federal Return or allocation formula)..... \$ _____

Total wages shown on Granville Withholding Reconciliation

Please explain any difference: _____

SCHEDULE Z – PARTNER DISTRIBUTIVE SHARE OF NET INCOME

1. Name and address of each partner	2. FIN or SSN	3. Amount	4. EIN of Payer
a			
b			
c			
d			

Carry forward to Line 1 TOTAL