



2009-Net Profit Tax Return

90% payment due no later than 15 days before the close of tax year. (see ordinance)

For Calendar Year 2009 or Tax Year Beginning _____ And Ending _____

Due April 15, 2010, or 105 days from end of fiscal year.

CCA-MUNICIPAL INCOME TAX

205 W SAINT CLAIR AVE • CLEVELAND OH 44113-1503

Phone: (216) 664-2070 • TOLL FREE 1-800-223-6317 • www.ccatax.ci.cleveland.oh.us

EST. TAX PAID AS OF 11/30/09 CREDIT 4TH QUARTER

CCA FORM 120-17-BR

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 all attachments.

- INCOME PER ATTACHED FEDERAL TAX RETURN**—Attach copy of Federal Return, including all attachments (see instructions) Form 1120, Line 28; Form 1120-A, Line 24; Form 1120S, Sch. K Line 18; Form 1120-REIT, Line 20, Form 1065, "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.) \$ _____
- AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3A or 3B less Line 3C) (4) \$ _____

Net Profits Tax Distribution – Enclose complete Federal Return with all attachments.

For Office Use Only	LINE	COLUMN 1 List all cities where work actually performed or business located	COLUMN 2 Net Taxable Income	COLUMN 3 Tax Rate	COLUMN 4 Tax Due	COLUMN 5 Less: Prior Year Credit	COLUMN 6 Less: Tax Paid on Profit Tax Estimate	COLUMN 7A Net Tax Due	COLUMN 7B Credit	COLUMN 7C 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)

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

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

- CAPITAL GAINS (EXCLUDING ORDINARY GAINS) \$ _____
- DIVIDENDS \$ _____
- INTEREST INCOME \$ _____
- ROYALTY INCOME \$ _____
- OTHER (attach explanation)..... \$ _____
- 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.

Do you authorize your preparer to contact us regarding this return? YES NO

Signature of Officer or Partner (Date)

Signature of Person or Firm Preparing the Return (Date)

Title

Address of Preparer

