

**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: ___ / ___ / ___
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Local business address if different from mailing address: _____ _____ Nature of Business _____ Trade Name: _____	<b>Make checks payable and mail to:</b> <b>City of Lakewood - Division of Tax</b> <b>PO Box 77047 Cleveland, OH 44194-7047</b> <b>Phone: (216) 529-6620 Fax: (216) 529-6099</b> <b>Website: www.onelakewood.com</b>
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**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. 2013 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. <b>Overpayment</b> - 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. <b>Balance due</b> - If line 8 is greater than line 11, and not less than \$5.00, enter amount from Line 12			15.
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**ESTIMATED INCOME TAX FOR 2014**

16. Estimated income tax for 2014 (From Line 8)	16.		
17. First quarter estimate (Multiply Line 16 by 25% or .25)	17.		
18. 2013 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
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**GENERAL TAX INFORMATION - MUST BE COMPLETED**

Date Business or Trust created \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did you file a return last year?  Yes  No

Did you have any employees during 2013  Yes  No

On which basis are your records kept?  Cash  Accrual

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?  Yes  No

If renting, name landlord \_\_\_\_\_

If Business either terminated, was sold, or is not required to file Lakewood tax returns, please complete the following:

Date of transaction: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you sold your business or report your business activity under another EIN/FID number, complete the following:

Name of purchaser or new business: \_\_\_\_\_

EIN/FID number of purchaser or new business: \_\_\_\_\_

Address of purchaser or new business: \_\_\_\_\_

Are any employees leased in the year covered by this return?  Yes  No

If YES, provide the name, address, and FID number of the leasing company \_\_\_\_\_

\_\_\_\_\_

Were 1099-MISC forms issued?  Yes  No

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 - BUSINESS ALLOCATION FORMULA**

	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>		100 %	\$	\$		\$