

FORM RC-
Income Tax
Pioneer, Ohio

THIS IS NOT A FEDERAL RETURN
File this Return with the Pioneer Income Tax Dept., Municipal Bldg., Pioneer,
Ohio on or before April 15, 19__ or within 3 1/2 months after the close of the fiscal year

(Tax Office Use Only)

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Cashier's Stamp

**CORPORATION, PARTNERSHIP or FIDUCIARY
INCOME TAX RETURN
Pioneer, Ohio, Income Tax**

Processed by _____
Extended by _____

Cash M.O.
 Check

For taxable Period from Jan. 1, 19__ through December 31, 19__ or Fiscal Period

Paid with this Return

from _____ 20 ____, through _____ 20 ____

Nature of Business _____

\$ _____

Trade name, or name of responsible official, and Address are as they appear on our records. Make any necessary corrections.

NAME:

C/O:

ADDRESS:

CITY:

NET INCOME COMPUTATION

	COLUMN A As shown by Federal Return		COLUMN B Allocable to Pioneer, Ohio (* See Note)	
1. Net Taxable Income Per Federal Return	\$		\$	
2. Add items not deductible under Pioneer Income Tax Ordinance (Schedule X)				
3. Deduct items not taxable under Pioneer Income Tax Ordinance (Schedule X)				
4. Adjusted Net Income	\$		\$	
5. % (as determined by Schedule Y) of line 4 - Column A	\$		XXXXXXXXXXXXXXXXXXXX	
6. Amount subject to Pioneer Income Tax (line 5, Col. A, or line 4, Col. B)	\$		\$	
7. Pioneer Income Tax, one percent of line 6	\$		\$	
8. Less: Payments made on account of Declaration of Estimated Pioneer Income Tax, or amount of tax paid on prior return IF this is an amended return				
9. Unpaid Balance of Pioneer Income Tax which amount must be paid with the filing of this return. Make check to: Pioneer - Income Tax	\$		\$	
10. Overpayment of Pioneer Income Tax	\$		\$	
11. Use X to indicate whether overpayment is to be refunded <input type="checkbox"/> or applied against 20__ Declaration <input type="checkbox"/> No refund will be made until 20__ Declaration is filed				

*NOTE - If business allocation percentage formula (schedule Y) is used disregard column B

AFFIDAVIT

The undersigned Officer or Partner (or chief accounting officer) of the Business for which this return is made, declares that this return has been examined by him and is to the best of his knowledge and belief, a true, correct and complete return.

(Signature of Firm or person, other than taxpayer, preparing return)

Date

(Signature of Taxpayer)

Date