

Form 150 File With  
CONNEAUT  
INCOME TAX DEPARTMENT  
294 Main St.  
Conneaut, Ohio 44030  
Tax Office Phone (440) 593-7418

**BUSINESS**  
**2018 - CONNEAUT INCOME TAX RETURN - 2018**  
DUE ON OR BEFORE APRIL 15, 2019  
LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND A MINIMUM \$25.00 PENALTY  
**FILING REQUIRED EVEN IF NO TAX DUE**

Fiscal Years Fill In Dates  
Beginning 20  
Ending 20  
And File Within 4 Months of  
Ending Date

**A WRITTEN EXTENSION REQUEST MUST BE RECEIVED BY DUE DATE. A FEDERAL EXTENSION DOES NOT AUTOMATICALLY APPLY TO CONNEAUT**

TAXPAYER'S NAME, ADDRESS ACCOUNT NO. \_\_\_\_\_  
PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_  
CORPORATION  S CORPORATION  PARTNERSHIP  SOLE PROPRIETOR   
FEDERAL I.D. # \_\_\_\_\_  
PHONE # \_\_\_\_\_  
IF MOVED DURING CURRENT YEAR PLEASE GIVE DATE OF MOVE  
INTO CONNEAUT \_\_\_\_\_ OUT OF CONNEAUT \_\_\_\_\_

INCOME 1. TOTAL INCOME FROM PAGE 2 (ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES) ..... \$ \_\_\_\_\_  
2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X FROM PAGE 2) ..... ADD \$ \_\_\_\_\_  
ADJUST- b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2) ..... DEDUCT \$ \_\_\_\_\_  
MENTS c. DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 ..... (+ OR -) \$ \_\_\_\_\_  
TO d. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) ..... \$ \_\_\_\_\_  
INCOME 3a. AMOUNT OF LINE 3a ALLOCABLE \_\_\_\_\_ % (FROM STEP 5 SCHEDULE Y) ..... \$ \_\_\_\_\_  
4. AMOUNT SUBJECT TO CONNEAUT EARNINGS TAX (LINE 3b) ..... \$ \_\_\_\_\_  
TAX 5. TAX 1.65% OF LINE 4 ..... \$ \_\_\_\_\_  
6. CREDITS:  
a. PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX ..... \$ \_\_\_\_\_  
b. PRIOR YEAR OVERPAYMENT ..... \$ \_\_\_\_\_  
c. TOTAL CREDITS ALLOWABLE ..... \$ \_\_\_\_\_  
7. BALANCE OF TAX DUE (LINE 5 LESS LINE 6c)  
MAKE REMITTANCE PAYABLE TO CONNEAUT INCOME TAX DEPARTMENT AND ATTACH WHEN FILING ..... TAX DUE \$   
8. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR'S ESTIMATE  
(If Line 6c is greater than Line 5)  
9. ADD PENALTY IF FILED AFTER APRIL 15 OR FISCAL FILING DATE (Penalty depends on filing date) ..... \$ \_\_\_\_\_  
No taxes or refunds of less than \$10.00 shall be collected or refunded.  
By Law, all Refunds & Credits in excess of \$10.00 are being reported to I.R.S.

**DECLARATION OF ESTIMATED TAX FOR YEAR 2019**

10. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 1.65% FOR GROSS TAX OF ..... \$ \_\_\_\_\_  
11. LESS EXPECTED TAX CREDITS  
a. OVERPAYMENT FROM PRIOR YEAR(S) ..... \$ \_\_\_\_\_  
b. TOTAL CREDIT ..... \$ \_\_\_\_\_  
12. NET ESTIMATED TAX DUE (LINE 10 LESS LINE 11b) ..... \$ \_\_\_\_\_  
13. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 12) ..... \$   
14. TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 13) ..... \$   
MAKE CHECKS PAYABLE TO CONNEAUT INCOME TAX DEPARTMENT

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Taxpayer or Agent (Required) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Title, If Signing for a Business \_\_\_\_\_

**SECTION A Profit (or Loss) from Business or Profession**

- 1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS ..... \$ \_\_\_\_\_
- 2. LESS Cost of Labor \$ \_\_\_\_\_ Material, supplies & other costs \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 3. GROSS PROFIT FROM SALES, ETC. (Line 1 Less Line 2) ..... \$ \_\_\_\_\_
- 4. INTEREST \$ \_\_\_\_\_ OTHER BUSINESS INCOME (Specify) \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS ..... \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- 6. ADVERTISING AND PROMOTION ..... \$ \_\_\_\_\_
- 7. AUTO, TRUCK AND TRAVEL ..... \$ \_\_\_\_\_
- 8. INT. ON BUSINESS INDEBTEDNESS .. \$ \_\_\_\_\_
- 9a. TAXES BASED ON INCOME ..... \$ \_\_\_\_\_
- b. OTHER BUSINESS TAXES ..... \$ \_\_\_\_\_
- 10. SALARIES AND WAGES ..... \$ \_\_\_\_\_
- 11. DEPRECIATION, AMORTIZATION ..... \$ \_\_\_\_\_
- 12. RENTS (Paid to \_\_\_\_\_) \$ \_\_\_\_\_
- 13. OTHER (List if over 10% of Line 14) ... \$ \_\_\_\_\_
- 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) ..... \$ \_\_\_\_\_
- 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14) ..... \$ \_\_\_\_\_

**SECTION B Total from Federal Schedule D, Form 4797** \$ \_\_\_\_\_

**SECTION C Income from Rents — from Federal Schedule E**

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C ..... \$ \_\_\_\_\_

**SECTION D All Other Taxable Income**

**INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS AND MISCELLANEOUS**

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D ..... \$ \_\_\_\_\_

**TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1** ..... \$ \_\_\_\_\_

**SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses) ..... \$ _____		n. Capital Gains (Excluding Ordinary Gains) .... \$ _____	
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z) ..... \$ _____		o. Interest Income ..... \$ _____	
c. Taxes based on income (State) ..... \$ _____		p. Dividends ..... \$ _____	
d. Taxes based on income (City) ..... \$ _____		q. Other (Explain) ..... \$ _____	
e. Net operating loss deduction per Federal Return ..... \$ _____			
f. Payments to partners ..... \$ _____			
g. Charitable Contributions (not an expense) ..... \$ _____			
h. Other expenses not deductible (Explain) ..... \$ _____			
m. (Enter Line 2a Other Side) ..... TOTAL \$ _____		z. Enter Line 2b Other Side ..... TOTAL \$ _____	

**SCHEDULE Y Business Allocation Formula**

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
<b>STEP 1. AVERAGE VALUE OF REAL &amp; TANG. PERSONAL PROPERTY</b> GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 (NET BOOK VALUE) TOTAL STEP 1	_____	_____	_____ %
<b>STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED</b>	_____	_____	_____ %
<b>STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID</b>	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used). <span style="float: right;">Carry to Line 3b, Page 1</span>			_____ %

**SCHEDULE Z - PARTNER'S SHARE OF INCOME**

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$ _____	\$ _____		\$ _____
7. TOTAL From Section A and Section D above			100	\$ _____			