

**BUSINESS - 2024  
INCOME TAX RETURN  
EAST LIVERPOOL**

**MAKE CHECK OR MONEY ORDER TO:**  
EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St  
East Liverpool OH 43920

Voice 330-385-5437 Fax 330-386-7865  
sharon.eltax@gmail.com

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**Federal Return and SCHEDULES must be  
attached to this return.**

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 East Liverpool Taxable income (Line 5 minus Line 6)	7	
8 East Liverpool income tax (Multiply line 7 by 1.500%)	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 2025**

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.500%)		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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<b>Tax Office Use Only : Tax Office Use Only : Tax Office Use Only</b>		

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 herein are the same as used for Federal Income Tax purposes.

\_\_\_\_\_  
TaxPayer's Signature Date

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

Phone No. \_\_\_\_\_

May CITY OF EAST LIVERPOOL discuss this return with the preparer shown above \_\_\_ Yes \_\_\_ No

**SCHEDULE C – PROFIT (or Loss) FROM BUSINESS OR PROFESSION**

ATTACH COMPLETE COPY(S) OF: FEDERAL SCHEDULES C AND F OR FEDERAL RETURN 1065 – 1120 – 1120-S  
LISTING OF ALL SUBCONTRACTORS WHO WORKED IN EAST LIVERPOOL THROUGHOUT THE YEAR

18 NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION..... (If Loss enter "0") ..... \$

**SCHEDULE E – INCOME FROM RENTS (If not included in Schedule C.) (Explain columns 3 – 4 – 5)**

ATTACH COPY OF FEDERAL SCHEDULE E

1 Kind & Location of Property	2. Amount of Rent	3. Depreciation	4. Repairs	5. Other Expenses	6 Net Income (or Loss)
	\$	\$	\$	\$	\$

19. TOTAL RENTAL INCOME ..... (If Loss, enter "0") ..... \$

**SCHEDULE G – ORDINARY INCOME**

ATTACH COPY OF FEDERAL FORM 4797

20 TOTAL ORDINARY INCOME ..... (If Loss, enter "0") ..... \$

**SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULES C or G.**

PARTNERSHIPS, ESTATES, TRUSTS, GAMING, WAGERING, LOTTERY, FEES, ETC. (Do not include interest, dividends, insurance and social security)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
		\$

21. TOTAL INCOME SCHEDULE H ..... (If Loss, enter "0") ..... \$

22. TOTAL SCHEDULES C, E, G, & H, ENTER ON LINE 2, PAGE 1 ..... \$

**FOR BUSINESS ACCOUNTS SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC 718.**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses.....	\$		t. Capital Gains (exclusive of gains treated as ordinary income for Federal Income Tax Purposes. Attach Federal Schedule D) .....	\$	
b. Interest and/or Other Expense incurred in the production of non-taxable income.....			m. Interest earned or accrued.....		
c. Income Taxes.....			n. Dividends (less Federal exclusion).....		
d. Five percent (5%) of intangible income reported on lines m, n & o.....			o. Income from Patents and Copyrights.....		
e. Payment to partners.....			p. Other exempt from East Liverpool Tax (provide explanation).....		
f. Other not deductible (provide explanation).....					
g. Total Additions (enter on Line 4a).....	\$		q. Total Deductions (enter on Line 4b).....		\$

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

	a. Located Everywhere	b. Located in EAST LIVERPOOL	c. Percentage (b ÷ a)
STEP 1. Average Original Cost of Real & Tangible Personal Property Gross Amount Rentals Paid Multiplied by 8 TOTAL STEP 1			%
STEP 2. Gross Receipts From Sales Made and/or Work Or Service Performed			%
STEP 3. WAGES, SALARIES, Etc. Paid			%
4. Total Percentages			%
5. Average Percentage (Divide Total Percentages by Number of Percentages Used-Carry to Line 5b)			%

**SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME**

1. Name of each partner	2. Address	3. Distributive Shares of Partners		4. Other Payments	5 Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)				\$	\$	\$
(b)						
(c)						
(d)						
7 TOTALS from Schedule C above		100	\$		xxxxxxxxx	