

File with and make checks payable to:
City of Sharonville Tax
 11641 Chester Road
 Sharonville, OH 45246-2803
 Phone: (513) 563-1169
 Fax: (513) 588-3969
 Website: www.sharonville.org

Business Tax Return 2008

FISCAL PERIOD _____ TO _____
 Due on or before 4/15/09 or 15th day of the
 4th month following the end of the fiscal year

THIS SPACE IS FOR TAX OFFICE USE ONLY

C Corp S Corp LLC Partnership Sole Proprietor

Should your account be inactivated? YES NO
 If YES, please explain:

Telephone # _____

Federal ID # _____

If the information above is incorrect, please make corrections.

Part year activity: Start date _____ End date _____

Part A 2008 TAX CALCULATION

1.	Adjusted Federal Taxable Income (attach copy of Federal return) from Form _____ Line _____	\$	
2.	Adjustments (from Line L, Schedule X).....	\$	
3.	Taxable income before apportionment (Line 1 plus / minus Line 2).....	\$	
4.	Apportionment percentage (from Step 5, Schedule Y) _____ %.....		
5.	Sharonville taxable income (multiply Line 3 by Line 4).....	\$	
6.	Less allocable loss per previous income tax return(s) limited to three years (attach schedule).....	\$	
7.	Amount subject to Sharonville income tax (Line 5 less Line 6).....	\$	
8.	Sharonville income tax (multiply Line 7 by 1.5% [.015]).....	\$	
9 a.	Estimates paid on this year's liability.....	\$	
9 b.	Credits applied to this year's liability.....	\$	
10.	Total payments and credits (Lines 9a + 9b).....	\$	
11.	Tax due (subtract Line 10 from Line 8).....	\$	
12.	Overpayment (Line 10 greater than Line 8).....	\$	
13.	Amount to be refunded (amounts less than \$1 will not be refunded).....	\$	
14.	Amount to be credited to next year.....	\$	

Part B DECLARATION OF ESTIMATED TAX FOR 2009

15.	Total estimated income subject to tax.....	\$	
16.	Sharonville income tax declared (multiply Line 15 by 1.5% [.015]).....	\$	
17.	Tax due before credits (at least 25% of Line 16).....	\$	
18.	Less credits (from Line 14 above).....	\$	
19.	Net estimated tax due if Line 17 minus Line 18 is greater than zero*.....	\$	
20.	TOTAL AMOUNT DUE —Combine Line 11 with Line 19	\$	

Make checks or money orders payable to City of Sharonville Tax

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Tax \$ _____	Penalty \$ _____	Interest \$ _____	Late _____ Months	Total Due \$ _____

* Subsequent estimated payments are due by the 15th day of the 6th, 9th and 12th months after the beginning of the taxable year.

Check to give us permission to contact your tax practitioner directly if there are questions regarding the preparation of this return.

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 those used for Federal Income Tax purposes.

Signature of Person Preparing Return	Date	Signature of Officer or Agent	Date
Printed Name of Person Preparing Return	Phone Number	Name and Title	Phone Number

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 1221 or 1231 included) \$ _____		H. Capital Gains..... \$ _____	
B. Taxes on or measured by Net Income _____		I. Intangible income _____	
C. Guaranteed Payments to Partners, retired partners, members or other owners _____		J. Other income exempt (Explain)..... _____	
D. Expenses attributable to non-taxable income (5% of Line I.) _____	 _____	
E. Real Estate Investment Trust distributions..... _____	 _____	
F. Other..... _____	 _____	
..... _____	 _____	
..... _____	 _____	
G. Total additions..... \$ _____		K. Total deductions..... \$ _____	
L. Combine Lines G and K and enter net on Part A, Line 2 _____			

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Sharonville	Percentage (b / a)
STEP 1. Original cost of real and tangible personal property... _____	_____	_____	
Gross annual rentals paid multiplied by 8..... _____	_____	_____	
TOTAL STEP 1..... _____	_____	_____	%
STEP 2. Wages, salaries, and other compensation paid See Schedule Y-1*..... _____	_____	_____	%
STEP 3. Gross receipts from sales made and services performed..... _____	_____	_____	%
STEP 4. Total percentages (add percentages from Steps 1-3)			%
STEP 5. Average percentage (divide total percentage by number of percentages used—carry to Part A, Line 4)			%

***SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Sharonville (from Federal Return or apportionment formula Schedule Y Step 2)..... \$ _____

Total wages shown on Form W-3 (Withholding Reconciliation)..... \$ _____

Please explain any difference:

Are there any employees leased in the year covered by this return? _____ YES _____ NO

If YES, please provide the name, address and FID number of the leasing company.

Name: _____ Address: _____

FID Number: _____

NOTICE: Unless accompanied by copies of appropriate federal forms/schedules and by payment of the balance of tax declared due (Line 11) and at least 25% of the estimated tax due (Line 17), this form is not a legal final return or declaration.

NOTICE: Failure to file a required return and/or to pay taxes due by due date will result in imposition of penalty and interest.