Benton Harbor Income Tax Department PO Box 597 Benton Harbor, Michigan 49023

CONTACT

Harbor, Michigan 49023.

BENTON HARBOR CORPORATION INCOME TAX FORM AND INSTRUCTIONS

For use by corporations doing business in the City of Benton Harbor

2016 TAX RATE Corporate tax rate is 1.0%. All Benton Harbor income tax forms are available on the City's website, www.bhcity.us/incometax, menu item, Tax Forms. **TAX FORMS** Tax forms will be mailed upon request. N/A **RENAISSANCE ZONES** The due date is April 30th of each year. Penalty and interest (\$2.00 minimum) will be assessed on all late payments. **FILING DATE** Tax due (line 13) of one dollar (\$1.00) or more must be paid with return. NOTE: If tax on line 10 is \$250.00 or more, estimated income tax payments may be required for the next year. See page 4 of instructions for information. **PAYMENT** OF TAX DUE Make check or money order payable to: CITY OF BENTON HARBOR Mail tax return and payment to: Benton Harbor Income Tax, PO Box 597, Benton Harbor, MI 49023. **DISCLAIMER** These instructions are interpretations of the Benton Harbor Income Tax Ordinance. The Ordinance will prevail in any NOTICE disagreement between the instructions and the Ordinance.

Failure to attach documentation or attaching incorrect or incomplete documentation will delay processing of the return or result in corrections being made to the return.

For assistance: find us online at www.bhcity.us/incometax; e-mail questions to IgoIliday@cityofbentonharbormi.gov;

call (269) 208-2468,or visit the Benton Harbor Income Tax Department at City Hall, 200 E. Wall Street, Benton

CORPORATIONS REQUIRED TO FILE

Every corporation "doing business" in the city, whether or not it has an office or place of business in the city, is required to file an annual City of Benton Harbor Corporation Income Tax Return, Form BEN-1120. Attach a copy of federal Form 1120, 1120-A, 1120S, or other corporate return form along with Schedule K and all ancillary schedules filed with the IRS to the Benton Harbor return.

Corporations cannot elect to file and be taxed as partnerships. A tax option corporation (S corporation, REIT, etc.) is treated as a C corporation.

The Benton Harbor Income Tax Ordinance specifically exempts financial institutions from taxation. "Financial institutions" are defined as state and national banks, trust companies, building and loan associations, savings and loan associations, credit unions, safety and collateral deposit companies, and any other association, joint stock company or corporation at least 90% of whose assets consist of intangible personal property and at least 90% of whose gross income consists of dividends, interest or other charges resulting from the use of money or credit.

OBTAINING RETURN FORMS

All Benton Harbor income tax forms are available on the City's website, www.bhcity.us/incometax, menu item, Corporation and Partnership Tax Forms. Request for tax forms may be e-mailed to:lgolliday@cityofbentonharbormi.gov.

RENAISSANCE ZONE DEDUCTION TOOL AND DIE RECOVERY ZONE DEDUCTION N/A

TAX RATE

The tax rate is 1.0%.

FILING DATE

Taxpayers on a calendar year are required to file by April 30th of each year. Those on a fiscal year must file by the last day of the fourth month following the end of the fiscal year. Returns shall be for the same calendar year, fiscal year or other accounting period as the taxpayer uses for federal income tax purposes.

EXTENSIONS

A six month extension is automatically granted without a request if all tax has been paid by the due date of the return.

Upon filing an APPLICATION FOR EXTENSION OF TIME TO FILE BENTON HARBOR INCOME TAX RETURN, Form BEN-7004, on or before the due date for filing a return, the Income Tax Administrator may extend the time for filing up to six months. When an extension is requested, the tentative tax must be paid.

An extension is automatically granted upon payment of the balance due (Form BEN-7004, line 3). Failure to pay the balance due invalidates the extension request. An extension filed without a payment will not be accepted. Interest and penalty will be assessed on taxes paid late even if an extension of time to file is granted.

REMITTANCE

The tax due must be paid when filing the return. Make check or money order payable to:

CITY OF BENTON HARBOR MAILING ADDRESS Mail return and payment to:

BENTON HARBOR INCOME TAX DEPARTMENT PO BOX 597 BENTON HARBOR, MI 49023

EFFECTIVE DATE OF TAX

The City of Benton Harbor income tax became effective January 1, 2018. Corporations are required to pay tax each year on that part of its net income attributable to business activity conducted in Benton Harbor, commencing with its first year ending after January 1, 2018,.

PAGE 1 INSTRUCTIONS

Lines 1 - 9. Follow instructions printed on the return form.

