

City of Cleveland Heights
NET PROFITS TAX RETURN

City of Cleveland Heights
Income Tax Division
P.O. Box 641747
Cincinnati, OH 45264-1747
(216) 291-3978 Office
(216) 291-3790 Fax

(For Corporations, Partnerships, Estates, or Trusts)

For Calendar year

[ ]

or

Fiscal Period (m/d/yr)

DO NOT USE THIS FORM
FOR SOLE PROPRIETORSHIP (Sch. C Filer)
(Use Form I-8, Individual Income Tax Return)

\_\_\_\_\_ to \_\_\_\_\_

Federal ID No.:

ENTITY
NAME
ADDRESS
CITY
STATE
ZIP

[ ]

[ ]

Tax Return for (Check one)

- [ ] Corporation [ ] Partnership
[ ] S-Corporation [ ] Estate or Trust

Trade Name(DBA): Nature of Business: Local Address:

New Business Started: \_\_\_/\_\_\_/\_\_\_ Out of Business: \_\_\_/\_\_\_/\_\_\_ Moved Out of Cleveland Hts: \_\_\_/\_\_\_/\_\_\_

- 1. Total Taxable Income (Attach Copy of Federal Return) Form \_\_\_\_\_ (1) \$ \_\_\_\_\_
2. Adjustments (From line N on Reverse, Schedule X).....(2) \$ \_\_\_\_\_
3. Taxable Income before allocation (Line 1 plus/minus line 2).....(3) \$ \_\_\_\_\_
4. Allocation Percentage (Line 5 on Reverse, Schedule Y) .....(4) \_\_\_\_\_ %
5. Adjusted Net Income (Multiply line 3 by line 4) .....(5) \$ \_\_\_\_\_
6. Less Allocable Net Loss per Previous Cleveland Heights Tax Return (Attach Schedule) .....(6) ( \_\_\_\_\_ )
7. Cleveland Heights Taxable Income (Line 5 minus line 6).....(7) \$ \_\_\_\_\_
8. Cleveland Heights Tax Due (Multiply line 7 by 2% (.02)).....(8) \$ \_\_\_\_\_
9.a. Credits applied from previous year's tax return .....(9a) \$ \_\_\_\_\_
b. Estimates paid on this year's liability .....(9b) \$ \_\_\_\_\_
c. Total payments and credits (Add line 9a and 9b).....(9c) \$ \_\_\_\_\_
10. a. Balance Due (Line 8 minus line 9c) Remittance Payable to CITY OF CLEVELAND HEIGHTS.....(10a) \$ \_\_\_\_\_
b. Overpayment Claimed (If line 9c exceeds line 8 enter difference here.) And check desired block.....(10b) \$ \_\_\_\_\_
[ ] Refund [ ] Credit to Next Year

DECLARATION OF ESTIMATED TAX FOR YEAR

- 11. Total estimated income subject to tax .....(11) \$ \_\_\_\_\_
12. Estimated Tax Liability(Multiply line 11 by 2% (.02)) .....(12) \$ \_\_\_\_\_
13. Quarterly estimated tax due (1/4 of line 12).....(13) \$ \_\_\_\_\_
14. Less credits (From line 10b).....(14) \$ \_\_\_\_\_
15. Net estimated tax due (Line 13 minus line 14) .....(15) \$ \_\_\_\_\_
16. TOTAL AMOUNT DUE WITH THIS RETURN (Add line 10a and line 15) .....(16) \$ \_\_\_\_\_

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF CLEVELAND HEIGHTS-INCOME TAX DIVISION

I authorize the Income Tax Division to discuss my account with the preparer named below. Check here [ ]

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Signature of Officer or Partner; Title Date

Signature of Person or Firm Preparing the Return Date

Phone Number

Print Name and Address of Preparer or Firm

Phone Number where you can be reached for questions

