

BUSINESS - 2016
INCOME TAX RETURN
WEST SALEM

Fiscal Period _____ to _____

All Federal Schedules must be attached to
this return.

MAKE CHECK OR MONEY ORDER TO:
WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287
Voice 419-853-4809 Fax 419-853-4158

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

Name
And
Address

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 West Salem Taxable income (Line 5 minus Line 6)
8 West Salem income tax (Multiply line 7 by 1.000%)
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
14 Penalty
15 Interest
16 Total due (Total line 13, 14 and 15)
17 Overpayment (Issued if greater than)
18 Amount to be refunded
19 Amount to be credited to next year

Declaration of Estimate For 2017

20 Total estimated income subject to tax
21 Estimated tax due. (Multiply line 20 by 1.000%)
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%)

Amount You Owe

25 Total amount due (add lines 16 and 24)

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.