

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 2023 BUSINESS INCOME TAX RETURN

CALENDAR YEAR TAXPAYERS FILE BY APRIL 15, 2024  
 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  
 Qualified Small Employer per ORC 718.01 (TT)  
 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 P, Page 2, Schedule X)..... \$ \_\_\_\_\_
3. Taxable Income before allocation (Line 1 plus/minus line 2)..... \$ \_\_\_\_\_
4. Allocable net loss from previous Granville income tax return (**Attach schedule**)..... \$ \_\_\_\_\_
5. Allocation Percentage (From Step 5 on Page 2, Schedule Y) (Resident Businesses enter 100%) \_\_\_\_\_ % X Line 3 = \$ \_\_\_\_\_
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. A. Late Payment Penalty (15%) \$ \_\_\_\_\_ Interest (10% per annum) \$ \_\_\_\_\_ Total Late Payment P&I ..... \$ \_\_\_\_\_  
 B. Late Filing Penalty \$25.00 ..... \$ \_\_\_\_\_
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 \$10.00, no payment is required; no refund will be issued.**

## DECLARATION OF ESTIMATED TAX FOR YEAR 2024

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
<b>A.</b> Federally deducted losses from IRC 1221 or 1231 property disposition.....\$ _____		<b>J.</b> 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>B.</b> Five percent of intangible income reported on Line K, (Sch. X), except that which is from IRC 1221 property disposition ..... \$ _____		<b>K.</b> Federally reported intangible income such as, but not limited to, interest, dividends, and patent and copyright income ..... \$ _____	
<b>C.</b> Federally deducted taxes based on income..... \$ _____		<b>L.</b> Amount of Federal tax credits to the extent that they have reduced Corresponding operating expenses ... \$ _____	
<b>D.</b> Guaranteed payments or accruals to, or for current or former partners or members ..... \$ _____		<b>M.</b> IRC Section 179 expenses (not previously deducted).. \$ _____	
<b>E.</b> Federally deducted dividends, distributions, or amounts Set aside for, credited to, or distributed to REIT or RIC investors..... \$ _____		<b>N.</b> Other (explain and document) ..... \$ _____	
<b>F.</b> 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..... \$ _____		<b>O.</b> TOTAL DEDUCTIONS (Lines J thru N)..... \$ _____	
<b>G.</b> Rental activities by Partnership, S-Corp, LLC, Trusts.. \$ _____			
<b>H.</b> Other (explain & document)..... \$ _____			
<b>I.</b> TOTAL ADDITIONS (lines A thru H)..... \$ _____			
<b>P.</b> 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)
<b>STEP 1</b> Average original cost of real & tangible personal property..... \$ _____	\$ _____	\$ _____	
Gross annual rentals multiplied by 8 ..... \$ _____	\$ _____	\$ _____	
TOTAL STEP 1 ..... \$ _____	\$ _____	\$ _____	1 _____ %
<b>STEP 2</b> Gross receipts from sales made and/or work or services performed ..... \$ _____	\$ _____	\$ _____	2 _____ %
<b>STEP 3</b> Wages, salaries and other commissions paid to all employees ..... \$ _____	\$ _____	\$ _____	3 _____ %
<b>STEP 4</b> TOTAL PERCENTAGES ..... 4 _____ %			
<b>STEP 5</b> 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