

**BUSINESS - 2024  
INCOME TAX RETURN  
SHERWOOD**

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

**MAKE SURE TO INCLUDE COPIES OF ALL  
FEDERAL SCHEDULES FILED**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF HICKSVILLE/SHERWOOD

111 S. Main St  
Hicksville OH 43526

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

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 Sherwood Taxable income (Line 5 minus Line 6)	7	
8 Sherwood 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 2025**

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	
---	----	--

**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**

Filing instructions can be found on our website-www.villageofhicksville.com

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

\_\_\_\_\_  
Tax Preparer's Signature Date

(If other than taxpayer) Phone No. \_\_\_\_\_

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

<b>Section A</b>	Business Name:	Federal I.D. Number:
------------------	----------------	----------------------

Line 1 – Total Taxable Income for the Village of Sherwood – 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).

<b>SCHEDULE X Reconciliation with Federal Income Tax Return</b>			
(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			

<b>Schedule Y Business Allocation Formula</b>	a. Located Everywhere	b. Located in Sherwood	c. Percentage (b + a)
1. Avg. Original Cost of Real & Tangible Personal Property Gross Annual Rent paid (multiplied by 8)			
<b>Total of step 1</b>			%
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. <b>Total Percentages (combined total of column c percentages)</b>			%
5. <b>Average Percentage (Total Percentages divided by Number of Percentages Used) (carry to front page line 4)</b>			%

<b>Schedule Z – Partners Distributive Shares of Net Income/Loss</b> (only required if any partner is subject to filing an Individual Tax Form with the Village of Sherwood )		
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.