

**City of Kettering
Income Tax Division**
P.O. Box 293100
Kettering, OH 45429-9100
Phone: (937) 296-2502
Fax: (937) 296-3242
Website: www.ketteringoh.org

2011 KETTERING BUSINESS TAX RETURN

OR FISCAL YEAR _____ TO _____
CALENDAR YEAR DUE ON OR BEFORE APRIL 17
FISCAL YEAR DUE ON 15TH DAY OF FOURTH
MONTH AFTER THE CLOSE OF THE PERIOD

FOR TAX DIVISION USE ONLY

FORM KBR-1040

If the information below is incorrect, please make corrections.

FEIN: _____

Phone Number: _____

Filing Status: (Check all applicable boxes)

LLC Partnership/Association

C-Corporation S-Corporation

Fiduciary (Trusts and Estates)

Amended Return Tax Year: _____

Account Number: _____

Did you file a City return last year?
 YES NO

Is this a combined corporate return?
 YES NO

Should your account be inactivated?
 YES NO
If YES, please explain: _____

Part A Tax Calculation

1.	Federal Taxable Income before net operating losses and special deductions. (Attach Copy of Federal Return) From Form _____ Line _____	1	\$
2.	Adjustments (From Line O, Schedule X).....	2	\$
3.	Adjusted Federal Taxable Income before apportionment (Line 1 plus/minus Line 2).....	3	\$
4.	Apportionment percentage (From Step 5, Schedule Y) _____ %.....	4	
5.	Kettering taxable income (Multiply Line 3 by Line 4).....	5	\$
6.	Enter loss carryforward, if any, from prior years.....	6	\$
7.	Amount subject to Kettering income tax (Line 5 minus Line 6).....	7	\$
8.	Kettering income tax (Multiply Line 7 by 2.25% [.0225]).....	8	\$
9a.	Estimated tax / extension payments.....	9a	\$
9b.	Prior year credit.....	9b	\$
10.	Total payments and credits (Line 9a plus Line 9b).....	10	\$
11.	BALANCE DUE (Line 8 minus Line 10).....	11	\$
12.	Penalty Due, If applicable.....	12	\$
13.	Interest Due, If applicable.....	13	\$
14.	TOTAL DUE (Total of Lines 11, 12, and 13) No payment due if Line 14 is less than \$5.00.....	14	\$
15.	Overpayment (Line 10 greater than Line 8).....	15	\$
16.	Amount to be refunded (Amounts less than \$5.00 will not be refunded).....	16	\$
17.	Credit to next year.....	17	\$

Part B Declaration of Estimated Tax for 2012 – Required if estimated tax liability is \$200 or greater

18.	Total estimated income subject to tax.....	18	\$
19.	Kettering income tax declared (Multiply Line 18 by 2.25% [.0225]).....	19	\$
20.	Tax due before credits (at least 1/4 of Line 19).....	20	\$
21.	Less credit from the prior year (from Line 17 above).....	21	\$
22.	Net estimated tax due with this return*.....	22	\$
23.	TOTAL AMOUNT DUE —Add Lines 14 and 22 (Make checks payable to the City of Kettering).....	23	\$

* Subsequent estimated payments are due by the 15th day of the 6th, 9th and 12th months after the beginning of the taxable year.

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, and understands that this information may be released to the Internal Revenue Service. If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return. Yes No

Signature of Person Preparing Return _____ Date _____

Signature of Officer or Agent _____ Date _____

Name of Person Preparing Return _____

Name and Title _____

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital losses and IRS Section 1231 losses.....	\$ _____	J. Capital Gains (not ordinary gains)	\$ _____
B. Taxes on or measured by net income	_____	K. Dividends	_____
C. Guaranteed payments to partners, retired partners, members/other owners	_____	L. Interest Income	_____
D. Expenses attributable to non-taxable income (5% of non-taxable income, excluding capital gains.)	_____	M. Royalties.....	_____
E. Real Estate Investment Trust distributions	_____	N. Other income exempt (Explain)	_____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans and life insurance plans for owners or owner employees of non-C corporation entities	_____	_____	_____
G. Depreciation Recovery (Note: Business entities that are not C Corporations, but required to file as a C Corporation, are subject to Section 291 depreciation recovery on Section 1250 property.)...	_____	Note that no deduction is allowed for federal tax credits.	
H. Other.....	_____	O. Total deductions.....	\$ _____
I. Total additions	\$ _____		
P. Combine Lines I and O and enter net on Part A, Line 2 \$ _____			

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN KETTERING	PERCENTAGE (B / A)
STEP 1. Original cost of real and tangible personal property.....	_____	_____	
Gross annual rentals paid multiplied by 8.....	_____	_____	
TOTAL STEP 1	_____	_____	_____ %
STEP 2. Wages, salaries, and other compensation paid (*See Schedule Y-1)	_____	_____	_____ %
STEP 3. Gross receipts from sales made and/or work or services performed.	_____	_____	_____ %
STEP 4. Total percentages (Add percentages from Steps 1-3)			_____ %
STEP 5. Average percentage (Divide total percentage by number of percentages used—Carry to Part A, Line 4)			_____ %

*SCHEDULE Y-1 RECONCILIATION TO FORM KW-3 (WITHHOLDING RECONCILIATION)

Total wages allocated to Kettering (from Federal Return or apportionment formula) \$ _____

Total wages shown on Form KW-3 (Withholding Reconciliation) \$ _____

Please explain any difference: _____

Are there any employees leased in the year covered by this return? YES NO

If YES, please provide the name, address and FID number of the leasing company.

Company Name: _____

Contact Person: _____

Address: _____

FID Number: _____

Were 1099-Misc. Forms issued to Ohio residents? YES NO

Please refer to general information sheet for 1099-Misc. reporting procedures.