



## SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses and 1231 losses .....	\$ _____	I. Capital Gains (not ordinary gains).....	\$ _____
B. Taxes Based on Income .....	_____	J. Interest Income (earned or accrued).....	_____
C. 5% Of Amount Deducted as intangible income .....	_____	K. Dividends (less Federal exclusion) .....	_____
D. Guaranteed payments to partners .....	_____	L. Income from Patents and Copyrights.....	_____
E. Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax .....	_____	M. Other (attach explanation) _____	_____
F. Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS).....	_____	_____	_____
G. Charitable Contributions .....	_____	_____	_____
H. Total Additions.....	_____	N. Total Deductions .....	\$ _____
O. Combine Lines H and N and enter net on Line 2 _____			

## SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

		a. Located Everywhere	b. Located in Trotwood	c. Percentage (b/a)
STEP 1.	Average Original cost of Real & Tangible Personal Property .....	_____	_____	_____
	Gross Amount Rentals Paid Multiplied by 8 .....	_____	_____	_____
	TOTAL STEP 1 .....	_____	_____	%
STEP 2.	Gross Receipts from Sales Made and/or Work or Services Performed .....	_____	_____	%
STEP 3.	Wages, Salaries, Etc. Paid .....	_____	_____	%
	4. Total Percentages .....	_____	_____	%
	5. Average Percentage (Divide Total Percentages by number of Percentages Used - Carry to Line 4).....	_____	_____	%

## ACCOUNT INFORMATION UPDATE QUESTIONNAIRE

Please complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME (IF DIFFERENT FROM ADDRESS SHOWN ON FRONT OF RETURN): \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

TROTWOOD LOCATION (IF DIFFERENT FROM ADDRESS SHOWN ON FRONT OF RETURN): \_\_\_\_\_

TROTWOOD LOCATION PHONE: \_\_\_\_\_

NUMBER OF EMPLOYEES WORKING IN TROTWOOD: \_\_\_\_\_

DATE EMPLOYEES BEGAN IN TROTWOOD: \_\_\_\_\_

(Reminder: Employee withholding is required. An annual Reconciliation of Returns is due by February 28 of each year)

ACCOUNTING PERIOD:  Calendar Year or  Fiscal Year (Month Ending: \_\_\_\_\_ )

NAME, ADDRESS OF PARTY IN CHARGE OF BOOKS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DO YOU USE SUBCONTRACT LABOR TO PERFORM WORK IN TROTWOOD?  Yes  No

If "YES", copies of 1099's issued must be provided to this office by February 28 of each year.

COMPLETED BY

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_