

**BUSINESS - 2009  
INCOME TAX RETURN**



**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF WEST UNITY

PO Box 207  
West Unity OH 43570

Voice 419-924-2215 Fax 419-924-2894  
westunityclerk@roadrunner.com

**West Unity**

Fiscal Period 01/01/2009 to 12/31/2009

**Due Date 04/15/2010**

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

Business Telephone No. \_\_\_\_\_

Principal Business Activity  
NAICS Code \_\_\_\_\_

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION  ESTATE

SOLE PROPRIETOR  TRUST

PARTNERSHIP  FIDUCIARY

S-CORPORATION

OTHER \_\_\_\_\_

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

1	Total taxable income		
2	Adjustments (See Schedule X)		
3	Taxable income before allocation (Line 1 plus/minus lines 2 )		
4	Allocation percentage (See Schedule Y)		%
5	Adjusted Net Income (Multiply line 3 by line 4)		
6	Allocable Net Loss Carry Forward		
7	West Unity Taxable income (Line 5 minus Line 6)		
8	West Unity income tax (Multiply line 7 by 1.500%)		
9	Credits applied from previous year(s) to this year's liability		0.00
10	Estimates paid on this year's liability		0.00
11	Other credits		
12	Total credits (Total line 9, 10 and 11)		
13	Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than 1.01		
14	Penalty		
15	Interest		
16	Total due (Total line 13, 14 and 15)		
17	Overpayment ( Issued if greater than 1.01 )		
18	Amount to be refunded		
19	Amount to be credited to next year		

**Declaration of Estimate For 2010**

20	Total estimated income subject to tax		
21	Estimated tax due. (Multiply line 20 by 1.500%)		
22	Less credits (from 19 above)		
23	Net estimated tax due (subtract line 22 from line 21)		
24	Minimum amount due for first quarter (Multiply line 23 by 25%)		

**Amount You Owe**

25	Total amount due (add lines 16 and 24)		
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**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**

\_\_\_\_\_  
TaxPayer's Signature Date

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

Phone No. \_\_\_\_\_