

**BUSINESS - 2010
INCOME TAX RETURN
LORAIN**

Fiscal Period _____ to _____

**Federal Schedules MUST be attached to this
return.**

MAKE CHECK OR MONEY ORDER TO:
LORAIN DEPARTMENT OF TAXATION

605 W 4TH STREET
LORAIN OH 44052-1605

Voice 440-204-1002
email: incometax@cityoflorain.org

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 Lorain Taxable income (Line 5 minus Line 6)	7		
8 Lorain income tax (Multiply line 7 by 2.000%)	8		
9 Credits applied from previous year(s) to this year's liability	9		
10 Estimates paid on this year's liability	10		
11 Other credits	11		
12 Total credits (Total line 9, 10 and 11)	12		
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than	13		
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)	16		
17 Overpayment (Issued if greater than)	17		
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

Declaration of Estimate For 2011

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 2.000%)	21		
22 Less credits (from 19 above)	22		
23 Net estimated tax due (subtract line 22 from line 21)	23		
24 Minimum amount due for first quarter (Multiply line 23 by .25)	24		

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
---	----	--

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

  

ACCOUNT NUMBER _____

SECURITY PIN _____ CARD EXPIRATION _____ / _____ / _____

AMOUNT _____ CARD HOLDER SIGNATURE - SIGN HERE

May CITY OF LORAIN discuss this return with the preparer shown above ___Yes ___No