



**2025 TIPP CITY  
BUSINESS TAX RETURN**

DUE ON OR BEFORE APRIL 15, 2026  
OR 3 1/2 MONTHS AFTER YEAR END

FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_

File with:  
Tipp City Tax  
Department  
260 S Garber Dr  
Tipp City OH 45371  
  
Phone (937) 667-8426  
Fax (937) 667-6734  
www.tippcityohio.gov

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

Federal ID # \_\_\_\_\_ - \_\_\_\_\_

Business Name \_\_\_\_\_

Final

Mailing Address \_\_\_\_\_

Amended

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

Short Year \_\_\_\_\_ to \_\_\_\_\_

**Section A 2025 Tax Calculations - Attach copy of Federal return**

1 Total federal taxable income	1 _____
2 Add items not deductible (from line K Schedule X on page 2)	2 _____
3 Subtract items not taxable (from line R Schedule X on page 2)	3 ( _____ )
4 Adjusted federal taxable income before apportionment (sum of lines 1 and 2 less line 3)	4 _____
5 Pre-apportioned loss deduction from tax years beginning on or after 1/1/20 (from page 2)	5 ( _____ )
6 Pre-apportioned net profit (line 4 less line 5)	6 _____
7 Apportionment percentage from page 2, Schedule Y, step 5	7 _____ %
8 Municipal taxable income (multiply line 6 by line 7)	8 _____
9 Tipp City income tax due (multiply line 8 by 1.5%)	9 _____
10 Estimated payments and/or credits	10 _____
11 If line 9 is greater than line 10, enter balance due (if not greater than, enter 0)	11 _____
12 If line 10 is greater than line 9, enter amount overpaid and record as a refund or credit below Overpayment refund _____ credit _____ (no refund or credit if \$10 or less)	12 _____
13a Underpayment penalty _____ interest _____ (if applicable - see instructions)	13a _____
13b Penalty (see instructions)	13b _____
13c Interest (see instructions)	13c _____
13d Late fee (see instructions)	13d _____
14 Total penalty, interest and late filing fee (add lines 13a, 13b, 13c and 13d)	14 _____
15 Total tax and penalties (add lines 11 and 14) (payable to Tipp City Tax) (no payment due if \$10 or less)	15 _____

**Section B 2026 Declaration of Estimated Tax - Must be completed by taxpayers who anticipate a tax liability of \$200 or more**

16 Total estimated income subject to tax _____ multiplied by tax rate of 1.5%	16 _____
17 Declaration due (multiply line 16 by 25%)	17 _____
18 Overpayment credit from 2025	18 _____
19 Declaration due (line 17 less line 18) (subsequent payments are due 6/15, 9/15 and 12/15)	19 _____

**Total due with this return (add lines 15 and 19) (payable to Tipp City Tax)**

**\$ \_\_\_\_\_**

If this return was prepared by a tax practitioner, may we contact him/her directly with questions regarding the preparation of this return?  Yes  No

The undersigned declares that this return (and all accompanying documents) is a true, correct and complete return for the taxable period stated.

Signature of preparer (other than taxpayer)

Date

Taxpayer signature

Date

Preparer's telephone number

Preparer's e-mail address

**Net operating losses (Pre-apportioned)**

2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_

2023 \_\_\_\_\_ 2024 \_\_\_\_\_ Amount used to offset 2025 net income \_\_\_\_\_

**Schedule X - Reconciliation with federal income tax return****Items not deductible (additions)**

- A Capital losses and IRC Section 1231 losses \_\_\_\_\_
- B Taxes on or measured by net income \_\_\_\_\_
- C Expenses attributable to intangible income (5% of total intangible income, excluding capital gains) \_\_\_\_\_
- D Guaranteed payments to current or former partners, shareholders or members \_\_\_\_\_
- E Amounts paid or accrued to a qualified self-employed retirement plan for current or former partners, shareholders or members of non-C Corporation entities \_\_\_\_\_
- F Amounts paid or accrued to or for health or life insurance for current or former partners, shareholders or members of non-C Corporation entities \_\_\_\_\_
- G Depreciation recovery (non-C corporation entities are subject to IRC Section 291 depreciation recovery on Section 1250 property) \_\_\_\_\_
- H Loss incurred by a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's federal taxable income unless the loss is included in the net profit of an affiliated group in accordance with ORC 718.06(E)(3)(b) \_\_\_\_\_
- I Real Estate Investment Trust (REIT) distributions \_\_\_\_\_
- J Other - please list \_\_\_\_\_
- K **Total additions** (add lines A through J) \_\_\_\_\_

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

E \_\_\_\_\_

F \_\_\_\_\_

G \_\_\_\_\_

H \_\_\_\_\_

I \_\_\_\_\_

J \_\_\_\_\_

K \_\_\_\_\_

**Items not taxable (deductions)**

- L Capital gains and IRC Section 1231 gains (do not deduct IRC Section 1245 and 1250 gains) \_\_\_\_\_
- M Dividend income \_\_\_\_\_
- N Interest income \_\_\_\_\_
- O Other intangible income as defined in ORC 718.01(S) \_\_\_\_\_
- P Net profit of a pass-through entity owned directly or indirectly by the taxpayer and included in the taxpayer's federal taxable income unless the net profit is included in the net profit of an affiliated group in accordance with ORC 718.06(E)(3)(b) \_\_\_\_\_
- Q Other - please list \_\_\_\_\_
- R **Total deductions** (add lines L through Q) \_\_\_\_\_

L \_\_\_\_\_

M \_\_\_\_\_

N \_\_\_\_\_

O \_\_\_\_\_

P \_\_\_\_\_

Q \_\_\_\_\_

R \_\_\_\_\_

**Schedule Y - Business apportionment formula**

	(A) Located Everywhere	(B) Located in Tipp City	Percentage (B / A)
Step 1 - Original cost of real and tangible personal property	_____	_____	
Gross annual rents paid multiplied by 8	_____	_____	
Total step 1	_____	_____	
Step 2 - Wages, salaries and other compensation paid	_____	_____	
Step 3 - Gross rcpts from sales made or work/svcs performed	_____	_____	
Step 4 - Total percentages (add percentages from steps 1, 2 and 3)	_____	_____	
Step 5 - Apportionment percentage (divide step 4 by number of percentages used) enter on page 1, line 4	_____	_____	