

FORM R2-B

File with the City of Pickerington Division of Taxation
 100 Lockville Road
 Pickerington, Ohio 43147-1321
 Phone: (614) 837-4116 • Fax: (614) 833-2201
 E-Mail: tax@pickerington.net
 Website: www.ci.pickerington.oh.us
 Forms available on website under
 Departments/Income tax

Make Checks and Money Orders Payable to
 City of Pickerington

PLEASE MAKE NECESSARY CORRECTIONS TO NAME/ADDRESS

2025 BUSINESS PICKERINGTON CITY INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE ON OR BEFORE APRIL 15, 2026

FISCAL YEAR - FILE WITHIN 3½ MONTHS FROM YEAR-END

BUSINESS TAX RETURN

PRINCIPAL BUSINESS ACTIVITY _____

CORPORATION PARTNERSHIP
 SOLE PROPRIETOR RENTAL PROPERTY

IF OTHER, EXPLAIN _____

BUSINESS TELEPHONE _____

FEDERAL I.D. # _____

BUSINESSES LOCATED IN PICKERINGTON: IF YOU HAVE
 MOVED DURING CURRENT YEAR PLEASE GIVE DATE OF MOVE
 INTO PICKERINGTON _____ OR
 OUT OF PICKERINGTON _____

FISCAL YEAR DATES

FROM _____

TO _____

**TO PAY BY CREDIT
CARD ONLINE**



Visit ci.pickerington.oh.us

Paymentus, the service
 provider, charges a nominal
 fee for this service

INCOME

1. TOTAL INCOME FROM PAGE 2 OR **ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES** \$ _____
- 2a. ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X [FROM PAGE 2]) ADD \$ _____
- 2b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X [FROM PAGE 2]) DEDUCT \$ _____
- 2c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -) \$ _____

**ADJUST-
MENTS
TO
INCOME**

- 3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) \$ _____
- 3b. AMOUNT OF LINE 3a MULTIPLIED BY _____ % FROM LINE 5 SCHEDULE Y \$ _____
- 3c. LESS ALLOCABLE NET LOSS PER PREVIOUS PICKERINGTON INCOME TAX RETURN (SUBMIT SCHEDULE) \$ _____
4. AMOUNT SUBJECT TO PICKERINGTON INCOME TAX (LINE 3a OR 3b LESS LINE 3c) \$ _____
5. PICKERINGTON TAX 1% OF LINE 4 (.01 MULTIPLIED BY LINE 4) \$ _____
6. CREDITS:
 - (a) PRIOR YEAR OVERPAYMENT \$ _____
 - (b) PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX \$ _____
 - (c) TOTAL CREDITS ALLOWABLE \$ _____
7. IF LINE 5 IS GREATER THAN LINE 6c PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: **TAX DUE** \$ _____
8. OVERPAYMENT TO BE REFUNDED (NO REFUND LESS THAN \$10.01) \$ _____
 OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE
9. LATE FILING FEE: \$25.00 \$ _____
 PENALTY: Multiply line 7 by 15% (0.15) \$ _____ TOTAL CHARGES \$ _____
 INTEREST: Multiply line 7 by 0.75% (0.0075) _____ X # MONTHS = \$ _____
10. TOTAL DUE. PAYMENT TO "CITY OF PICKERINGTON TAX DEPT." MUST ACCOMPANY RETURN IF \$10.01 OR MORE **TOTAL DUE** \$ _____

NOTE: NO REFUND WILL BE PAID FOR AMOUNTS LESS THAN \$10.01.

