FORM FR 1542

BUSINESS - 2025
INCOME TAX RETURN
FORT RECOVERY

Fiscal Period _____ **to** _____

Federal Schedules MUST be attached to this return.

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF FORT RECOVERY

201 S. MAIN STREET
PO BOX 459
FORT RECOVERY OH 45846

Voice 419-375-4580 Ext Fax 419-375-4709
amcabee@fortrecoveryohio.gov

Federal ID#

BusinessTelephone 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	1	
2	Adjustments (See Schedule X)	2	
3	Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4	Allocation percentage (See Schedule Y)	4	%
5	Adjusted Net Income (Multiply line 3 by line 4)	5	
6	Allocable Net Loss Carry Forward	6	
7	Fort Recovery Taxable income (Line 5 minus Line 6)	7	
8	Fort Recovery income tax (Multiply line 7 by 1.000%)	8	
9	Credits applied from previous year(s) to this year's liability	9	
10	Estimates paid on this year's liability	10	
11	Other credits	11	
12	Total credits (Total line 9, 10 and 11)		12
13	Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.01		13
14	Penalty	14	
15	Interest	15	
16	Total due (Total line 13, 14 and 15)		16
17	Overpayment (Issued if greater than 10.01)		17
18	Amount to be refunded	18	
19	Amount to be credited to next year	19	

Declaration of Estimate For 2026

20	Total estimated income subject to tax	20	
21	Estimated tax due. (Multiply line 20 by 1.000%)		21
22	Less credits (from 19 above)		22
23	Net estimated tax due (subtract line 22 from line 21)	23	
24	Minimum amount due for first quarter (Multiply line 23 by 25%)		24

Amount You Owe

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

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

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.

TaxPayer's Signature Date

Tax Preparer's Signature (If other than taxpayer) Date

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

☐ MasterCard ☐ ☐ DISCOVER

ACCOUNT NUMBER

SECURITY PIN CARD EXPIRATION / /

AMOUNT

CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF FORT RECOVERY discuss this return with the preparer shown above ___Yes ___No