Line 10. Corporations qualified to claim a Renaissance Zone or Tool and Die Recovery Zone Deduction use Schedule RZ of BEN-1120 to calculate the deduction. Enter the deduction as calculated on Schedule RZ, line 15.

Line 11. Enter the total income subject to tax (line 9 less line 10).

Line 12. Compute the tax by multiplying the income subject to tax (line 12) by the corporation tax rate (1.0%) and enter the amount of tax.

Line 13. If the corporation failed to pay or underpaid estimated tax and/or tax is due and the return is being filed late, compute the interest and penalty due. Form CF-2220 may be used to calculate the interest and penalty for failing to make or underpaying estimated tax payments. To compute the interest and penalty for late filing and payment of the tax due, use the interest and penalty rates as stated on Form CF-2220 for the last interest and penalty period. Enter the interest on line 13a, penalty on line 13b and the total interest and penalty on line 13c. If necessary, add the interest computed for both situations together for reporting purposes. Do the same if reporting penalty for both situations.

TAX PAYMENTS

Line 14a. Enter the credit forward from the prior year's return.

Line 14b. Enter the total estimated income tax paid for the tax year.

Line 14c. Enter the amount of tax paid with an extension request for the tax year.

Line 14d. Enter the amount of tax paid a partnership on behalf of the corporation for the tax year. When reporting tax paid by a partnership, attach a separate schedule listing the partnership name, federal employer identification number and the amount of tax paid by the partnership.

Line 14e. Enter the total of lines 14a through 14d.

BALANCE DUE

Line 15. If tax (line 12) plus interest and penalty (line 13c) is greater than the total payments (line 14e) subtract line 14e from the sum of lines 12 and 13c and enter the balance due.

To pay with a check or money order make the check or money order payable to the City of Benton Harbor and mail the payment with the return to the:

Benton Harbor Income Tax Department PO Box 597

Benton Harbor MI 49023

To make payment by direct withdrawal from the corporation's bank account, mark (X) the box on line 19b, Pay tax due—direct withdrawal and enter the bank routing number (line 19c), the bank account number (line 18d) and the account type checking (line 19e1) or savings (line 19e2) and mail the return to the address above.

OVERPAYMENT

Line 16. If the total tax payments (line 14e) is greater than the tax (line 12) plus the penalty and interest (line 13c) subtract the sum of lines 12 and 13c from line 14e and enter the overpayment.

Line 17. Enter all or any portion of the overpayment to be credited forward and applied as a payment against the corporation's tax liability for the subsequent tax year.

Lines 18 and 19. Enter the amount of the overpayment to be refunded on line 18. A refund will be issued via a paper refund check unless you elect to receive the refund via direct deposit to the corporation's bank account. To receive the refund via an electronic direct deposit, mark (X) the box on line 19a, Refund – Direct Deposit and enter the bank routing number (line 19c), the bank account number (line 18d) and the account type (line 19e).

Mail a return requesting a refund and/or credit forward to:

Benton Harbor Income Tax Department

PO Box 597

Benton Harbor MI 49023

PREPARER DISCLOSURE

Line 20. By marking (X) the "Yes" box on line 20, the corporation is authorizing the Benton Harbor Income Tax Department to: contact the preparer for answers to any questions that may arise relating to its return; and answer any questions from the preparer about the return. Also, by marking (X) the "Yes" box on line 20, the corporation is authorizing the preparer to: provide the Income Tax Department with any information about or missing from the return; contact the Income Tax Department for information about the return or the status of any related refund or payments; and respond to notices about math errors, offsets and return preparation.

PAGE 2 INSTRUCTIONS

SCHEDULE S – Subchapter S Corporation Income

Tax option corporations (S corporations) must file as C corporations. Schedule S is used to reconcile the amount reported on Form BEN-1120, line 1, page 1, with the amounts on federal Form 1120S and Schedule K.

SCHEDULE S1 – S Corporation Shareholder Information Schedule

S Corporations must complete Schedule S1 and report the shareholder's name and address in column 1, and their tax identification number in column 2. The information reported on Schedule S1 is the same as the information entered on federal Schedule K-1 (Form 1120-S), Part II, items D and E.

SCHEDULE S2 – S Corporation Shareholder's Income and Tax Paid

S corporations must complete Schedule S2 and report, in columns 1 - 8, the shareholder's: tax identification number; truncated name; entity classification; residence status of individual shareholders; share of federal taxable income; share of Benton Harbor taxable

income; and share of Benton Harbor income tax paid by the S corporation.

