

BUSINESS - 2024 INCOME TAX RETURN GNADENHUTTEN

Fiscal Period _____ to _____

**Federal Schedules MUST be attached
to this return.**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF GNADENHUTTEN

POBox 877
Gnadenhutten OH 44629

Voice 740-254-4307 Ext Fax 740-254-4986
gnadclk@tusco.net

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	1	
2 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 Gnadenhutten Taxable income (Line 5 minus Line 6)	7	
8 Gnadenhutten income tax (Multiply line 7 by 1.500%)	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 1.01		13
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)		16
17 Overpayment (Issued if greater than 1.01)		17
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For 2025

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.500%)		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
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

TaxPayer's Signature Date

Tax Preparer's Signature Date

(If other than taxpayer) Phone No. _____

May VILLAGE OF GNADENHUTTEN discuss this return with the preparer shown above ___ Yes ___ No