



# 2023 BUSINESS INCOME TAX RETURN

Filing is required whether or not tax is due. Return must be received or postmarked by the 15th day of the 4th month of taxable year end.

For Office Use Only	
Amt Rec. _____	Date Rec. _____
Cash _____	Debit/ Credit Card _____
Check _____	Check # _____

Federal ID Number \_\_\_\_\_

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

For Calendar Year ending December 31, 2023 or Fiscal Year beginning \_\_\_\_\_ ending \_\_\_\_\_

Did you file a return last year? YES \_\_\_ NO \_\_\_

Is this a FINAL return? YES \_\_\_ NO \_\_\_

Tax Return For:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

S-Corporation \_\_\_\_\_ Other \_\_\_\_\_

**PAGES 1-5 OF FEDERAL RETURN MUST BE ATTACHED AND NECESSARY STATEMENTS**

	TAXPAYER USE		OFFICE USE	
1. Taxable Income from Federal Return.....	1		1	
2. Total Adjustments (from Schedule X page 2).....	2		2	
3. Taxable Income before allocation (Line 1 plus/minus Line 2).....	3		3	
4. Allocation Percentage (from Schedule Y, page 2).. _____ % x Line 3....	4		4	
5. Allocable Net Loss from previous Lancaster return (attach schedule)..	5		5	
6. Lancaster Taxable Income. (Line 4 less Line 5).....	6		6	
7. Tax- Multiply income by 2.30% (.0230) .....	7		7	
	CREDITS		CREDITS	
8. Estimated tax paid to Lancaster.....	8		8	
9. Prior year overpayment that was not refunded .....	9		9	
10. TOTAL PAYMENTS.....	10		10	
11. Balance due or overpayment (Line 7- Line 10) If plus or minus \$10.01 enter \$0.....	11		11	
12a. Late Filing Charge @ \$25 .....	12a		12a	
12b. Late Payment Interest .....	12b		12b	
12c. Penalty on unpaid taxes .....	12c		12c	
12d. Total Penalties .....	12d		12d	
13. Total Amount Due or Overpaid (line 11+12d) (If positive carry to line 20)..	13		13	
14. Overpayment (If line 11 is negative) Indicate amount to be refunded or credited. Refund _____ Credit to 2024 _____	14		14	

**2024 DECLARATION OF ESTIMATED TAX. REQUIRED WHERE TAX DUE EXCEEDS \$200. PENALTY FOR NON-COMPLIANCE.**

15. Estimated 2024 Income Subject to Lancaster Tax.....	15		15	
16. Estimated Tax Due: 2.30% (.0230) Times Line 15.....	16		16	
17. Credits: (a) Lancaster Tax to be Withheld.....	17a		17a	
(b) Credit Allowed for Tax Paid to Other Cities.....	17b		17b	
(c) Total Credit (17a + 17b) .....	17c		17c	
18. Estimated Tax Due (Line 16 less Line 17c) .....	18		18	
(a) Prior Year Overpayment Not Refunded (See Line 14 above).....	18a		18a	
19. Amount Paid with this Declaration (25% of Line 18).....	19		19	
20. Enter Balance Due from Line 13 above .....	20		20	
21. Total Amount Due (Add lines 19 and 20) .....	21		21	

**UNDER PENALTY OF PERJURY, THE UNDERSIGNED DECLARES THAT THIS RETURN IS TRUE, CORRECT AND COMPLETE.**

PREPARER SIGNATURE, IF OTHER THAN TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TAXPAYER OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

NAME AND PHONE NUMBER OF PREPARER \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_

Lancaster Income Tax Department  
 PO Box 128  
 Lancaster, Oh 43130  
 Phone: (740) 687-6606  
 www.ci.lancaster.oh.us

**SCHEDULE X BUSINESS INCOME SCHEDULE**

I. Income per Federal Return (Attach Federal Return) From Form _____ Line _____	I.	
II. (a) ITEMS NOT DEDUCTIBLE (From Line I Below) .....Add.....	II a.	
(b) ITEMS NOT TAXABLE (From Line N Below) ..... Deduct.....	II b.	
(c) ENTER TOTAL OF LINES IIa AND IIb.....	IIc.	
III. ADJUSTED NET INCOME (Line I, Plus or Minus Line IIc.) .....	III.	
IV. ALLOCATION PERCENTAGE (Line 5 of Schedule Y, if applicable; otherwise 100%) .....	IV.	
V. Taxable Income (Line III x Line IV) Enter on Page 1 line 6 .....	V.	

**ITEMS NOT DEDUCTIBLE - ADD**

A. Losses from IRC 1221 or 1231 property dispositions .....	\$	_____
B. 5% of intangible income reported in line I of this Schedule .....	\$	_____
C. Federally deducted taxes based in income .....	\$	_____
D. Guaranteed payments or accruals to, or for current or former members.....	\$	_____
E. Dividends, distributions to REIT investors .....	\$	_____
F. Payments, accruals for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities .....	\$	_____
G. Rental activities by Partnerships, S Corps, LLC's, Trusts.....	\$	_____
H. Other (explain & provide documentation) .....	\$	_____
I. TOTAL ADDITIONS (lines A through H) .....	\$	_____

**ITEMS NOT TAXABLE - DEDUCT**

J. Income/gains from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250 .....	\$	_____
K. Intangible income, including interest, dividends, patent & copyright income .....	\$	_____
L. IRC Section 179 expenses (not previously deducted).....	\$	_____
M. Other (explain & provide documentation).....	\$	_____
N. TOTAL DEDUCTIONS (Lines J through M).....	\$	_____

**SCHEDULE Y BUSINESS ALLOCATION FORMULA**

*NOTE: This schedule is applicable only to non-resident taxpayers.*

	A. Located Everywhere	B. Located in this Municipality	Percentage B ÷ A
STEP 1. Average Value of Real and Tangible 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 .....	_____	_____	_____ %
STEP 4. Total Percentages .....	_____	_____	_____ %
STEP 5. Average Percentage (Divide Total Percentages by Number of Percentages Used) .....	_____	_____	_____ %

**SCHEDULE Z - Partner Distributive Share of Net Income**

Name and address of each partner	FEIN or SSN	Amount	FEIN of payer