

BUSINESS - 2024
INCOME TAX RETURN
PLYMOUTH

MAKE CHECK OR MONEY ORDER TO:
PLYMOUTH INCOME TAX DEPT.
48 WEST BROADWAY ST
PLYMOUTH, OH 44865
Voice 419-687-4331 x101 Fax 419-687-1331
rfearing@plymouthoh.org

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

Federal Schedules MUST be attached to this return.

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 Plymouth Taxable income (Line 5 minus Line 6)
8 Plymouth 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 10.00
14 Penalty
15 Interest
16 Total due (Total line 13, 14 and 15)
17 Overpayment ( Issued if greater than 10.00 )
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)

By signing this return, I declare 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.

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

TaxPayer's Signature Date

Tax Preparer's Signature Date

(If other than taxpayer) Phone No.

CREDIT CARD INFORMATION FOR PAYMENT
ACCOUNT NUMBER
SECURITY PIN CARD EXPIRATION
AMOUNT CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF PLYMOUTH discuss this return with the preparer shown above \_\_\_Yes \_\_\_No