VOUCHER 1

DECLARATION OF ESTIMATED TAX FOR YEAR 2026

REQUIRED BY LAW IF EXPECTED LIABILITY \$200 OR MORE. PENALTY FOR NONCOMPLIANCE (PLUS INTEREST)

11. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF \$ _____
12. LESS EXPECTED TAX CREDITS
 - A. OVERPAYMENT FROM PRIOR YEAR(S) \$ _____
 - B. OTHER (EXPLAIN) \$ _____
 - C. TOTAL CREDITS \$ _____
13. NET TAX DUE (LINE 11 LESS LINE 12C) \$ _____
14. AMOUNT PAID WITH THIS DECLARATION (1/4 OF ESTIMATE AMOUNT DUE WITH THE FILING OF THIS RETURN) \$ _____
 (VOUCHERS FOR REMAINING PAYMENTS ARE AVAILABLE ON THE CITY'S WEBSITE)
15. TOTAL PAYMENT INCLUDED WITH RETURN (LINE 7 OR 10 AND 14) \$ _____

**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.**

Check box if we may discuss this return with your preparer.

(SIGNATURE OF PERSON PREPARING RETURN)

(DATE)

(SIGNATURE OF TAX PAYER OR AGENT)

(DATE)

(ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER)

(TITLE)

PHONE NO.:

SECTION A – FEDERAL TAXABLE INCOME

Federal Taxable Income (FTI) is a C corporation's federal taxable income (i.e., net profits) before net operating losses and special deductions (line 28 of Form 1120). If you are not a C corporation or an individual, the new provisions in Ohio Revised Code 718 for non-C corporations state the following: "IF THE TAXPAYER IS NOT A C CORPORATION AND NOT AN INDIVIDUAL, THE TAXPAYER SHALL COMPUTE ADJUSTED FEDERAL TAXABLE INCOME AS IF THE TAXPAYER WERE A C CORPORATION." This means the figure shown as FTI (line 18 if filing a Form 1120S, schedule K, line 1 Analysis of net Income (Loss) if filing a Form 1065, or line 17 if filing a Form 1041) must first be adjusted as if computing it for line 28 on the Form 1120.

Place the adjusted figure here \$ _____

SECTION B – TOTAL FROM FEDERAL SCHEDULE D, FORM 4797.**SECTION C – INCOME FROM RENTS - FROM FEDERAL SCHEDULE E**

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C \$ _____

SECTION D – ALL OTHER TAXABLE INCOME

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS

Amount	Received From	FOR (DESCRIBE)

NET INCOME SECTION D \$ _____

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1 \$ _____

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)	%
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY..... GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8..... TOTAL STEP 1	%
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED.....	%
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	%
STEP 4. TOTAL PERCENTAGES	%
STEP 5. AVERAGE PERCENTAGE (Divide total Percentages by Number of Percentages Used). (Carry to Line 3b, Page 1)	%

SCHEDULE X – BUSINESS RECONCILIATION WITH FEDERAL INCOME TAX RETURN**ITEMS NOT DEDUCTIBLE**

	ADD
a. Capital Losses (Excluding Ordinary Losses)	\$ _____
b. 5% of amount deducted as intangible income	\$ _____
c. Taxes based on income	\$ _____
d. Guaranteed payments to partners.....	\$ _____
e. Amounts for qualified self-employed retirement, health & life insurance plans for owners of non- C corporation entities, or self-employment tax	\$ _____
f. Other (including all amounts allowed as a deduction in the computation of federal taxable income for real estate investment trusts and regulated investment companies).....	\$ _____
g. Total Additions (Enter Line 2a Other Side).....	\$ _____

ITEMS NOT TAXABLE

	DEDUCT
h. Capital gains (Excluding Ordinary Gains)	\$ _____
j. Interest, Dividend, Patent, and Copyright income	\$ _____
k. Other (Explain) (including IRC section 179 expense and Charitable Contributions, if not included in Federal Taxable Income calculations)	\$ _____
.....
.....
z. Total Deductions (Enter Line 2b Other Side)	\$ _____

SCHEDULE Z – PARTNER'S/OWNER'S SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER/OWNER	2. Resident		3. Dist. Shares of Partners/Owners	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount		
			\$	\$		\$
7. TOTALS SECTION A THRU D			100	\$		