

BUSINESS - 2024 INCOME TAX RETURN WASHINGTON C. H.

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE

117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Ext Fax 740-636-2348
incometax@cityofwch.com

Fiscal Period _____ to _____

**Attach a copy of the Federal tax return page
1 along with applicable schedules.**

Name _____

And _____

Address _____

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 _____ | |

- 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 Washington C. H. Taxable income (Line 5 minus Line 6)
- 8 Washington C. H. income tax (Multiply line 7 by 1.950%)
- 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 10.00
- 14 Penalty
- 15 Interest
- 16 Total due (Total line 13, 14 and 15)
- 17 Overpayment (Issued if greater than 10.00)
- 18 Amount to be refunded
- 19 Amount to be credited to next year

1	
2	
3	
4	%
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	

12	
13	
16	
17	
20	
21	
22	
23	
24	

Declaration of Estimate For 2025

- 20 Total estimated income subject to tax
- 21 Estimated tax due. (Multiply line 20 by 1.950%)
- 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	
25	

Amount You Owe

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

Under penalties of perjury, I certify I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, complete, and that the figures used herein are the same as used for Federal Income Tax purposes

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

TaxPayer's Signature _____

Date _____

Tax Preparer's Signature
(If other than taxpayer)

Date _____

Phone No. _____

May CITY OF WASHINGTON C. H. discuss this return with the preparer shown above ____Yes ____No

1. Total Taxable income
2. Schedule X located at bottom of this page.
3. Add or subtract line 2 from line 1.
4. Schedule Y located at the bottom of this page.
5. Line 3 multiplied by line 4.
6. Allocable net loss carry forward
7. Line 5 minus line 6
8. Line 7 multiplied by 1.95%.
9. Overpayment from prior year.
10. Estimate payments paid this year. (Please change to reflect any payments made after return was printed.)
11. Other credits - explain.
12. Add line 9, 10, and 11.
13. Subtract total credit from tax due. (Line 8) *(Payment is due for amounts greater than \$10.00.)*
14. -If tax return is filed late, penalty is \$25.00 for the 2024 tax year.
-Penalty for failure to pay timely is 15% of the amount not paid timely.
15. -Interest is 10% per annum for the 2024 tax year.
16. Add line 13, 14, and 15 for total amount of tax due.
17. If line 11 is greater than line 16, this is the amount of overpayment.
18. Amount of line 17 you wish to have refunded. *(Amounts greater than \$10.00)*
19. Amount of line 17 you wish to have credited to 2025. *(Amounts greater than \$10.00)*

The due date is April 15 following the close of the calendar year. Fiscal year tax returns must be filed within four months from the end of the fiscal year.

EXTENSION REQUESTS

All extension requests must be filed by the due date of the return in writing complete with the name, address, federal ID # and must specify the length of time requested (not to exceed 6 months from original due date) or enclose a copy of the Federal extension.

Schedule X. Adjustments to income

Capital losses (From Federal Schedules)	\$ _____	Capital Gains (From Federal Schedule)	\$ _____
Expenses applicable to non-taxable income	\$ _____	Interest	\$ _____
Income Taxes	\$ _____	Dividends	\$ _____
Contributions (not a business expense)	\$ _____	Other income exempt from City of Washington tax explain _____	\$ _____
Other (Explain)	\$ _____		
TOTAL ADDITIONS	\$ _____	TOTAL DEDUCTIONS	\$ _____

Subtract the deductions from the additions and enter the balance on line 2 \$ _____

Schedule Y. Business allocation formula

	Located Everywhere	Located in Washington Court House	C Percentage (B÷A)
Step 1. Average value of real and tangible personal property	\$ _____	\$ _____	_____ %
Gross annual rentals multiplied by 8	\$ _____	\$ _____	_____ %
Total step 1	\$ _____	\$ _____	_____ %
Step 2. Total wages, salaries, commissions, and other compensation of all employees	\$ _____	\$ _____	_____ %
Step 3. Gross receipts from sales and work or service performed	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used.)			_____ %