

Received by \_\_\_\_\_

Amt paid with Return  
\$ \_\_\_\_\_

**VILLAGE OF MONROEVILLE  
CORPORATION, PARTNERSHIP OR FIDUCIARY INCOME TAX RETURN**  
INCOME TAX DEPARTMENT  
PO BOX 496  
MONROEVILLE, OH 44847-0496  
419-465-4443

File this Return with the Monroeville Income Tax Department on or before April 15<sup>th</sup>, or by the 15<sup>th</sup> day of the fourth month after the close of a fiscal year.

From \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_

Nature of Business \_\_\_\_\_

NAME:

FEDERAL EMPLOYER IDENTIFICATION NUMBER

C/O:

\_\_\_\_\_

ADDRESS:

CITY:

**NET INCOME COMPUTATION**

1. Net income per Federal Return (Copy of Federal Return must be attached)

2. Add items not deductible under Monroeville Income Tax Ordinance (Schedule X)

3. Deduct items not taxable under Monroeville Income Tax Ordinance (Schedule X)

4. Adjusted Net Income (Line 1 plus Line 2 less Line 3)

5. Business Allocation Percentage (Schedule Y, Part B, Line 5)

6. Net profit subject to Monroeville Income Tax (Line 4 times Line 5)

7. Less prior year's Monroeville Net Operating Loss/Carry forward

8. Taxable Income (Line 6 less Line 7)

9. Monroeville Income Tax (One percent of Line 5)

10. Less: Payments made on Declaration of Estimated Monroeville Income Tax  
Or amount of tax paid on prior return IF this is an amended return

11. Unpaid Balance of Monroeville Income Tax, which must be paid with the filing of this return  
(Make check payable to the Village of Monroeville – Tax Department)

12. Overpayment of Monroeville Income Tax

Use X to indicate whether overpayment is to be refunded \_\_\_\_\_ or applied against next year's declaration \_\_\_\_\_.  
**No refunds will be made until declaration is filed.**

**AFFADAVIT**

I hereby declare that this return is to the best of my knowledge and belief a true, correct and complete form.

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

Signature of Officer, Partner or Fiduciary \_\_\_\_\_ (Date) \_\_\_\_\_

Address \_\_\_\_\_ F.E.I.N. OR S.S.N \_\_\_\_\_

Title \_\_\_\_\_