SCHEDULE S3 - S Corporation Shareholder's Share of Tax paid to another City

If the S corporation has paid tax to another Michigan city, Schedule S3, S Corporation Shareholder's Share of Tax Paid to another City must be completed. For each other Michigan city to which the S corporation paid income tax, complete a column in the schedule by entering the other city's name, its corporation tax rate and each shareholder's share of the tax paid to the other named city.

SCHEDULE C

Column 1 - Add - Items Not Deductible

Line 1. Enter on line 1 all expenses (including interest expense) incurred in connection with the derivation of income not subject to Benton Harbor Income tax.

Line 2. Enter on line 2 the amount of Benton Harbor income paid or accrued during the tax year.

Line 3. Enter on line 3 the nondeductible portion of a loss from the sale or exchange of property acquired prior to January 1, 2018. The portion of the loss occurring prior to the inception of the Ordinance, January 1, 2018 is not recognized. The amount of loss occurring prior to January 1, 2018, is determined by either (1) computing the difference between the total gain or loss for the property as reported for federal income tax purposes and the Benton Harbor taxable portion of the loss computed by substituting the fair market value of the property on January 1, 2018, (the December 31, 2017, closing price for traded securities) for the basis in determining or loss; or (2) multiplying the loss for the entire holding period, computed for federal income tax purposes, by a fraction, the numerator being the number of months the property was held prior to January 1, 2018 and denominator being the total number of months the property was held. See line 10 for instructions relative to gains from sales or exchanges of property acquired prior to January 1, 2018.

Capital losses from U.S. Government obligations included in income reported on page 1, line 1, are not deductible. Remove these losses by including them in the amount reported on line 3.

Line 4. Reserved for future use.

Line 5a. Enter losses from entities filing as partnerships that is included in taxable income reported on page 1, line 1.

Lines 5b and 5c. Identify and enter the amount of any other item reported on the federal return and not deductible under the Benton Harbor Income Tax Ordinance. If needed, use Schedule N to identify the nondeductible items and their nondeductible amount, total the nondeductible items and on line 5b enter "see Schedule N" and enter the total of such items as reported on Schedule N.

Line 6. Enter the total of Lines 1 through 5c; also enter this total on page 1, line 2.

Column 2 – Deduct – Items Not Taxable and Allowable Deductions

Line 7. Enter the amount of interest income from obligations of the United States, the states or subordinate units of government of the state that is included in taxable income reported on page 1, line 1.

Line 8. Enter the amount of the dividend-received deduction allowed by the federal Internal Revenue Code for dividends received.

Line 9 and 10. Taxpayers may deduct income, war profits and excess profits taxes imposed by foreign countries or possessions of the United States, allocable to income included in taxable net income, any part of which would be allowable as a deduction in determining federal taxable income under the applicable provisions of the federal Internal Revenue Code.

If a foreign tax credit, rather than a foreign tax deduction, was claimed on your federal return, enter on **line 9** the portion of the foreign tax credit which was grossed up and included in your Benton Harbor return as dividends received.

Enter on **line 10** the "foreign taxes paid or accrued" portion of the foreign tax credit claimed on the federal return, not in excess of the federal limitations. The balance of your foreign tax credit is not deductible.

Line 11. Enter the nontaxable portion of a gain from the sale or exchange of property acquired prior to January 1, 2018 and capital gains from US Government obligations.

The portion of the gain occurring prior to the inception of the Ordinance, January 1, 2018, is not recognized. Refer to the instructions for Schedule C, line 3 for computation instructions.

Capital gains from US Government obligations included in income reported on page 1, line 1, are not taxable. Remove these gains by including them in the amount reported on line 11.

Line 12a. Enter income from entities filing as partnerships that is included in taxable income reported on page 1, line 1.

Line 12b. Enter the amount of wages taken as a credit on the corporation's federal return.

Line 12c. Identify and enter the amount of any other nontaxable item reported as income on the federal return and not taxable under the Benton Harbor Income Tax Ordinance. If needed, use Schedule N to identify the nontaxable items and their nontaxable amounts, total the nontaxable items and on line 12c enter "see Schedule N" in the explanation area and enter the total of such nontaxable items as reported on Schedule N.

SCHEDULE D

The business allocation percentage formula must be used by corporations "doing business" both within and outside the City of Benton Harbor who have not been approved to use separate accounting or an alternative allocation method.

Multistate Tax Compact Apportionment. Elective use of the Multistate Tax Compact apportionment provisions is no longer allowed. On September 14, 2014 the Governor signed Act 282 of 2014 which retroactively repealed the Multistate Tax Compact provisions of Michigan law effective 01/01/2008.

