

# BUSINESS - 2025 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 Ext      Fax 419-542-2018  
hixtax@defnet.com

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

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 _____     |                                    |

- 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

1
2
3
4
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6
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11

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16
17

## Declaration of Estimate For 2026

- 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%)

20
21
22
23

21
22
23
24

## Amount You Owe

- 25 Total amount due (add lines 16 and 24)

25
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**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  
(If other than taxpayer)

Date \_\_\_\_\_

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

May VILLAGE OF HICKSVILLE discuss this return with the preparer shown above    \_\_\_ Yes    \_\_\_ No