

BUSINESS - 2023
INCOME TAX RETURN
HICKSVILLE

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF HICKSVILLE

111 S MAIN ST
HICKSVILLE OH 43526-1398

Voice 419-542-8621 Fax 419-542-2018
hixtax@defnet.com

Fiscal Period _____ to _____

**PLEASE MAKE SURE YOU INCLUDE
COPIES OF ALL YOUR FEDERAL
SCHEDULES**

Federal ID# _____

Business Telephone No. _____

Principal Business Activity
NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION ESTATE
 SOLE PROPRIETOR TRUST
 PARTNERSHIP FIDUCIARY
 S-CORPORATION
 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 Hicksville Taxable income (Line 5 minus Line 6)	7		
8 Hicksville income tax (Multiply line 7 by 1.000%)	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 10.01		13	
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)		16	
17 Overpayment (Issued if greater than 10.01)		17	
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

Declaration of Estimate For 2024

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 1.000%)		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	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

If Partnership, S-Corp or LLC please include a list of Partners or shareholders and their addresses.

I certify that I have examined this return (including accompanying Schedules and Statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which preparer has any knowledge

TaxPayer's Signature _____ Date _____

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

Phone No. _____

May VILLAGE OF HICKSVILLE discuss this return with the preparer shown above ___Yes ___No

ATTACH COPIES OF W-2's HERE IF APPLICABLE

NOTE: A copy of appropriate Federal Schedule is requested for Schedules C and E, and required for Schedules D, F and Z.

SCHEDULE C - PROFIT OR LOSS FROM BUSINESS OR PROFESSION

Business Name _____ Owner's or Partner's Names _____

Date Business Commenced _____

Business Address _____

- 1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS
2. LESS Cost of Labor
3. GROSS PROFIT FROM SALES, ETC.
4. INTEREST
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS

BUSINESS DEDUCTIONS

- 6. ADVERTISING AND PROMOTION
7. AUTO TRUCK AND TRAVEL
8. INTEREST ON BUSINESS INDEBTEDNESS
9a. TAXES BASED ON INCOME
b. OTHER BUSINESS TAXES
10. SALARIES AND WAGES
11. DEPRECIATION, AMORTIZATION
12. RENTS
13. OTHER
14. TOTAL BUSINESS DEDUCTIONS
15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

SCHEDULE D - TOTAL FROM FEDERAL SCHEDULE D

Form 4797 (Attach copy) Ordinary Gains and Losses only \$

SCHEDULE E - RENTAL AND OTHER INCOME

From Partnerships, Commissions, Fees, Tips, Etc.

Table with columns: Location of Property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income

Other Income - Partnerships, Fees, Tips, Etc. (Do not include interest or dividends) Received From For (describe)

SCHEDULE F - FARM INCOME

Attach Copy of Federal Schedule F

Location of Farm _____ Net income (or loss) Schedule F \$

TOTALS Schedules C, D, E and F (Enter on page 1, Line 2) \$

SCHEDULE X - RECONCILIATION

For Use ONLY if income on Line 2, page 1, is from Federal Tax Return

Items Not Deductible

- a. Capital Loss (Excluding Ordinary Losses)
b. Expenses applicable to non-taxable income
c. All Income Taxes paid or accrued
d. Net operating loss deduction per Fed. Return
e. Payments to partners (from Federal Form 1065)
f. Sick pay not included in Line 1 above
g. Total additions (enter as Line 5a, page 1)

Items Not Taxable

- h. Capital Gain (Excluding Ordinary Gains)
i. Interest earned or accrued
j. Dividends (less Federal exclusion)
k. Income from Patents and Copyrights
l. Other Income exempt from Hicksville Income Tax (attach explanation)
m. Unreimbursed travel expense (attach Federal Form 2106)
n. Total Deductions (enter as Line 5b, page 1)

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

Table with columns: a. Located Everywhere, b. Located in This Municipality, c. Percentage (b ÷ a). Rows include STEP 1: Average value of Real & Tang. Personal Property, STEP 2: Gross Receipts from Sales Made and/or Work or Services Performed, STEP 3: Wages, Salaries, and Other Compensation paid, STEP 4: Total Percentages, STEP 5: Average Percentage (Divide Total Percentages by Number of Percentages Used)

SCHEDULE Z - PARTNERSHIP ENTITY TAXABLE INCOME

Federal Form 1065 including Schedules must be provided \$