Line 1a. Enter in column 1 the average net book value of all real and tangible personal property owned by the business, regardless of location, and in column 2, show the net book value of the real and tangible personal property owned and located or used in the City of Benton Harbor. The average net book value of real and tangible personal property may be determined by adding the net book values at the beginning of the year and the net book values at the end of the year and dividing the sum by two.

Line 1b. Enter in column 1 the gross annual rent multiplied by 8 for all rented real property regardless of location. In column 2 show the gross annual rent multiplied by 8 for rented real property located in the City of Benton Harbor. Gross annual rent refers to real property only, rented or leased during the taxable period, and should include the actual sums of money or other consideration paid, directly or indirectly, by the taxpayer for the use or possession of such property.

Line 2. Enter in column 1 the total compensation paid to all employees during the year, and in column 2 show the amount of compensation paid to employees for work or services performed within the City of Benton Harbor during the year.

Line 3. Enter in column 1 the total gross revenue from all sales or services rendered during the year, and in column 2 show the amount of revenue derived from sales made or services rendered

in the City of Benton Harbor during the year. A corporation must be "doing business" outside of Benton Harbor to allocate net profit (or loss).

Separate Accounting - The taxpayer may request, or the administrator may require, use of the separate accounting method. If such method is requested, the administrator may require a detailed statement to determine whether the net profits attributable to the City will be apportioned with reasonable accuracy (Ordinance Section 19).

Generally, a corporation that is unitary in nature (i.e., has central management, purchasing, warehousing, advertising, etc.) cannot use separate accounting. Taxpayers allocating on any basis other than separate accounting shall include all interest, dividends and other non-operating income to arrive at the total income subject to the allocation percentage.

Taxpayers using separate accounting shall include in income subject to tax a proportionate share of dividends, interest and other non-operating income of the total corporation. This type of income is apportioned to Benton Harbor activity on the same basis as general administrative and overhead costs are apportioned.

SCHEDULE G

Line 1. Net operating losses carried forward are to be reported on this line. There is no provision for carrying back losses to prior tax years. Carryover losses are allocated to Benton Harbor at the same apportionment percentage reported for the year in which the loss was sustained. If all business was not conducted in Benton Harbor in the year in which the loss was sustained, use the business allocation percentage formula to arrive at the deductible portion of the loss. Attach a schedule showing the computation for the amount reported on Line 1.

Line 2. Enter on this line the net capital loss carryover applicable to Benton Harbor. Net capital losses sustained by a corporation may be carried forward in the same manner as under the federal Internal Revenue Code. If all business was not conducted in Benton Harbor in the year in which the loss was sustained, use the business allocation percentage formula for the year of the loss to calculate the deductible portion of the loss. Attach a schedule showing your computation of the amount reported on this line.

Line 3. A corporation who is a partner in a business activity taxed as a partnership that has business activity in Benton Harbor must enter on this line their portion of the Benton Harbor taxable income or loss from the partnership. Attach a schedule showing the computation for the amount reported on this line including the name and taxpayer identification number of the partnership.

ESTIMATED INCOME TAX PAYMENTS

- WHO MUST FILE: Every corporation subject to the tax on all or part of its net profits must make estimated income tax payments using Form BEN-1120ES or Form CF-1120ES. Estimated income tax payments are not required from corporations if the estimated tax is two hundred fifty dollars (\$250.00) or less.
- 2. WHEN AND WHERE TO FILE AND PAY:
 - A. Calendar year taxpayers must make the first estimated payment on or before April 30th of the year. The estimated tax is payable in equal installments on or before April 30th, June 30th, September 30th of the tax year and January 31st of the following year.
 - B. A corporation filing on a fiscal year or a short tax year basis must make the first quarterly estimated income tax payment within four (4) months after the beginning of each fiscal year or short period. For example, if a fiscal year begins on April 1st, the first quarterly payment is due on or before July 31st of the tax year. The remaining installments must be paid on or before the last day of the 6th, 9th and 13th months after the beginning of the tax year.

C. Filing and Payment: Corporate estimated tax payments should be mailed to: Benton Harbor Income Tax Department, PO Box 597, Benton Harbor, MI 49023. The estimated tax may be paid in full by the due date of the first quarterly installment.

ASSISTANCE

For assistance find us online at www.bhcity.us/incometax, e-mail questions to lgolliday@cityofbentonharbormi.gov or call (269) 204-2468for corporations, or visit the Benton Harbor Income Tax Department at City Hall, 200 E. Wall Street, Benton Harbor, MI 49023.

NOTICE

These instructions are interpretations of the Benton Harbor Income Tax Ordinance. The Ordinance will prevail in any disagreement between the instructions and the Ordinance.

