

Make check payable and mail to:  <b>LEXINGTON INCOME TAX</b> 44 West Main Street Lexington, OH 44904 (419) 884-0765 ext 4  Mon - Fri 7:30-5 PM	<b>TAX YEAR: <u>2022</u></b>  <b>VILLAGE OF LEXINGTON</b> <b>INCOME TAX RETURN</b>  YOUR RETURN MUST BE POSTMARKED ON OR BEFORE APRIL 18th ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: <a href="http://www.lexingtonohio.us">www.lexingtonohio.us</a>	Check all that apply: FINAL RETURN: <input type="checkbox"/> AMENDED RETURN: <input type="checkbox"/> CONSOLIDATED RETURN: <input type="checkbox"/>
---	---	--

	FEDERAL IDENTIFICATION NUMBER:
BUSINESS NAME:	
	CORPORATE ( ) PARTNERSHIP ( ) OTHER ( )
ADDRESS:	DATE ACTIVITY BEGAN:
	DATE BUSINESS CEASED:
CITY: STATE: ZIPCODE:	TAXPAYER'S PHONE NUMBER:

**ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES TO THE BACK OF THIS FORM**

1 TAXABLE INCOME FROM FEDERAL RETURN		1	\$	-
2 AMOUNT OF LINE 1 ALLOCABLE TO CITY (% FROM SCHEDULE Y STEP 5)		2	\$	-
3 ELIGIBLE LOSS CARRYOVER - 50% OF LOSS TOTAL (Attach NOL chart)		3	\$	-
<b>PRE-2017 NET OPERATING LOSS CARRYOVERS ARE NOT ALLOWED</b>				
4 AMOUNT SUBJECT TO TAX (LINE 2 LESS LINE 3)	INCOME	4	\$	-
5 LEXINGTON TAX: 1% (multiply line 4 by 0.01)	TAX	5	\$	-
6 ESTIMATED TAX PAID		6	\$	-
7 CREDIT CARRYOVER FROM PREVIOUS YEAR		7	\$	-
8 TOTAL CREDIT (add lines 6 and 7)	CREDIT	8	\$	-
9 TAX DUE (if line 5 is greater than line 8, subtract line 8 from line 5)		9	\$	-
10 OVERPAYMENT (if line 8 is greater than line 5, subtract line 5 from line 8)		10	\$	-
11 A. Penalty: 15% of the unpaid tax after April 18th		11A	\$	-
B. Interest: Federal Short Term Rate + 5%, per annum		11B	\$	-
C. Late Filing Fee: \$25 per month late/maximum \$150		11C	\$	-
D. TOTAL PENALTY, INTEREST AND LATE FEE (add lines 11A, 11B and 11C)		11D	\$	-
12 TOTAL DUE (add lines 9 and 11D OR subtract line 11D from line 10) If \$10.00 or less enter zero)		12	\$	-
13 OVERPAYMENT (subtract line 11D from line 10)		13	\$	-
A. Carryover to next year/apply to prior balance \$		B. Refund \$		

I certify that I have examined this return (and accompanying schedules) is a true, correct and complete return for the taxable period state that the figures used herein are the same as used for Federal Income Tax purposes, and understands that this information may be released to the Internal Revenue Service. Mailing income tax returns without payment, proper documentation, and/or signature does not constitute a filing.

X _____ <small>SIGNATURE OF OFFICER OR AGENT</small>	_____ <small>DATE</small>	_____ <small>SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER</small>	_____ <small>DATE</small>
X ( ) - <small>NAME AND TITLE</small>	_____ <small>PHONE #</small>	( ) - <small>TAX PREPARER'S PHONE NUMBER</small>	
IF YOUR RETURN WAS PREPARED BY A TAX PREPARER, MAY WE CONTACT HIM/HER IF WE HAVE QUESTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SCHEDULE X		RECONCILIATION WITH FEDERAL INCOME TAX RETURN	
1. FEDERAL TAXABLE INCOME below net operating losses and special deductions per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 17e; Form 1120A, Line 24; Form 1120-REIT, Line 20; Form 1065 "Analysis of Net Income (Loss)", Line 1; Form 1041, Line 17; Form 990 T, Line 30)		<b>1</b>	\$ -
2. Items not deductible (from Line 7I below)	<b>2</b>	\$ -	
3. Items not taxable (from Line 8F below)	<b>3</b>	\$ -	
4. Subtract Line 3 from Line 2 and enter the result here	<b>4</b>	\$ -	
5. Other City taxable income that is not shown on Federal return	<b>5</b>	\$ -	
6. Adjusted net income (total Lines 1, 4 and 5)	<b>6</b>	\$ -	
ITEMS NOT DEDUCTIBLE			
7.A. Capital/IRS Section 1231 losses deducted on Federal return	<b>7A</b>	\$ -	<b>STMT 51</b>
B. 5% of expenses not attributable to sale, exchange or other disposition of Sec 1221 property	<b>7B</b>	\$ -	
C. Taxes based on income	<b>7C</b>	\$ -	
D. Guaranteed payments to partners (not included in net profits)	<b>7D</b>	\$ -	
E. Charitable contributions deducted above corp limitations including O.R.C. 718.01(A)(1)(g)	<b>7E</b>	\$ -	
F. IRS Section 179 expense deducted above corp limitations including O.R.C. 718.01(A)(1)(g)	<b>7F</b>	\$ -	
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/owner empl	<b>7G</b>	\$ -	
I. Other expenses not deductible (attach documentation and/or explanation)	<b>7H</b>	\$ -	
J. TOTAL ADDITIONS (enter here and on Line 2 above)	<b>7I</b>	\$ -	
ITEMS NOT TAXABLE			
8.A. Capital / IRS Section 1231 losses gains	<b>8A</b>	\$ -	<b>STMT 51</b>
B. Interest earned	<b>8B</b>	\$ -	
C. Dividends earned	<b>8C</b>	\$ -	
D. Certain royalty income (see instructions)	<b>8D</b>	\$ -	
E. Other exempt income (attach documentation and/or explanation)	<b>8E</b>	\$ -	
F. TOTAL DEDUCTIONS (enter here and on Line 3 above)	<b>8F</b>	\$ -	
SCHEDULE Y BUSINESS ALLOCATION FORMULA			
	a. LOCATED EVERYWHERE	b. LOCATED IN LEXINGTON, OH	c. PERCENTAGE (b/a)
<b>STEP 1</b>	Average value of real & tangible personal property	\$ -	\$ -
	Gross annual rental paid multiplied by 8	\$ -	\$ -
	<b>TOTAL STEP 1</b>	\$ -	\$ -
<b>STEP 2</b>	Wages, salaries, etc. paid employees	\$ -	\$ -
<b>STEP 3</b>	Gross receipts from sales made and/or work services performed	\$ -	\$ -
<b>STEP 4</b>	<b>TOTAL PERCENTAGES</b>		%
<b>STEP 5</b>	<b>AVERAGE PERCENTAGE</b> (Divide total percentages by number of percentages used)		%
<b>CARRY TO LINE 2 OF YOUR RETURN</b>			