

FORM R-B CITY OF DAYTON, OHIO BUSINESS Income Tax Return

Tax Year Ending December or Fiscal Year Ending _____

Business Name	Federal ID#
DBA	
Address	Your phone #
City/State/Zip	Preparers phone #
Do you have an employee withholding account with Dayton Yes ___ No ___	
Did you file a Dayton Return last year? Yes ___ No ___	

(For Office Use Only)

Federal Filing on form 1120 1120A 1120S 1120X 1065 Documentation MUST be attached (Do not report Schedule C on this form)

DATE STAMP

1	TOTAL Taxable Income																				
2		Items NOT deductible																			
3		Items NOT taxable																			
4	Enter Excess of line 2 or 3 (Show negative amounts in parentheses)																				
5	Adjusted NET income (Line 1 plus or minus Line 4)																				
6	Amount allocable to Dayton (If Schedule Y is used)																				
7	AMOUNT SUBJECT TO DAYTON TAX																				
8	Dayton Tax Due @ 2.50%																				
9		Estimated Payments																			
10		Prior Years overpayments																			
11	TOTAL CREDITS																				
12	Penalty	and/or Interest																			
13	BALANCE DUE (Subtract Line 11 from Line 8. Add Line 12 as required)																				
14	IF OVERPAYMENT	< REFUNDED																			
15	ESTIMATED TAX for year	ESTIMATED INCOME																			
16																					
17																					
18																					
19	TOTAL DUE (Add Line 13 _____ and Line 18 _____)																				

SCHEDULE X Reconciliation with Federal Income Tax Return (ORC 718)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A Capital Losses - IRC 1221/1231 only		K Capital Gains - IRC 1221/1231 property dispositions	
B Expenses incurred in the production of non-taxable income		except to extent gains apply as described in IRC 1245/1250	
C Income Taxes, City and State (If Deducted as Expenses)		L Federally reported intangible income such as, but	
D Net Operating Loss Deduction per Federal Return		not limited to interest, dividends, patent & copyright income	
E Payments to Partners/Officers per Federal form 1065/K-1		M Not Previously Deducted Sec 179 Expense	
F Retirement Plan Payments (Keogh, IRA, Tax Sheltered Annuity)		N Other Items not Taxable (explain)	
G Portion State of Ohio Franchise Tax based on Income			
H Rental Activities (Partnership, S-Corp, LLC, etc.)			
I Other Items not Deductible (explain)			
J Total Lines A through I		O Total Lines K through N	

SCHEDULE Y (proration of Schedule C income for non-residents only)

	A	B	C
	Located Everywhere	Located in Dayton	Percentage (B/A)
Step 1: Average Value of Real & Tangible Personal Property			
Gross Annual Rents Paid Multiplied by 8			
Total Step 1			
Step 2: Gross Receipts from Sales Made and/or Work or Services Performed			
Step 3: Wages, Salaries and Other Compensation Paid			
Total Percentages (From Column C)			
Average Percentage (Total Percentages / Number of Percentages Used)			

READ BEFORE SIGNING: The undersigned declare this return and attached schedules to be a true and complete return for the taxable year stated and that the figures used herein are the same as used for Federal Tax purposes, adjusted to the requirements of the Dayton city tax ordinances represented by this return. I understand that if I am under withheld in the following tax year (by \$200.00 or 10% of tax due) I will be charged Penalties and Interest if I fail to make required estimated tax payments.

If this return was prepared by a tax professional, may we contact them directly? Yes No

Tax Preparer Signature _____ Tax Payer Signature _____ Date _____

Tax Preparer Phone # _____ Date _____

Mail Return with **PAYMENT DUE** to: **City Of Dayton PO Box 643700** Cincinnati, OH 45264-3700
 Mail Return with **ZERO BALANCE DUE** To: City Of Dayton PO Box 1830 Westerville, OH 43086-1830
 Mail Return with **REFUND REQUEST** to: City Of Dayton PO Box 1830 Westerville, OH 43086-1830

In the event your check is returned unpaid for insufficient funds or uncollected funds, we may electronically debit your account for the principal amount of the check.

