



# 2006-Net Profit Tax Return

90% payment due no later than 15 days following the close of tax year.

For Calendar Year 2006 or Tax Year Beginning \_\_\_\_\_ And Ending \_\_\_\_\_

Due April 15, 2007, or 105 days from end of fiscal year.

## CCA-MUNICIPAL INCOME TAX

205 W ST. CLAIR AVE. • CLEVELAND, OHIO 44113-1503

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EST. TAX PAID AS OF 11/30/06 CREDIT 4TH QUARTER

Inactive (Date) \_\_\_\_\_ Emp. \_\_\_\_\_ Res. \_\_\_\_\_

CCA FORM 120-17-BR

OFFICE USE ONLY

PLEASE PRINT OR TYPE

|                  |                                  |           |
|------------------|----------------------------------|-----------|
| Name of Business | Federal Identification Number    |           |
| Address          | Trade Name                       |           |
| Address          | Local Business Address           |           |
| City, State, Zip | Principal Business Activity Code | Phone No. |

Check status as a taxpayer:  Partnership  Corporation  Subchapter S. Corp.  Other  Extension Attached

### Computation of City Taxable Income – Enclose complete Federal Return with Schedule of Taxes.

- INCOME PER ATTACHED FEDERAL TAX RETURN**—Attach copy of Federal Return, including all Schedules (see instructions) Form 1120, Line 28; Form 1120-A, Line 24; Form 1120S, Sch. K Line 18; Form 1120-REIT, Line 20, Form 1065, Page 4, Line 1 "Analysis of Net Income (Loss)"; Form 1041, Line 17; Form 990 T, Line 30 .....(1) \$ \_\_\_\_\_
- A. ITEMS ADDED BACK TO INCOME (From Line M, Schedule X Below) .....ADD (2A.) \$ \_\_\_\_\_
- B. ITEMS DEDUCTED FROM INCOME (From Line Z, Schedule X Below) ..... DEDUCT (2B.) \$ \_\_\_\_\_
- C. ENTER EXCESS OF LINE 2A OR 2B ..... (2C.) \$ \_\_\_\_\_
- A. **ADJUSTED FEDERAL TAXABLE INCOME** (Line 1 plus or minus Line 2C) IF SCHEDULE X IS USED ..... (3A.) \$ \_\_\_\_\_
- B. AMOUNT ALLOCABLE TO CCA COMMUNITIES FROM SCHEDULE Y (see instructions) \_\_\_\_\_ % OF LINE 3A ..... (3B.) \$ \_\_\_\_\_
- C. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS(see Schedule Y—Part B ..... (3C.) \$ \_\_\_\_\_
4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3A or 3B less Line 3C) ..... (4) \$ \_\_\_\_\_

### Net Profits Tax Distribution – Enclose complete Federal Return with Schedule of Taxes

| For Office Use Only | LINE | COLUMN 1<br>List all cities where work actually performed or business located | COLUMN 2<br>Net Taxable Income | COLUMN 3<br>Tax Rate | COLUMN 4<br>Tax Due | COLUMN 5<br>Less: Prior Year Credit | COLUMN 6<br>Less: Tax Paid on Profit Tax Estimate | COLUMN 7A<br>Net Tax Due | COLUMN 7B<br>Credit | COLUMN 7C<br>Refund |
|---------------------|------|---|--------------------------------|----------------------|---------------------|-------------------------------------|---|--------------------------|---------------------|---------------------|
|                     | 5.   |   |                                |                      |                     |                                     |   |                          |                     |                     |
|                     | 6.   | Total each column   |                                |                      |                     |                                     |   |                          |                     |                     |

### SCHEDULE X Adjustments to income per Federal Tax Return as reported on Line 1 of this form

Items to be **ADDED** back to income per attached Federal Return (as reported on Line 1 of this form)

- A. CAPITAL LOSSES AND ORDINARY LOSSES (SEE INSTRUCTIONS) ..... \$ \_\_\_\_\_
- B. EXPENSES ATTRIBUTABLE TO NON-TAXABLE INCOME (5% of Line Z less Line N) ..... \$ \_\_\_\_\_
- C. TAXES BASED ON INCOME ..... \$ \_\_\_\_\_
- D. AMOUNTS PAID OR ACCRUED ON BEHALF OF OWNERS FOR QUALIFIED SELF-EMPLOYED RETIREMENT PLANS, HEALTH AND OR LIFE INSURANCE ..... \$ \_\_\_\_\_
- E. OTHER (attach explanation)..... \$ \_\_\_\_\_
- M. TOTAL ADDITIONS (Enter as Line 2A above) ..... \$ \_\_\_\_\_

Items to be **DEDUCTED** from income per Federal Return (as reported on Line 1 of this form)

- N. CAPITAL GAINS (EXCLUDING ORDINARY GAINS) ..... \$ \_\_\_\_\_
- O. DIVIDENDS ..... \$ \_\_\_\_\_
- P. INTEREST INCOME ..... \$ \_\_\_\_\_
- Q. ROYALTY INCOME ..... \$ \_\_\_\_\_
- R. OTHER (attach explanation)..... \$ \_\_\_\_\_
- Z. TOTAL DEDUCTIONS (Enter as Line 2B above) ..... \$ \_\_\_\_\_

### LOSS CARRYFORWARD SCHEDULE

**Note: This 5-year Loss Carryforward Schedule must be completed, or a similar schedule attached to this return that includes all required information—see instructions.**

| CITY | YEAR END | CCA INCOME OR LOSS | CCA LOSS FROM PRIOR PERIOD | ADJUSTED INCOME |
|------|----------|--------------------|----------------------------|-----------------|
|      |          |                    |                            |                 |
|      |          |                    |                            |                 |
|      |          |                    |                            |                 |
|      |          |                    |                            |                 |

I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THEY ARE TRUE, CORRECT AND COMPLETE. THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES ADJUSTED TO MUNICIPAL INCOME TAX ORDINANCES.

Signature of Officer or Partner (Date)

Signature of Person or Firm Preparing the Return (Date)

Title

Address of Preparer

