



VILLAGE OF AMBERLEY  
INCOME TAX DEPT  
7149 RIDGE ROAD  
CINCINNATI, OH 45237  
PHONE 513-531-0130 FAX 513-531-8154  
Email: taxoffice@amberleyvillage.org  
Website: www.amberleyvillage.org

AMBERLEY VILLAGE  
2023 NET PROFIT INCOME TAX RETURN

OR  
FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

Calendar Year Taxpayers file on or before April 18, 2024  
Fiscal Year Due on 15th Day of 4th Month after Year End  
Did you file a City Return last year?  Yes  No  
Should your account be inactivated?  Yes  No  
If Yes, please explain:  
Federal Extension Filed?  Yes  No  
If Yes, attach copy  
Amended Return

Federal ID# \_\_\_\_\_  
Business Telephone No. \_\_\_\_\_  
Principal Activity \_\_\_\_\_ Business 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: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_

**Tax Calculation**

- |   |           |
|---|-----------|
| 1. Adjusted Federal Taxable Income (Attach Copy of Federal Return) Form _____ Line _____              | 1. _____  |
| 2. Adjustments (From Schedule X, Line L)  | 2. _____  |
| 3. Adjusted Federal Taxable Income after Schedule X (Line 1 plus/minus line 2)                        | 3. _____  |
| 4. NOL deduction (50% limitation ended 12/31/2022)  | 4. _____  |
| 5. Net Taxable Income before apportionment (line 3 reduced by loss on line 4)                         | 5. _____  |
| 6. Apportionment percentage (From Schedule Y, Step 5)   | 6. _____  |
| 7. Amberley Taxable Income (Multiply Line 5 by Line 6)  | 7. _____  |
| 8. Amberley Income Tax (Multiply line 7 by 2.000%)  | 8. _____  |
| 9. Credits applied from previous year(s) to this year's liability                                     | 9. _____  |
| 10. Estimates paid on this year's liability   | 10. _____ |
| 11. Other credits   | 11. _____ |
| 12. Total credits (Total line 9, 10 and 11)   | 12. _____ |
| 13. Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) if greater than \$10.00 | 13. _____ |
| 14. Penalty   | 14. _____ |
| 15. Interest  | 15. _____ |
| 16. Total due (Total line 13, 14 and 15)  | 16. _____ |
| 17. Overpayment (Issued if greater than \$10.00)  | 17. _____ |
| 18. Amount to be refunded   | 18. _____ |
| 19. Amount to be credited to next year  | 19. _____ |

**Declaration of Estimated Tax For 2024**

- |  |           |
|--|-----------|
| 20. Total estimated income subject to tax                          | 20. _____ |
| 21. Estimated tax due. (Multiply line 20 by 2.000%)                | 21. _____ |
| 22. Less credits (from 19 above)                                   | 22. _____ |
| 23. Net estimated tax due (subtract line 22 from line 21)          | 23. _____ |
| 24. Minimum amount due for first quarter (Multiply line 23 by 25%) | 24. _____ |

**Amount you owe:**

- |  |           |
|--|-----------|
| 25. Total amount due (add lines 16 and 24) | 25. _____ |
|--|-----------|

**Make check or money order to:**

Village of Amberley

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (including accompanying schedules & statements) & TO THE BEST OF MY KNOWLEDGE & BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS KNOWLEDGE.

Tax office use only:  
Late Filing Penalty: \$25

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Phone No. \_\_\_\_\_

May the VILLAGE OF AMBERLEY TAX DEPARTMENT discuss the return with the preparer shown to the left?

Tax Preparer's Signature (If other than taxpayer) \_\_\_\_\_ Date \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Yes  No

**CREDIT CARD INFORMATION FOR PAYMENT - A convenience fee of 2.75% will be added to any amount processed**



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

Security Pin \_\_\_\_\_

Amount \_\_\_\_\_

Card Expiration \_\_\_\_\_

Signature \_\_\_\_\_

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

| ITEMS NOT DEDUCTIBLE  | ADD      | ITEMS NOT TAXABLE  | DEDUCT   |
|---|----------|--|----------|
| A. Capital Losses<br>(Sec 1221 or 1231 included)                              | \$ _____ | H. Capital Gains   | \$ _____ |
| B. Taxes on or measured by net income   | \$ _____ | I. Intangible Income   | \$ _____ |
| C. Guaranteed Payments to partners, retired partners, members or other owners | \$ _____ | J. Other income exempt (Explain)   | \$ _____ |
| D. Expenses attributable to non-taxable income (5% of Line I.)                | \$ _____ |  | \$ _____ |
| E. Real Estate Investment Trust Distributions                                 | \$ _____ |  | \$ _____ |
| F. Other (Explain)  | \$ _____ |  | \$ _____ |
|   | \$ _____ |  | \$ _____ |
| G. Total Additions  | \$ _____ | K. Total Deductions  | \$ _____ |
|   |          | L. Deduct Line K from Line G. Insert the net amount as an addition (or deduction) on page 1 line 2 | \$ _____ |

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

|  | a. Located<br>Everywhere | b. Located in<br>Amberley<br>Village | c. Percentage<br>(b/a) |
|--|--------------------------|--------------------------------------|------------------------|
| <b>STEP 1.</b> Original cost of real and tangible personal property  | _____                    | _____                                | _____ %                |
| Gross annual rentals paid multiplied by 8  | _____                    | _____                                | _____ %                |
| <b>TOTAL STEP 1.</b>   | _____                    | _____                                | _____ %                |
| <b>STEP 2.</b> Wages, salaries, and other compensation paid (See Schedule Y-1)                                     | _____                    | _____                                | _____ %                |
| <b>STEP 3.</b> Gross receipts from sales made & services performed   | _____                    | _____                                | _____ %                |
| <b>STEP 4.</b> Total percentages (Add percentages from Steps 1-3)  |                          |                                      | _____ %                |
| <b>STEP 5.</b> Average percentage (Divide total percentage by number of percentages used - carry to page 1 line 6) |                          |                                      | _____ %                |

**SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Amberley Village (from Federal Return or apportionment formula Schedule Y) \$ \_\_\_\_\_

Total wages shown on Amberley Village Form W-3 (Withholding Reconciliation) \$ \_\_\_\_\_

Please explain any difference: \_\_\_\_\_

Are there any employees leased in the year covered by this return?  YES  NO

If YES, please provide the name, address and FID number of the leasing company.

Name \_\_\_\_\_ Address \_\_\_\_\_

FID \_\_\_\_\_

**SCHEDULE Y-2 ALLOWED USAGE OF LOSSES FROM 2018 - 2022 (ENTER RESULT ON PAGE 1 LINE 4)**

Allowable Net Operating Loss Deduction: 50% limitation ended 12/31/2022. NOL's can be carry forward for a maximum of 5 years.