

File With
**Village of Navarre
 Income Tax
 Department**
 27 Canal Street, W
 Navarre, Ohio
 44662

VILLAGE OF NAVARRE

BUSINESS INCOME TAX RETURN

For Taxable Period January 1- December 31

File on or before APRIL 15
 OR
 Fiscal Period _____ to _____

THIS NOT A FEDERAL RETURN

FOR OFFICE USE ONLY

Code No. _____

Processed by _____

Extended to _____

Paid With Return

\$ _____

NAME: _____ C/O: _____ ADDRESS: _____ CITY: _____ FED. ID No. _____	Show Name and Address of each place operated, subject to Navarre Income Tax, and state if included in this return. Give local name and address of subsidiary or branch. _____ _____ _____ _____
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1. Date business was started or incorporated _____
2. Did you have any employees in (Yes or No) _____
3. Are all places of business subject to Navarre Income Tax included? _____
4. Method of accounting used: Cash Accrual Other _____
5. Circle type of organization: (a) Corporation; (b) Partnership; (c) Professional Person; (d) Individual Proprietor; (e) Association; (f). If Other, explain: _____

	COLUMN A As shown by Federal Return	COLUMN B Allocatable to Navarre (*See Note)
1. Net Income per Federal Return (Forms 1190, 1065, 1041).....	\$ _____	\$ _____
2. Adjustments (Per Schedule A).....	\$ _____	\$ _____
3. Adjusted Net Income for calendar year or fiscal year ending.....	\$ _____	XXXXXXXXXX
4. Adjusted Net Income allocated to period after January 1.....	\$ _____	\$ _____
5. Allocated Net Income (Per Allocation Percentage Formula Schedule B).....	\$ _____	\$ _____
6. Income Tax (1.5% of line 5 for 1st half of 2019; 1.75% of line 5 for 2nd half of 2019)	\$ _____	
(b) Payments on Estimated Tax.....	_____	
(c) Other Credits (Attach statements).....	_____	
(d) Total credits.....	\$ _____	\$ _____
7. Balance of Tax due.....	\$ _____	\$ _____
(a) Penalty.....	\$ _____	
(b) Interest.....	_____	
(c) Total Penalty and Interest.....	\$ _____	\$ _____
8. Total Amount Due (Payable with return).....	\$ _____	\$ _____
9. If this return indicates an overpayment, check below if you wish:(No taxes of less than \$5.00 shall be collected or refunded)		
Overpayment to be credited to next year's Income Tax.....	<input type="checkbox"/>	\$ _____
Overpayment to be refunded.....	<input type="checkbox"/>	

* NOTE: If Business Allocation Percentage Formula (Schedule B) is used, disregard Column B.
-DECLARATION-
 We, the undersigned President (or Vice President, or other principal Officer) and Treasurer (or Assistant Treasurer, or Chief Accounting Officer, or Owner) of the business for which this return is made, each for himself, declares that this return (including any accompanying schedules and statements) has been examined by him and is, to the best of his knowledge and belief, a true, correct and complete return, made in good faith, for the taxable year stated, pursuant to the Village of Navarre Income Tax Ordinance and the Regulations issued thereunder; and that the figures used herein are the same as used for Federal Income Tax purposes adjusted to exclude income not taxable and items deductible under the Navarre Income Tax Ordinance and Regulations.

_____ Date	_____ (President or other principal Officer) (State title)
_____ (Signature of person preparing this return)	_____ (Treasurer or Chief Accounting Officer) (State title)

