

GRANVILLE INCOME TAX BUREAU  
 141 EAST BROADWAY, PO BOX 514  
 GRANVILLE, OHIO 43023  
 (740) 587-2764 Fax 587-0128  
 WEBSITE: www.granville.oh.us

**VILLAGE OF GRANVILLE**  
**2020 BUSINESS INCOME TAX RETURN**

CALENDAR YEAR TAXPAYERS FILE BY APRIL 15, 2021  
 FISCAL YEAR TAXPAYERS FILE WITHIN 4 MONTHS FROM YEAR END  
 BEGINNING \_\_\_\_\_ 20 \_\_\_\_ & ENDING \_\_\_\_\_ 20 \_\_\_\_

FEDERAL ID # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

Did you file a return last year? .....  Yes  No  
 Is this a final return? .....  Yes  No  
 Qualified Small Employer per ORC 718.01 (TT)  
 TAX RETURN FOR (check one)  
 Corporation  Partnership  S-Corporation  
 Fiduciary  Estate  Trust

1. Taxable Income from Federal Return (**Attach copy of Federal Return**) From Form \_\_\_\_\_ Line \_\_\_\_\_ ..... \$ \_\_\_\_\_
2. Adjustments (From line P, Page 2, Schedule X)..... \$ \_\_\_\_\_
3. Taxable Income before allocation (Line 1 plus/minus line 2)..... \$ \_\_\_\_\_
4. Allocable net loss from previous Granville income tax return (**Attach schedule**)..... \$ - \_\_\_\_\_
5. Allocation Percentage (From Step 5 on Page 2, Schedule Y) (Resident Businesses enter 100%) \_\_\_\_\_ % X Line 3 = \$ \_\_\_\_\_
6. Granville taxable income sum of (Line 3 less Line 4). Times line 5..... \$ \_\_\_\_\_
7. Granville tax: 1.5% of Line 6 (.015)..... \$ \_\_\_\_\_
8. Estimated tax paid to Village Of Granville ..... \$ \_\_\_\_\_
9. Other Credits (Explain) ..... \$ \_\_\_\_\_
10. TOTAL CREDITS..... \$ \_\_\_\_\_
11. TAX BALANCE DUE (LINE 7 less Line 10)..... \$ \_\_\_\_\_
12. A. Late Payment Penalty (15%) \$ \_\_\_\_\_ Interest (7% per annum) \$ \_\_\_\_\_ Total Late Payment P&I ..... \$ \_\_\_\_\_  
 B. Late Filing Penalty (\$25.00 per month, \$150.00 Maximum) ..... \$ \_\_\_\_\_
13. TOTAL TAX DUE INCLUDING PENALTY & INTEREST (Sum of Line 11 and 12)..... \$ \_\_\_\_\_
14. Overpayment to be refunded \$ \_\_\_\_\_ OR Credit to next year estimate ..... \$ \_\_\_\_\_

**If tax due/refund amount is under \$10.00, no payment is required; no refund will be issued.**

**DECLARATION OF ESTIMATED TAX FOR YEAR 2021**

15. Total estimated income subject to tax..... \$ \_\_\_\_\_
16. Multiply Line 15 by 1.5% (.015) (Granville tax declared)..... \$ \_\_\_\_\_
17. Amount of quarterly payments due (Line 16 ÷ 4) ..... \$ \_\_\_\_\_
18. Overpayments from prior year (Line 14 if Credited) ..... \$ \_\_\_\_\_
19. Amount paid with this declaration (Line 17 Less Line 18)..... \$ \_\_\_\_\_
20. Balance of estimated tax due (Line 16 Less Line 18 & 19)..... \$ \_\_\_\_\_

**TOTAL PAYMENT DUE:** LINE 13 \$ \_\_\_\_\_ + LINE 19 \$ \_\_\_\_\_ = ..... **AMOUNT DUE WITH TAX FILING** \$ \_\_\_\_\_

**The undersigned certifies that this return (including accompanying schedules and statements) 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.**

Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Name & Address of Preparer \_\_\_\_\_ Telephone # \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**MAKE CHECK OR MONEY ORDER PAYABLE TO: VILLAGE OF GRANVILLE**

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

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property disposition.....	\$ _____	J. Federally reported income/gain from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250.....	\$ _____
B. Five percent of intangible income reported on Line K, (Sch. X), except that which is from IRC 1221 property disposition .....	\$ _____	K. Federally reported intangible income such as, but not limited to, interest, dividends, and patent and copyright income .....	\$ _____
C. Federally deducted taxes based on income.....	\$ _____	L. Amount of Federal tax credits to the extent that they have reduced Corresponding operating expenses ...	\$ _____
D. Guaranteed payments or accruals to, or for current or former partners or members .....	\$ _____	M. IRC Section 179 expenses (not previously deducted)..	\$ _____
E. Federally deducted dividends, distributions, or amounts Set aside for, credited to, or distributed to REIT or RIC investors.....	\$ _____	N. Other (explain and document) .....	\$ _____
F. Federally deducted amounts paid or accrued to, or for, qualified self-employment retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non C corporation entities.....	\$ _____	O. TOTAL DEDUCTIONS (Lines J thru N).....	\$ _____
G. Rental activities by Partnership, S-Corp, LLC, Trusts..	\$ _____		
H. Other (explain & document).....	\$ _____		
I. TOTAL ADDITIONS (lines A thru H).....	\$ _____		
P. CALCULATE DIFFERENCE BETWEEN LINE I AND LINE O – CARRY TO PAGE 1, LINE 2 .....			\$ _____

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA** (To be used only by non resident businesses of the Village of Granville)

	A. Located Everywhere	B. Located In Village of Granville	C. Percentage (B ÷ A)
<b>STEP 1</b> Average original cost of real & tangible personal property .....	\$ _____	\$ _____	
Gross annual rentals multiplied by 8 .....	\$ _____	\$ _____	
TOTAL STEP 1 .....	\$ _____	\$ _____	1 _____ %
<b>STEP 2</b> Gross receipts from sales made and/or work or services performed .....	\$ _____	\$ _____	2 _____ %
<b>STEP 3</b> Wages, salaries and other commissions paid to all employees .....	\$ _____	\$ _____	3 _____ %
<b>STEP 4</b> TOTAL PERCENTAGES .....			4 _____ %
<b>STEP 5</b> AVERAGE PERCENTAGE (divide total percentages by number of percentages used) (zero not used).....			5 _____ %
CARRY STEP 5 AVERAGE PERCENTAGE TO PAGE 1, LINE 4			

**SCHEDULE Y-1 RECONCILIATION TO WITHHOLDING RECONCILIATION**

Total wages allocated to Granville (from Federal Return or allocation formula)..... \$ \_\_\_\_\_

Total wages shown on Granville Withholding Reconciliation..... \$ \_\_\_\_\_

Please explain any difference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE Z – PARTNER DISTRIBUTIVE SHARE OF NET INCOME**

1. Name and address of each partner	2. FIN or SSN	3. Amount	4. EIN of Payer
a			
b			
c			
d			
<b>Carry forward to Line 1</b>		<b>TOTAL</b>	