

**CITY OF SOLON**  
MUNICIPAL NET PROFITS RETURN

**2009**

**DIVISION OF TAXATION**  
CITY OF SOLON, OHIO 44139  
(440) 349-6310 www.solonohio.org

Form S-10

FOR CALENDAR YEAR 2009 OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2009, ENDING \_\_\_\_\_ (File within 4 months after ending)

NOTE 1. **FEDERAL RETURN, APPLICABLE SCHEDULES AND 1099'S MUST BE ATTACHED.** ALL PARTNERSHIPS MUST COMPLETE SCHEDULE Z.  
NOTE 2. OVERPAYMENT CLAIMS WILL RECEIVE CREDIT ONLY ON RETURNS FULLY COMPLETED. HOWEVER SEE NOTE 1 ABOVE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF NAME OR ADDRESS IS INCORRECT, MAKE NECESSARY CHANGES.

FID#/FEIN# \_\_\_\_\_

HAS YOUR FEDERAL TAX LIABILITY FOR ANY PRIOR YEAR BEEN CHANGED IN THE YEAR COVERED BY THIS RETURN AS A RESULT OF AN EXAMINATION BY THE INTERNAL REVENUE SERVICE?  YES  NO

IF YES, HAS AN AMENDED MUNICIPAL RETURN BEEN FILED FOR SUCH YEAR OR YEARS?  YES  NO

ARE YOU A BUSINESS ENTITY IN SOLON?  YES  NO

PRINCIPAL BUSINESS ACTIVITY: \_\_\_\_\_

IF MOVED DURING 2009 PLEASE ANSWER

MOVED INTO SOLON ON \_\_\_\_\_ FROM \_\_\_\_\_

MOVED FROM SOLON ON \_\_\_\_\_ TO \_\_\_\_\_

**FILE RETURNS TO: CITY OF SOLON – DIVISION OF TAXATION, P.O. BOX 74058, CLEVELAND, OH 44194-0133**

INCOME			
	1. <b>TOTAL TAXABLE INCOME</b> (Per Copy Federal Form 1120, 1120S, 1065, 1041, 1040 or 990T attached) .....	(1)	\$ _____
	2. A. ITEMS NOT DEDUCTIBLE (From Line J, Schedule X) .....	ADD (2A)	\$ _____
	B. ITEMS NOT TAXABLE (From Line Z, Schedule X) .....	DEDUCT (2B)	_____
	C. ENTER EXCESS OF LINE 2A or 2B .....	(2C)	_____
	3. A. <b>ADJUSTED NET INCOME</b> (Line 1 plus or minus Line 2C) IF SCHEDULE X IS USED .....	(3A)	\$ _____
	B. AMOUNT ALLOCABLE TO SOLON IF SCHEDULE Y, PAGE 2 IS USED _____% of Line 3A .....	(3B)	_____
	C. LESS ALLOCABLE NET LOSS PER PREVIOUS MUNICIPAL INCOME TAX RETURNS (submit schedule) .....	(3C)	_____
	4. <b>AMOUNT SUBJECT TO MUNICIPAL INCOME TAX</b> (Line 3A or 3B less Line 3C) .....	(4)	\$ _____
CREDITS	5. <b>MUNICIPAL TAX DUE</b> 2% of Line 4 .....	(5)	\$ _____
	6. A. PAYMENTS ON 2009 DECLARATION OF ESTIMATED MUNICIPAL TAX (As of _____) .....	(6A)	\$ _____
	B. <b>ADDITIONAL PAYMENTS MADE AFTER DATE ON LINE (6A) CALL 349-6310 TO VERIFY</b> .....	(6B)	_____
	C. AMOUNT OF PRIOR YEAR CREDITS .....	(6C)	_____
	D. TOTAL CREDITS ALLOWABLE (add Lines 6a thru 6c) .....	(6D)	_____
	7. A. <b>BALANCE DUE</b> (Line 5 less Line 6D) .....	(7A)	\$ _____
	B. <b>OVERPAYMENT CLAIMED</b> (If Line 6D exceeds Line 5 enter difference here.) And check desired block below .....	(7B)	_____
	8. INTEREST (1.5%) \$ _____; PENALTY (1.5%) \$ _____. ENTER TOTAL OF INTEREST PLUS PENALTY HERE .....	(8)	\$ _____
	9. <b>TOTAL AMOUNT DUE—PAY IN FULL WITH THIS RETURN</b> (Add Lines 7a and 8) .....	(9)	\$ _____
	<input type="checkbox"/> REFUND _____ <input type="checkbox"/> CREDIT TO 2010 _____		

