

**BUSINESS - 2011
INCOME TAX RETURN
LORAIN**

Fiscal Period _____ to _____

Federal Schedules MUST be attached to this return.

MAKE CHECK OR MONEY ORDER TO:
LORAIN DEPARTMENT OF TAXATION

605 W 4TH STREET
LORAIN OH 44052-1605

Voice 440-204-1002
email: incometax@cityoflorain.org

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name _____
And _____
Address _____

1 Total taxable income	1	
2 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 Lorain Taxable income (Line 5 minus Line 6)	7	
8 Lorain income tax (Multiply line 7 by 2.000%)	8	
9 Credits applied from previous year(s) to this year's liability	9	
10 Estimates paid on this year's liability	10	
11 Other credits	11	
12 Total credits (Total line 9, 10 and 11)		12
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 2.00		13
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)		16
17 Overpayment (Issued if greater than 2.00)		17
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For 2012

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 2.000%)		21
22 Less credits (from 19 above)		22
23 Net estimated tax due (subtract line 22 from line 21)	23	
24 Minimum amount due for first quarter (Multiply line 23 by .25)		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

TaxPayer's Signature Date _____

Tax Preparer's Signature Date _____
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCOUNT NUMBER
		DISC. VER	_____
SECURITY PIN		CARD EXPIRATION	
_____		____/____/____	
AMOUNT	_____	_____	_____

**SCHEDULE C
PROFIT OR LOSS FROM BUSINESS OR PROFESSION**
Attach Federal Schedules. (If taxes paid to other cities, attach other cities' returns.)

Business Name	Business Address	
1. Net Profit or Loss		\$
2. Add Items not Deductible		
3. Deduct Items not Taxable		()
4. Adjusted Net Profit or Loss		\$
5. Schedule Y % allocable to Lorain from Schedule Y Step 5		
6. Less allocable net loss carry-forward 5 year limit Attach NOL Schedule		
7. Net Profit or Loss (NET PROFIT ONLY, enter on Line 4, page 1)		\$

{For Corporate Entities Only - see Schedule X at www.cityoflorain.org/treasurer/forms}

SCHEDULE E - PROFIT OR LOSS FROM RENTS
Addresses of properties must be listed on Federal Schedule E and attached to this return

TOTAL PROFIT/LOSS \$ _____

**SCHEDULE H
ALL OTHER TAXABLE INCOME**

Individual's distributive share of Income from partnerships, s-corporations, estates, trusts, director's and other fees, farm and other sources.

Received From	For (DESCRIBE)	Amount
		\$

TOTAL INCOME - Enter Line 4, page 1 \$ _____

SCHEDULE Y - Business Allocation Formula

USE WHOLE DOLLARS ONLY	A. Located Everywhere	B. Located in Lorain	% B Divided by A
STEP 1. a) Average original cost of Real & Tangible Personal Property			
b) Gross Annual Rentals Paid multiplied by 8			
c) Total of Step 1			
STEP 2. Net Sales			
STEP 3. Wages, Salaries Paid			
STEP 4. Total Percentages			
STEP 5. AVERAGE PERCENT (Divide Total Percent by Number of Percentages Used) Enter Here and on Line 5 Schedule C.			