

# REGIONAL INCOME TAX AGENCY NET PROFITS TAX RETURN

## FORM 27

FOR CALENDAR YEAR 



 OR FISCAL YEAR BEGINNING 



 AND ENDING

The federal return with applicable schedules and 1099's **MUST** be attached to be considered a complete tax return.

Check if:  Initial R.I.T.A. Return

Moved out of R.I.T.A.

Amended Return

Out of Business

Consolidated Return (Attach Form 851)

BUSINESS:  C CORPORATION  PARTNERSHIP  LLC  
 S CORPORATION  ESTATE  TRUST

Federal Business Activity Code #

Business Activity

Company Name

Federal Identification Number

Address #

Street

Suite #

City

State

Zip Code

<p>1. ADJUSTED FEDERAL TAXABLE INCOME                  (Per attached federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 1065 (Sch. K - Analysis of Net Income (Loss), Page 5 - Line 1), 1041 (Line 17) or the equivalent)</p>	<p>1   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>2. A. ITEMS NOT DEDUCTIBLE (From Page 3, Schedule X, Line G)</p>	<p>Add 2A   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>B. ITEMS NOT TAXABLE (From Page 3, Schedule X, Line Q)</p>	<p>Deduct 2B   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>C. ENTER EXCESS OF LINE 2A OR 2B</p>	<p>2C   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>3. A. ADJUSTED NET PROFIT / LOSS                  (Line 1 plus or minus Line 2C) if Schedule X is used</p>	<p>3A   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>B. AMOUNT ALLOCABLE TO R.I.T.A.                  If Schedule Y, Page 4 is used   <table border="1" style="width: 60px; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> % of Line 3A</p>		,		,		,		,		,		,		<p>3B   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,	
	,		,		,		,		,		,																
	,		,		,		,		,		,																
<p>C. LESS ALLOWABLE NET LOSS                  Per previous Municipal Income Tax Returns (Submit Schedule) </p>	<p>▶ 3C   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX                  (Line 3A or 3B less Line 3C)</p>	<p>▶ 4   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>5. MUNICIPAL TAX DUE (See Instructions)                  NOTE: Must equal Schedule B on Page 2</p>	<p>▶ 5   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>6. A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL TAX</p>	<p>6A   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>B. AMOUNT OF PREVIOUS YEAR CREDITS</p>	<p>6B   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)</p>	<p>▶ 6C   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>7. A. BALANCE DUE (Line 5 less Line 6C)  <b>REMITTANCE PAYABLE TO R.I.T.A. MUST ACCOMPANY THIS FORM</b></p>	<p>▶ 7A   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>B. OVERPAYMENT CLAIMED                  (If Line 6C exceeds Line 5 enter difference here and check the desired box)</p>	<p>7B   <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td><td>,</td><td> </td></tr></table> .00</p>		,		,		,		,		,		,														
	,		,		,		,		,		,																
<p>Refund ..... <table border="1" style="width: 20px; text-align: center;"><tr><td><b>R</b></td></tr></table></p> <p>(Overpayments cannot be split between refund and credit)</p> <p>Credit ..... <table border="1" style="width: 20px; text-align: center;"><tr><td><b>C</b></td></tr></table></p>	<b>R</b>	<b>C</b>																									
<b>R</b>																											
<b>C</b>																											

**FORM 27**

**SCHEDULE B - DISTRIBUTION OF TAX WITHIN R.I.T.A. MUNICIPALITIES**

TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5

(If more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/> .00	<input style="width: 20%;" type="text"/> .%	<input style="width: 80%;" type="text"/> .00
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/> .00	<input style="width: 20%;" type="text"/> .%	<input style="width: 80%;" type="text"/> .00
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/> .00	<input style="width: 20%;" type="text"/> .%	<input style="width: 80%;" type="text"/> .00

**COMPUTATION OF ESTIMATED TAX**

**ESTIMATED TAX DISTRIBUTION FROM LINE 8A**

(If more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/> .00	<input style="width: 20%;" type="text"/> .%	<input style="width: 80%;" type="text"/> .00
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/> .00	<input style="width: 20%;" type="text"/> .%	<input style="width: 80%;" type="text"/> .00
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/> .00	<input style="width: 20%;" type="text"/> .%	<input style="width: 80%;" type="text"/> .00

8. A. ESTIMATED TAX (From distribution above)	▶	8A	<input style="width: 80%;" type="text"/> .00
B. CREDIT (If any) FROM PRIOR YEAR (7B)		8B	<input style="width: 80%;" type="text"/> .00
C. LINE 8A LESS LINE 8B		8C	<input style="width: 80%;" type="text"/> .00
D. AMOUNT PAID (Not less than 1/4 of estimated tax) (IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED ON YOUR PRIOR YEAR'S TAX LIABILITY AND MUNICIPAL DISTRIBUTION)		8D	<input style="width: 80%;" type="text"/> .00
9. TOTAL OF 7A + 8D		9	<input style="width: 80%;" type="text"/> .00

**MAKE CHECKS PAYABLE TO R.I.T.A.**

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, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

SIGNATURE OF OFFICER OR PARTNER	PREPARER'S SIGNATURE	PRINT NAME
PRINT NAME	PREPARER'S ADDRESS	
TITLE	PHONE	DATE
PREPARER'S PHONE		FIRM NAME

Regional Income Tax Agency  
P.O. Box 89475  
Cleveland, Ohio 44101-6475  
Web Site: [www.ritaohio.com](http://www.ritaohio.com)

May R.I.T.A. discuss  
this return with the  
preparer shown above?

