

BUSINESS - 2009
INCOME TAX RETURN
S BLOOMFIELD

MAKE CHECK OR MONEY ORDER TO:
SOUTH BLOOMFIELD TAX DEPARTMENT

5023 S UNION ST
S BLOOMFIELD OH 43103

Voice 740-983-2541 Fax 740-983-4531
sbloom@rrohio.com

Fiscal Period _____ to _____

Schedule C MUST be attached to this return.
ESTIMATES ARE REQUIRED QUARTERLY .
NOTE WE DO NOT GIVE CREDITS

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

Declaration of Estimate For 2010

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

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 used for Federal Income Tax purposes.

TaxPayer's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____

(If other than taxpayer) Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

DISCOVER VISA MasterCard

ACCOUNT NUMBER _____

SECURITY PIN _____ CARD EXPIRATION _____ / /

AMOUNT _____ CARD HOLDER SIGNATURE - SIGN HERE _____

May VILLAGE OF S BLOOMFIELD discuss this return with the preparer shown above ___ Yes ___ No