

Attach copies of all Federal forms and schedules used to compute your local income.

SCHEDULE C - PROFIT OR LOSS FROM BUSINESS OR PROFESSION

	Profit Col. A	Loss Col. B
1. Net Profit or Loss	1. \$ _____	\$ (_____)
2. Add Items not Deductible	2. \$ _____	\$ _____
3. Deduct Items not Taxable	3. \$ (_____)	\$ (_____)
4. Adjusted Net Profit or Loss	4. \$ _____	\$ _____
5. % allocable to Amherst from Schedule Y Line 5 <small>(Resident individuals should report 100% of their profit or loss)</small>	5. _____ %	_____ %
6. Multiply line 4 by line 5 - Total Schedule C income/loss	6. \$ _____	\$ (_____)

} For Corporations and Partnerships Only
 - See Sch. X at www.amherstohio.org

SCHEDULE E - PROFIT OR LOSS FROM RENTS
 Addresses of properties must be listed on Federal Schedule E

7. \$ _____	\$ (_____)
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SCHEDULE H - ALL OTHER TAXABLE INCOME

8. \$ _____	\$ (_____)
9. \$ _____	9a. \$ (_____)

9 & 9a. Total Line 6, 7 and 8

10. Prior NOL (5 yr. limit - schedule must be attached)	10. \$ (_____)
11. Line 9 plus Line 10 (Profit less prior loss)	11. \$ _____
12. Line 11 plus Line 9a (Remaining profit less current year loss) Carry profit on line 12 to the front of the return, line 4	12. \$ _____

If taxes paid to other cities, documentation must be attached. No credit will be given on profit negated by loss.

SCHEDULE Y - BUSINESS ALLOCATION FORMULA
 For Non-Resident Businesses

	A. All Locations	B. Amherst Locations	C. Column B ÷ A
1. a) Avg. Original Cost of Real & Tangible Personal Property	\$ _____	\$ _____	
b) Gross Annual Rental Receipts Multiplied by 8.....	\$ _____	\$ _____	
c) Total of Line 1.....	\$ _____	\$ _____	%
2. Gross Receipts from Sales.....	\$ _____	\$ _____	%
3. Wages, Salaries Paid.....	\$ _____	\$ _____	%
4. Total Percentages			%
5. AVERAGE PERCENT (Divide Total Percent by # of Percentages Used) .			%
	Enter here and on Line 5 of Schedule C		%

EXEMPTION CERTIFICATE (Signature is required on front of this form)

I have no taxable income because of the reason indicated below:

- RETIRED - I received only pension, Social Security and/or interest or dividend income.
- UNDER 18 for the entire year of _____. My date of birth is ___/___/___ (Attach proof of DOB)
- ACTIVE MEMBER OF THE U.S ARMED FORCES FOR THE ENTIRE YEAR OF _____.
 (This exemption does not include civilians employed by the military or the National Guard)
- DOMICILED OUTSIDE THE CITY OF AMHERST FOR THE ENTIRE YEAR OF _____ .
(Declaration of Domicile form must be attached - see website or call office)
- NO EARNED INCOME FOR THE ENTIRE YEAR OF _____.
 (Public Assistance, SSI, Unemployment, etc. is not considered earned income.)