Yes  No

CLEVELAND LOCAL: (440) 526-0900  
TOLL FREE: (800) 860-RITA (7482)  
COLUMBUS TOLL FREE: (866) 721-RITA (7482)  
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)  
TDD: (440) 526-5332  
FAX: (440) 717-9448

**SCHEDULE X – ADJUSTMENT TO FEDERAL INCOME TAX RETURN**

**ITEMS NOT DEDUCTIBLE**

- A. LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC .00
- B. TAXES BASED ON INCOME .00
- C. 5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC .00
- D. AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT, HEALTH & LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES, OR SELF-EMPLOYMENT TAX .00
- E. REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION .00
- F. OTHER: (ATTACH EXPLANATION) .00
- G. TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A) .00

**ITEMS NOT TAXABLE**

- N. INCOME AND GAINS - FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC .00
- O. INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL & GAS RIGHTS, ETC.) .00
- P. OTHER: PASS-THROUGH INCOME (LOSS) (ATTACH EXPLANATION) .00
- Q. TOTAL DEDUCTIONS (ENTER ON LINE 2B) .00

**AFTI WORKSHEET**  
**ADJUSTED FEDERAL TAXABLE INCOME**  
 For use by taxpayers that are NOT C Corporations

- (1) Federal Form 1120S (S Corporations) - Sch. K - Line 18
- (2) Federal Form 1065 (Partnerships, LLC's, LLP's) - Sch. K - Analysis of Net Income (Loss), Page 5 - Line 1
- (3) Federal Form 1041 (Estates, Trusts) - Page 1 - Line 17

	Form 1120S	Form 1065	Form 1041
a) From Federal Return (Above)	\$	\$	\$
b) Excess 179 Deduction / Carryover			
c) Charitable Contribution - In Excess of 10% Limitation			
d) Other: _____			
e) <b>"ADJUSTED FEDERAL TAXABLE INCOME"</b>	\$	\$	\$

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)**

	A. LOCATED EVERYWHERE	B. R.I.T.A. MUNICIPALITY	C. PERCENTAGE (B / A)
<b>STEP 1.</b> AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8 .....	\$ _____	\$ _____	
TOTAL OF STEP 1 .....	\$ _____	\$ _____	%
<b>STEP 2.</b> TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES .....	\$ _____	\$ _____	%
<b>STEP 3.</b> GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED .....	\$ _____	\$ _____	%
<b>STEP 4.</b> TOTAL OF PERCENTAGES .....			%
AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

	A. LOCATED EVERYWHERE	B. R.I.T.A. MUNICIPALITY	C. PERCENTAGE (B / A)
<b>STEP 1.</b> AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8 .....	\$ _____	\$ _____	
TOTAL OF STEP 1 .....	\$ _____	\$ _____	%
<b>STEP 2.</b> TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES .....	\$ _____	\$ _____	%
<b>STEP 3.</b> GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED .....	\$ _____	\$ _____	%
<b>STEP 4.</b> TOTAL OF PERCENTAGES .....			%
AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

	A. LOCATED EVERYWHERE	B. R.I.T.A. MUNICIPALITY	C. PERCENTAGE (B / A)
<b>STEP 1.</b> AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8 .....	\$ _____	\$ _____	
TOTAL OF STEP 1 .....	\$ _____	\$ _____	%
<b>STEP 2.</b> TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES .....	\$ _____	\$ _____	%
<b>STEP 3.</b> GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED .....	\$ _____	\$ _____	%
<b>STEP 4.</b> TOTAL OF PERCENTAGES .....			%
AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

**STEP 5.** (Sum all STEP 4 average percentages for each municipality, enter on Page 1, Line 3B) \_\_\_\_\_

**SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS**

1. Total workplace R.I.T.A. wages shown on your withholding tax returns filed for the year covered by this return. \$ \_\_\_\_\_  
 2. Explanation of any difference between total wages remitted and total wages shown on Schedule Y above: \_\_\_\_\_

3. Provide the EIN, name, and address under which the withholding tax was remitted if different.  
 EIN: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name: \_\_\_\_\_

**SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME**

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and taxable percentage.