

BUSINESS - 2024
INCOME TAX RETURN
HICKSVILLE

Fiscal Period _____ to _____

PLEASE MAKE SURE YOU INCLUDE
COPIES OF ALL YOUR FEDERAL
SCHEDULES

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

Form with fields: 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, SOLE PROPRIETOR, PARTNERSHIP, S-CORPORATION, OTHER, ESTATE, TRUST, FIDUCIARY)

Name
And
Address

1 Total taxable income
2 Adjustments (See Schedule X)
3 Taxable income before allocation (Line 1 plus/minus lines 2)
4 Allocation percentage (See Schedule Y) %
5 Adjusted Net Income (Multiply line 3 by line 4)
6 Allocable Net Loss Carry Forward
7 Hicksville Taxable income (Line 5 minus Line 6)
8 Hicksville income tax (Multiply line 7 by 1.000%)
9 Credits applied from previous year(s) to this year's liability
10 Estimates paid on this year's liability
11 Other credits
12 Total credits (Total line 9, 10 and 11)
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.01
14 Penalty
15 Interest
16 Total due (Total line 13, 14 and 15)
17 Overpayment (Issued if greater than 10.01)
18 Amount to be refunded
19 Amount to be credited to next year

Declaration of Estimate For 2025

20 Total estimated income subject to tax
21 Estimated tax due. (Multiply line 20 by 1.000%)
22 Less credits (from 19 above)
23 Net estimated tax due (subtract line 22 from line 21)
24 Minimum amount due for first quarter (Multiply line 23 by 25%)

Amount You Owe

25 Total amount due (add lines 16 and 24)

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 APPROPRIATE FEDERAL 1040 & FEDERAL SCHEDULES:
1120 – 1120S – 1065 – 1041 – C (Sole Proprietor)**

Section A	Business Name:	Federal I.D. Number:
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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-(You can no longer offset your wages with any schedule loss).

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 – if not included prior in line 1 -		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.