## **FORM FR 1542**

Name

And

## 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@fortrecovery.org

**BUSINESS - 2023 INCOME TAX RETURN FORT RECOVERY** 

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

Federal Schedules MUST be attached to this return.

Federal ID#	
BusinessTelephone No.	
Principal Business Activity	
NAICS Code	
IF YOU HAVE MOVED DUF	RING TAX YEAR - GIVE DATES
INTO / /	OUT OF / /
CHECK ONE	
CORPORATION	☐ ESTATE
SOLE PROPRIETOR	TRUST
PARTNERSHIP	FIDUCIARY
S-CORPORATION	
OTHER	
	BusinessTelephone No.  Principal Business Activity NAICS Code  IF YOU HAVE MOVED DUF  INTO / / CHECK ONE  CORPORATION  SOLE PROPRIETOR  PARTNERSHIP  S-CORPORATION

Address	S-CORPORA OTHER	TION
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	<del>%</del>
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	7
7 Fort Recovery Taxable income (Line 5 minus Line 6)	7	
8 Fort Recovery income tax (Multiply line 7 by 1.000%)	8	7
9 Credits applied from previous year(s) to this year's liability	9	
10 Estimates paid on this year's liability	10	7
11 Other credits	11	7
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	
5 Interest	15	7
16 Total due (Total line 13, 14 and 15)	•	16
7 Overpayment ( Issued if greater than 10.01 )		17
8 Amount to be refunded	18	
9 Amount to be credited to next year	19	
eclaration of Estimate For 2024		
20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 0.000%)		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
mount You Owe		
25 Total amount due (add lines 16 and 24)		25
	Tax Office Use Only: Tax Office	e 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.

CREDIT CARD INFORMATION FOR PAYMENT TaxPayer's Signature Date ACCOUNT NUMBER DISCOVER VISA MasterCare SECURITY PIN CARD EXPIRATION Tax Preparer's Signature Date (If other than taxpayer) Phone No. **AMOUNT** 

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

## PAGE 2

IN LIEU OF COMPLETING, YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULE (S)

SECTION A	Profit (or Loss) from Bu	siness or Profession				
1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATE	S AN RETURNS					\$
2. LESS Cost of Labor		Materials, supplies and other cos	ts	\$		Ś
3. GROSS PROFIT FROM SALES, ETC., (LINE 1 LES	SS LINE 2)				<del></del>	\$
4. INTEREST		OTHER BUSINESS INCOME (Specif		Ś		\$
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIO			,,	T	_	¢
			INESS DEDUCTIONS			Υ
6. ADVERTISING AND PROMOTION				NI		ċ
7. AUTO, TRUCK AND TRAVEL			11. DEPRECIATION, AMORTIZATION			\$
_			12. RENTS (Paid to			\$
			13. OTHER (List if over 10% of Lin			\$
9a. TAXES BASED ON INCOME			14. TOTAL BUSINESS DEDUCTION			\$
9b. OTHER BUSINESS TAXES						
10. SALARIES AND WAGESSECTION B		<u>ې</u>		OR PROFESSION (Line 5 Less Line	14)	\$
SECTION B	Total from Federal Sche	dule D, Form 4/9/				\$
						1
SECTION C	Income from Rents - fro	m Federal Schedule E				
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or Loss)	
			·			
					NET INCOME SECTION C	\$
SECTION D	All other Taxable Incom	e				
	INCOME FROM PARTNERSHIP	S, ESTATES & TRUSTS: FEES, TIPS,	COMMISSIONS, WAGES AND MISC	ELLANEOUS		
RECEIVED FROM		FOR (DE	ESCRIBE)	AM	OUNT	
			·	-		
-						
	· · · · · · · · · · · · · · · · · · ·				NET INCOME SECTION D	] خ
Seekhory 42 highest conservation than the base of manager and the first time.					NET INCOME SECTION D	٧
TOTAL	From Sections A. B. C. &	D. Enter on Page 1 Line 1				ć
TOTAL SCHEDULEX					<u> </u>	\$
SCHEDULEX	Reconciliation with Fede	eral Income Tax Return				
SCHEDULE X ITEMS NOT DEDUCTI	Reconciliation with Fede	eral Income Tax Return  ADD		ITEMS NOT TAXABLE		DEDUCT
SCHEDULE X  ITEMS NOT DEDUCTI  a. Capital Losses (Excluding Ordinary Losses)	Reconciliation with Fede	eral Income Tax Return  ADD	J. Capital Gains (Excluding Ordina	ry Gains)		
ITEMS NOT DEDUCTI  a. Capital Losses (Excluding Ordinary Losses)  b. Expenses incurred in the production of non-te	Reconciliation with Fede	ADD \$	k. Interest Income	rry Gains)		DEDUCT
ITEMS NOT DEDUCTI  a. Capital Losses (Excluding Ordinary Losses)  b. Expenses Incurred in the production of non-tri Income (at least 5% of Line N)	Reconciliation with Fede	ADD \$	k. Interest Income	rry Gains)		DEDUCT
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