

**ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES TO THE END OF THIS RETURN**

Name(s) and Current Address     Telephone (_____) _____	EIN/FID Number     Filing Status - CHECK ONLY ONE <input type="checkbox"/> Corporation <input type="checkbox"/> S - Corporation <input type="checkbox"/> Fiduciary (Trusts and Estates) <input type="checkbox"/> Partnership/Association (Schedule C filers - do not use)	For the Fiscal Year _____ Beginning _____ Ending _____
		E-File Pin # <input type="checkbox"/> REFUND <input type="checkbox"/> EXTENSION attached <input type="checkbox"/> AMENDED tax year _____ Moved In/Out of Lakewood: ____ / ____ / ____

Local business address if different from mailing address: _____ _____ _____ Nature of Business: _____ Trade Name: _____	<b>Make checks payable and mail to:</b> City of Lakewood - Division of Tax PO Box 77047 Cleveland, OH 44194-7047 Phone: (216) 529-6620 Fax: (216) 529-6099 Website: www.onelakewood.com
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**INCOME**

1. Total taxable Federal income (loss) - See instructions	1. <input type="text"/>	
2. Net adjustments (From Schedule W, Line P on page 2 of return)	2. <input type="text"/>	
3. Adjusted taxable income (loss) (Line 1 plus or minus Line 2)		3. <input type="text"/>
4. Allocation percentage (From Schedule X, Line 7)	4. <input type="text"/> %	
5. Adjusted net income (loss) (Multiply Line 3 by Line 4)		5. <input type="text"/>
6. Loss carried forward from previous years		6. <input type="text"/>
7. Lakewood taxable income (loss) (Subtract Line 6 from Line 5)		7. <input type="text"/>

**TAX AND CREDITS**

8. Lakewood tax due before credits (Multiply Line 7 by 1.5%)		8. <input type="text"/>
9. 2009 estimated tax payments made to Lakewood	9. <input type="text"/>	
10. Income tax credit carried forward from prior years	10. <input type="text"/>	
11. Total tax payments and credits (Add Lines 9 and 10)		11. <input type="text"/>
12. Total net tax - Subtract Line 11 from Line 8 and proceed to Line 15 (If less than \$1.00, enter zero and proceed to Line 13)		12. <input type="text"/>

**OVERPAYMENT**

13. <b>Overpayment</b> - If Line 11 is greater than Line 8, and not less than \$1.00, subtract Line 8 from Line 11		13. <input type="text"/>
14. From Line 13 - Amount to be credited - \$_____ Amount to be refunded - \$_____ (Proceed to Line 16)		

**BALANCE DUE**

15. <b>Balance due</b> - If line 8 is greater than line 11, and not less than \$1.00, enter amount from Line 12		15. <input type="text"/>
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**ESTIMATED INCOME TAX FOR 2010**

16. Estimated income tax for 2010 (From Line 8)	16. <input type="text"/>	
17. First quarter estimate (Multiply Line 16 by 25% or .25)		17. <input type="text"/>
18. 2009 credit applied to first quarter estimate (From Line 13)		18. <input type="text"/>
19. Total amount due - (Add Lines 15, 17, and subtract Line 18)		19. <input type="text"/>

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 are the same as used for Federal income tax purposes, and understands that this information may be released to the I.R.S.

Signature of Officer or Partner \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Tax Preparer's Signature (if other than taxpayer) \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

I authorize the City of Lakewood - Division of Municipal Income Tax to discuss my account with my preparer (above)

<b>Pay by Credit Card-Mastercard / Visa</b>	
Account Number _____	
Exp. Date _____ Amount Paid \$ _____	
Signature _____	

Business Name	EIN/FID Number
<b>GENERAL TAX INFORMATION - MUST BE COMPLETED</b>	
Date Business or Trust created ____ / ____ / ____	If you sold your business or report your business activity under another EIN/FID number, complete the following:
Did you file a return last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of purchaser or new business: _____
Did you have any employees during 2008? <input type="checkbox"/> Yes <input type="checkbox"/> No	EIN/FID number of purchaser or new business: _____
On which basis are your records kept? <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	Address of purchaser or new business: _____
Has your Federal Tax Liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any employees leased in the year covered by this return? <input type="checkbox"/> Yes <input type="checkbox"/> No
If renting, name landlord: _____	If YES, provide the name, address, and FID number of the leasing company _____
If Business either terminated, was sold, or is not required to file Lakewood tax returns, please complete the following:	Were 1099-MISC forms issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of transaction: ____ / ____ / ____	If YES, attach copies to the end of this return.

**SCHEDULE W - RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER O.R.C. 718**

Items Not Deductible	Add	Items Not Taxable	Deduct
A. Capital/Ordinary IRS Section 1231 losses deducted	_____	J. Capital/Ordinary IRS Section 1231 gains, etc (do not deduct Section 1245 and 1250 gains)	_____
B. 5% of Intangible Income not attributable to sale, exchange, or other disposition of IRS section 1221 property	_____	K. Interest Income	_____
C. Taxes based on income	_____	L. Dividends	_____
D. Guaranteed Payments to Partners (not included within net profits)	_____	M. Income from patents, etc.	_____
E. Charitable contributions deducted above corporate limitations including O.R.C. 718.01(A)(1)(g)	_____	N. Other Exempt Income (attach documentation or explanation)	_____
F. IRS Section 179 expense deducted above corporate limitations including O.R.C 718.01(A)(1)(g)	_____	O. TOTAL DEDUCTIONS	_____
G. Qualified retirement, health insurance, and life insurance plans on the behalf of the owners/owner employees	_____		
H. Other expenses not deductible (attach documentation or explanation)	_____		
I. TOTAL ADDITIONS	_____		
P. Subtract Line O from Line I and enter net amount on Page 1, Line 2 _____			

**SCHEDULE X - REQUIRED MULTI-CITY NET PROFIT ALLOCATION**

	A. Located Everywhere	B. Located in Lakewood	C. Percentage (B/A)
1. Average Value of Real & Tangible Personal Property	_____	_____	
2. Gross Amount Rentals Paid Multiplied by 8	_____	_____	
3. Subtotal	_____	_____	_____ %
4. Gross Receipts from Sales Made, Work Performed, and/or Services Rendered	_____	_____	_____ %
5. Wages, Salaries, etc. Paid	_____	_____	_____ %
6. Total Percentages			_____ %
7. Average Percentage (Divide total percentage by number of percentages used - enter on Page 1, Line 4)			_____ %

**SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME**  
(From Federal Schedule 1065 K-1s and 1099)

1. Name of each Partner	Resident Y/N	Distributive Shares of Partner		Other Payments	Taxable Percentage	Amount Taxable
		Percent	Amount			
a.		%	\$	\$	%	\$
b.		%	\$	\$	%	\$
c.		%	\$	\$	%	\$
<b>2. TOTALS</b>		<b>100 %</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>