

--- HICKSVILLE INCOME TAX RETURN ---
FILING REQUIRED EVEN IF NO TAX DUE

Fiscal Year Date
FROM _____
TO _____

TAXPAYER'S NAME, ADDRESS

ACCOUNT No. _____

TRADE NAME _____

LOCAL ADDRESS _____

TELEPHONE: BUSINESS _____

FEDERAL ID No. _____

IF MOVED SINCE THE PREVIOUS FINAL RETURN
WAS DUE GIVE DATE OF MOVE.

INTO CITY _____ OUT OF _____

- INCOME 1. TOTAL INCOME FROM PAGE 2 \$ _____
- ADJUST- 2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (from page 2) ADD \$ _____
- MENTS b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X (from page 2) DEDUCT \$ _____
- 3a. DIFFERENCE BETWEEN LINES 2a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ or -) \$ _____
- TO 3a. ADJUSTED NET INCOME (Line 1 plus or minus Line 2c if Schedule X is used) \$ _____
- INCOME b. Amount of Line 3 a Allocable (% from line 5 Schedule Y) \$ _____
4. AMOUNT SUBJECT TO _____ INCOME TAX (LINE 3a or 3b) \$ _____
- TAX 5. TAX % OF LINE 4 \$ _____
6. CREDITS:
- (a) Payments and credits on 20____ Declaration of Estimated Tax. \$ _____
- (b) 20____ OVERPAYMENT \$ _____
- (x) TOTAL CREDITS ALLOWABLE \$ _____
7. BALANCE OF TAX DUE (Line 5 less Line 6X): Make Remittance Payable to _____ and Attach when Filing . . . \$ _____
- A. PENALTY \$ _____, INTEREST \$ _____
- B. TOTAL AMOUNT DUE \$ _____
8. OVERPAYMENT TO BE REFUNDED _____ OR CREDITED _____.

DECLARATION OF ESTIMATED TAX FOR YEAR 20 _____

9. TOTAL INCOME SUBJECT TO TAX \$ _____: MULTIPLY BY TAX RATE OF % FOR GROSS TAX OF \$ _____
10. LESS EXPECTED TAX CREDITS
- A. WITHHELD BY AN EMPLOYER (NOT TO EXCEED %) \$ _____
- B. OVERPAYMENT FROM PRIOR YEAR \$ _____
- C. TOTAL CREDITS \$ _____
11. NET TAX DUE (LINE 9 LESS LINE 10d) \$ _____
12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11) \$ _____

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.

Signature of Person Preparing If Other Than Taxpayer

Date

Signature of Taxpayer of Agent

Date

ATTACH APPROPRIATE FEDERAL SCHEDULE: 1120 – 1120S – 1065 – 1041 – C (Sole Proprietor)

Section A	Business Name:	Federal I.D. Number:
------------------	----------------	----------------------

Line 1 – Total Taxable Income for the Village of Hicksville – Federal Taxable Income Before Net Operating Loss and Special Deductions (Form 1120 Line 28)

If not a C corporation, list the Form _____ Schedule _____ Line number _____ with which you began – (Reported on Line 1)

Line 6 (page 1)– Allocable Net Loss Carry Forward – **(Do Not Include – Hicksville does not allow Loss Carry Forward)**

SCHEDULE X Reconciliation with Federal Income Tax Return			
(Adjustment required only if the Expense/Income is included in front page Line 1 Total Taxable Income)			
Items Not Deductible		Items Not Taxable or Items Not Deductible on Federal Form	
A. Federally deducted losses from IRC 1221 or 1231 property dispositions		N. Federally reported income & gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1234 or 1250	
B. 5% of intangible income reported in Letter O, except that from IRC 1221 property dispositions		O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	
C. Federally Deducted taxes based on Income		P. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses	
D. Guaranteed payments of accruals to or for current or former partners or members		Q. Partnership, S corp, LLC IRC § 179 Expense	
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors		R. Partnership, S corp, LLC Charitable Contributions	
F. Federally deducted amounts paid or accrued to or for qualified SEPs, Health Insurance Plans, & Life Insurance plans for owners or owner-employees of Non C Corps		S. Other (Attach List)	
G. Rental activities by Partnerships, S Corporations and LLCs		T. Total Lines N through S	
H. Net Operating Loss Deductions and Other (Attach List)		Combined total of Items Not Deductible & Items Not Taxable (Line I minus Line T) -this total may be negative (Enter on front Page Line 2)	\$
I. Total lines A through H			

Schedule Y Business Allocation Formula	a. Located Everywhere	b. Located in Hicksville	c. Percentage (b ÷ a)
1. Avg. Original Cost of Real & Tangible Personal Property Gross Annual Rent paid (multiplied by 8)			
Total of step 1			%
2. Wages, salaries, and other compensation paid during the taxable period to persons employed in the business or profession for services performed			%
3. Gross receipt of the business or profession from sales made and services performed during the taxable period			%
4. Total Percentages (combined total of column c percentages)			%
5. Average Percentage (Total Percentages divided by Number of Percentages Used) (carry to front page line 4)			%

Schedule Z – Partners Distributive Shares of Net Income/Loss (only required if any partner is subject to filing an Individual Tax Form with the Village of Hicksville)		
Name and address of each partner:	Fed ID #	Amount

Are there any employees leased in the year covered by this return? _____ YES _____ NO
 If YES, please provide the name, address and federal ID # of the leasing company on a separate attachment.