

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: _____ | | Make checks payable and mail to: 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 |

INCOME

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

TAX AND CREDITS

| | | | |
|---|-----|--|--|
| 8. Lakewood tax due before credits (Multiply Line 7 by 1.5%) | 8. | | |
| 9. 2011 estimated tax payments made to Lakewood | 9. | | |
| 10. Income tax credit carried forward from prior years | 10. | | |
| 11. Total tax payments and credits (Add Lines 9 and 10) | 11. | | |
| 12. Total net tax - Subtract Line 11 from Line 8 and proceed to Line 15 (less than \$5.00, enter zero and proceed to Line 13) | 12. | | |

OVERPAYMENT

| | | | |
|--|-----|--|--|
| 13. Overpayment - If Line 11 is greater than Line 8, and not less than \$5.00, subtract Line 8 from Line 11 | 13. | | |
| 14. From Line 13 - Amount to be credited - \$ _____ Amount to be refunded - \$ _____ (Proceed to Line 16) | | | |

BALANCE DUE

| | | | |
|---|-----|--|--|
| 15. Balance due - If line 8 is greater than line 11, and not less than \$5.00, enter amount from Line 12 | 15. | | |
|---|-----|--|--|

ESTIMATED INCOME TAX FOR 2012

| | | | |
|--|-----|--|--|
| 16. Estimated income tax for 2012 (From Line 8) | 16. | | |
| 17. First quarter estimate (Multiply Line 16 by 25% or .25) | 17. | | |
| 18. 2011 credit applied to first quarter estimate (From Line 13) | 18. | | |
| 19. Total amount due - (Add Lines 15, 17, and subtract Line 18) | 19. | | |

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' 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)

Pay by Credit Card-Mastercard / Visa / Discover

Account Number _____

Exp. Date _____ Amount Paid \$ _____

Signature _____

| | |
|---|---|
| Business Name | EIN/FID Number |
| GENERAL TAX INFORMATION - MUST BE COMPLETED | |
| 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 2011? <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 | _____ | _____ | [REDACTED] |
| 2. Gross Amount Rentals Paid Multiplied by 8 | _____ | _____ | [REDACTED] |
| 3. Subtotal | _____ | _____ | _____ % |
| 4. Gross Receipts from Sales Made, Work Performed, and/or Services rendered | _____ | _____ | _____ % |
| 5. Wages, Salaries, Etc. Paid | _____ | _____ | _____ % |
| 6. Total Percentages | [REDACTED] | [REDACTED] | _____ % |
| 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. | | % | \$ | \$ | % | \$ |
| 2. TOTALS | | 100 % | \$ | \$ | | \$ |