

BUSINESS
McDONALD INCOME TAX RETURN

Fiscal Years Fill in Dates
 Beginning 20
 Ending 20
 And File Within 4 Months
 of Ending Date

FILING REQUIRED EVEN IF NO TAX DUE

TAXPAYER'S NAME, ADDRESS _____

PRINCIPAL BUSINESS ACTIVITY _____

CORPORATION S CORPORATION PARTNERSHIP SOLE PROPRIETOR

FEDERAL I.D.# _____

PHONE # _____

IF MOVED DURING CURRENT YEAR PLEASE GIVE DATE OF MOVE _____

INTO McDONALD _____ OUT OF McDONALD _____

INCOME	1.	TOTAL INCOME FROM PAGE 2 (ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES)	\$ _____
	2a.	ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X FROM PAGE 2)	ADD \$ _____
ADJUST- MENTS TO	b.	ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2)	DEDUCT \$ _____
INCOME	c.	DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED TO OR SUBTRACTED FROM LINE 1	(+ OR -) \$ _____
	3a.	ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)	\$ _____
	b.	AMOUNT OF LINE 3a ALLOCABLE _____ % (FROM STEP 5 SCHEDULE Y)	\$ _____
	c.	LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE)	\$ _____
	4.	AMOUNT SUBJECT TO McDONALD EARNINGS TAX (LINE 3b LESS LINE 3c)	\$ _____
TAX	5.	TAX: 2% OF LINE 4	\$ _____
	6.	CREDITS:	
	a.	ESTIMATE AND PAYMENTS PAID TO THE VILLAGE OF McDONALD	\$ _____
	b.	PRIOR YEAR OVERPAYMENT	\$ _____
	c.	TOTAL CREDITS ALLOWABLE	\$ _____
7.	BALANCE OF TAX DUE (LINE 5 LESS LINE 6c)		\$ _____
	a.	FAILURE TO FILE TIMELY PENALTY \$ _____ FAILURE TO PAY TIMELY PENALTY \$ _____ TOTAL	\$ _____
	(INTEREST WILL BE CHARGED ON UNPAID BALANCES)		
	b.	TOTAL AMOUNT DUE (LINE 7 PLUS LINE 7a)	\$
8.	OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE		
	(if line 6c is greater than Line 5)		

No taxes or refunds of less than \$1.00 shall be collected or refunded.

DECLARATION OF ESTIMATED TAX FOR NEXT YEAR

8.	TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 2% FOR GROSS TAX OF	\$ _____
10.	LESS EXPECTED TAX CREDITS	
	a. OVERPAYMENT FROM PRIOR YEAR(S)	\$ _____
	b. TOTAL CREDIT	\$ _____
11.	NET ESTIMATED TAX DUE FOR NEXT YEAR (LINE 9 LESS LINE 10b)	\$ _____
12.	AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11)	\$
13.	TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 12)	\$

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGES AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature of Taxpayer _____ Date _____

Address _____ Telephone Number _____

Title, If Signing for a Business _____

SECTION A Profit (or Loss) from Business or Profession

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ _____

2. LESS Cost of Labor \$ _____ Material, supplies & other costs \$ _____ \$ _____

3. GROSS PROFIT FROM SALES, ETC. (Line 1 Less Line 2) \$ _____

4. INTEREST \$ _____ OTHER BUSINESS INCOME (Specify) \$ _____ \$ _____

5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ _____

BUSINESS DEDUCTIONS

6. ADVERTISING AND PROMOTION \$ _____ 11. DEPRECIATION, AMORTIZATION \$ _____

7. AUTO, TRUCK AND TRAVEL \$ _____ 12. RENTS (Paid to _____) \$ _____

8. INT. ON BUSINESS INDEBTEDNESS ... \$ _____ 13. OTHER (List if over 10% of Line 14) \$ _____

9a. TAXES BASED ON INCOME \$ _____ 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) \$ _____

b. OTHER BUSINESS TAXES \$ _____ 15. NET PROFIT (OR LOSS) FROM BUSINESS OR

10. SALARIES AND WAGES \$ _____ PROFESSION (LINE 5 LESS LINE 14) \$ _____

SECTION B Total from Federal Schedule D, Form 4797 \$ _____

SECTION C Income from Rents – from Federal Schedule E from properties located in McDonald.

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C \$ _____

SECTION D All Other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS AND MISCELLANEOUS		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D \$ _____

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1 \$ _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses) \$ _____		n. Capital Gains (Excluding Ordinary Gains) \$ _____	
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z) \$ _____		o. Interest Income \$ _____	
c. Taxes based on income (State) \$ _____		p. Dividends \$ _____	
d. Taxes based on income (City) \$ _____		q. Other (Explain) \$ _____	
e. Net operating loss deduction per Federal Return \$ _____			
f. Payments to partners \$ _____			
g. Contributions (not an expense) \$ _____			
h. Other expenses not deductible (Explain) \$ _____			
m. (Enter Line 2a Other Side) TOTAL \$ _____		z. Enter Line 2b Other Side TOTAL \$ _____	

SCHEDULE Y Business Allocation Formula

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)	
STEP 1. AVERAGE VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS 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	_____	_____	_____ %	
4. TOTAL PERCENTAGES	_____	_____	_____ %	
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).				Carry to Line 3b, Page 1 _____ %

SCHEDULE Z PARTNER'S SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$	\$		\$
7. TOTAL From Section A and Section D above			100				