**ESTIMATE**

10. (a) Enter 2010 Estimated Tax in full (see instructions).....10(a) \$ \_\_\_\_\_

(b) Enter full estimate (Line 10a) or first quarter 2010 estimate (1/4 of Line 10a) .....10(b) \_\_\_\_\_

11. Subtract Line 7b from Line 10b (if to be credited to 2010) .....11. \_\_\_\_\_

12. **TOTAL DUE** by April 15, 2010 (add Lines 9 and 11). Pay in full .....12. \$ \_\_\_\_\_

**MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF SOLON**

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

\_\_\_\_\_  
Signature of Officer or Partner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Person or Firm Preparing the Return (Date)

\_\_\_\_\_  
Address (and Zip Code) Preparer's Emp. Ident. or Soc. Sec. #

\_\_\_\_\_  
E-Mail Address of Person or Firm Preparing Return

MY SIGNATURE BELOW INDICATES AGREEMENT TO ALLOW OFFICIAL REPRESENTATIVES OF THE CITY OF SOLON INCOME TAX DEPARTMENT TO DISCUSS FINANCIAL INFORMATION RELATIVE TO THE ABOVE TAX RETURN WITH THE ACCOUNTANT OR DESIGNATED REPRESENTATIVE NAMED BELOW.

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accountant/Representative

\_\_\_\_\_  
Phone Number

**SCHEDULE X**

**RECONCILIATION WITH FEDERAL INCOME TAX RETURN  
TO EXCLUDE INCOME NOT TAXABLE, AND EXPENSES NOT ALLOWABLE**

Schedule X entries are allowed only to the extent directly included in determination of net profits as shown on your Federal Return.

**ITEMS NOT DEDUCTIBLE – ADD**

- A. CAPITAL LOSSES – SECTION 1221 OR 1231 ..... \$ \_\_\_\_\_
- B. 5% OF LINE L – INTANGIBLE INCOME ..... \_\_\_\_\_
- C. TAXES BASED ON INCOME ..... \_\_\_\_\_
- D. REIT – OTHER INVESTOR BENEFITS (See Instr.) ..... \_\_\_\_\_
- E. S CORPORATION DISTRIBUTIONS ..... \_\_\_\_\_
- F. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN ..... \_\_\_\_\_
- G. GUARANTEED PAYMENTS TO PARTNERS ..... \_\_\_\_\_
- H. SELF-EMPLOYED/OWNER EXPENSES (See Instr.) ..... \_\_\_\_\_
- I. OTHER (Explain)..... \_\_\_\_\_
- J. TOTAL ADDITIONS (enter Line 2A, Page 1) ..... \$ \_\_\_\_\_

**ITEMS NOT TAXABLE – DEDUCT**

- K. CAPITAL GAINS – SECTION 1221 OR 1231 ..... \$ \_\_\_\_\_
- L. INTANGIBLE INCOME (excluding 1221 gains)
  - INTEREST INCOME \_\_\_\_\_
  - DIVIDENDS \_\_\_\_\_
  - OTHER \_\_\_\_\_
  - SUBTOTAL INTANGIBLE INCOME ..... \_\_\_\_\_
- M. OTHER DEDUCTIONS (See Instr.) ..... \_\_\_\_\_
- N. OTHER (Explain)..... \_\_\_\_\_
- Z. TOTAL DEDUCTIONS (enter Line 2B, Page 1) ..... \$ \_\_\_\_\_

**SCHEDULE Y**

**BUSINESS ALLOCATION FORMULA**

	A. Located Everywhere	B. Located in Solon	C. Percentage [(B) Divided (A)]
Step 1 Average value of real and tangible personal property.....	\$ _____	\$ _____	
Gross annual rentals multiplied by 8 .....	_____	_____	
Total step 1 .....	\$ _____	\$ _____	_____ %
Step 2 Total wages, salaries, commissions and other compensation of all employees .....	\$ _____	\$ _____	_____ %
Step 3 Gross receipts from sales and work or services performed (See instructions) .....	\$ _____	\$ _____	_____ %
Step 4 Total percentages.....			_____ %
Step 5 Average percentage (Divide total percentages by number of percentages used – enter on Line 3B, Page 1) .....			_____ %

**SCHEDULE Z**

**PARTNERS DISTRIBUTIVE SHARES OF NET INCOME (From Federal Schedule 1065K and 1099)**

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)							
(c)							
(d)							
7. TOTALS			100%	\$	\$	%	\$