

Form CO-71

Income Tax

Malinta, Ohio

THIS IS NOT A FEDERAL RETURN

File this Return with the Malinta Income Tax Dept., Village Hall, Malinta, Ohio,
on or before April 15, or within 3½ months after the close of a fiscal year.

(Tax Office Use Only)

Processed by

Extended by

Cash M.O.

Check

Paid with this Return

\$

(Tax Office Use Only)
Cashier's Stamp

**CORPORATION PARTNERSHIP OR FIDUCIARY
INCOME TAX RETURN
MALINTA, OHIO INCOME TAX**

For Period from January 1, through December 31, or Fiscal Period
from through
Nature of Business

NAME:

C/O:

ADDRESS:

CITY:

Trade Name, or name of responsible official,
and Address are as they appear on our records.
Make any necessary corrections.

NET INCOME COMPUTATION

	COLUMN A As shown by Federal Return	COLUMN B Allocable to <u>other</u> <u>cities</u>
1. Net Income Per Federal Return	\$	\$
2. Add items not deductible under Malinta Income Tax Ordinance (Schedule X) -		
3. Deduct items not taxable under Malinta Income Tax Ordinance (Schedule X) -		
4. Adjusted Net Income	\$	\$
5. % (as determined by Schedule Y) of line 4 - Column A	\$	X X X X X X X X X X
6. Net Profit (line 5, Col. A, or line 4, Col. B)	\$	\$
7. Malinta Income Tax, One per cent of line 6	\$	\$
8. Less: Payments made on account of Declaration of Estimated Income Tax, or amount of tax paid on prior return IF this is an amended return.		
9. Unpaid Balance of Malinta Income Tax, which amount must be paid with the filing of this return. (Make check to Village of Malinta - Income Tax)	\$	\$
10. Overpayment of Malinta Income Tax	\$	\$
11. Use X to indicate whether overpayment is to be refunded <input type="checkbox"/> , or applied against <input type="checkbox"/> declaration <input type="checkbox"/> No refund will be made until Declaration is filed.		

NOTE 1 - If Business Allocation Percentage Formula (Schedule Y) is used, disregard Column B.

AFFIDAVIT

The undersigned Officer or Partner (or Chief Accounting Officer) of the Business for which this return is made, declares that this return has been examined by him and is to the best of his knowledge and belief, a true, correct and complete return.

.....
(Signature of Firm or person, other than taxpayer, preparing return)

.....
(Date)

.....
(Signature of Taxpayer)

.....
(Date)

Mail this Copy to Malinta Income Tax Dept., Village Hall, Malinta, Ohio.