CF-1120

CITY OF BENTON HARBOR CORPORATION INCOME TAX RETURN

2019

19MI-BEN-1120-1

	ther taxable		IDENTIFICATION	AND INFORMATION		
A1. Na	ame of Corpo	pration			yer Identification Number	B3. Date incorporated
PLEASE A2. Nu	umber and S	reet		B2. Where incorpo	irated	
TYPE				B4. Principal busir		
OR PRINT A3. Ad	ddress 2				in BENTON HARBOR	
NEATLY					NTON HARBOR records	
A4. Cif	ity, Town or F	Post Office A5. State	A6.	Zip Code B7. Person in char		
				B8. Telephone nur	0	
C. Mark applicable	e boxes	C1. Amended Return C1a	a. Is amended return based of		C1b. If yes, enter determina	tion date
		C2. Short Period Return	C3. Initial Return		C4. Final Return	
D. Michigan reside	ent agent: C	1. Name:		D2. Addre	ess:	
E. Is this a consoli	lidated returr	? E1. Yes E2. No	If yes, complete Schedule	and attach the schedule to the	ne return.	
Was a consolid	dated return f	iled with the IRS	E3. Yes E4. No			
F1. Number of BE		included in this return	F2. Numb	per of locations everywhere		
F3. Complete Sch	nedule L listir	ng the full address of all locations	in the city and attach the so	hedule to the return.		
G. During the peri	iod of this re	urn, was your federal tax liability	for any other tax year chang	ed by an audit by the federal	government or the filing of ar	amended federal return?
G1. Yes		G2. No G3. If yes, attac	h an explanation if an amend	led City of Benton Harbor retu	rn was not filed.	
		T	AXABLE INCOME A	ND TAX COMPUTATI	ON	
		operating loss deduction and sp		•		
		Subchapter S corporations, taxab			4	.00
		under BEN Income Tax Ordinand			1	.00
Total (Add line)		and berning tax ordinant	, , , , , , , , , , , , , , , , , , ,	,, column 1, iiilo 0,	2	.00
· · · · · · · · · · · · · · · · · · ·		ler City of Benton Harbor Income	Tax Ordinance (From page	2 Schedule C. column 2 line	3 (13)	.00
5. Total (Line 3 le		ici oity of Bonton Harbor moonic	Tax Oranianoe (From page	z, concadio o, colamii z, iiiic	· -	.00
` `		page 2, Schedule D, line 5 (If all	I husiness was conducted in	REN_enter 100% and do not	fill in Sch. D)	%
		<u> </u>		DETT, CITCLE 100 /0 and do not		.00
O. Davidson, Zona d'Endand Die Branner Zona Dadadie (Allech Ochada) (27 a Ochada) (27)						.00
Net income (Line		· · · · · · · · · · · · · · · · · · ·	mon (r maon concauto r 12 cr	00.1044.10 1.27		.00
· · · · · · · · · · · · · · · · · · ·		Schedule G, line 4) (NOL carryo	over capital loss carryover a	nd/or allocated partnership in		.00
		(Combine line 9 and line 10)	over, capital loop carry ever a	maror unocated partitioning in		.00
		me tax (Multiply line 11 by [tax ra	itel)		11	.00
13. Interest and pe			Interest	Penalty	Total 12	▼ Total of lines 13 a and b ▼
estimated tax estimated tax;		nderpayment of	.00	13b	interest & penalty 13c	.00
estimated tax,	or late paying	lent of tax		S AND CREDITS	penalty	
14. Tax 14a. Cred	dit forward		.00 14b. Estimated pay		.00	▼ Total of lines 14 a, b c and d ▼
× paid	ension payme	ent	.00 14d. Tax paid by pa		.00 Total tax paid 14e	.00
			. , ,	OR OVERPAYMENT	paid × 14e	
	15. If line	12 plus line 13c is larger than lin				
BALANCE DUE		se check or money order payable y with an electronic funds withdr			19c , d & e. 15	.00
OVERPAYMENT		14e is larger than line 12 plus lin				.00.
CREDIT FWD		payment from line 16 to be applie		a complete inice in an eagil 2	17	.00.
REFUND		payment refund. (Line 16 less line		posit refund mark box 19a.	18	.00.
	-	<u> </u>	Refund	19c Routing number	10	
ELECTRONIC REFUND OR	withdr	awal payment (Mark (X)	Pay tax due	19d Account number		
PAYMENT DATA		oriate box 19a or 19b and ete lines 19c, 19d and 19e)	(direct withdrawal)	19e Account Type:	19e1. Checking	19e2. Savings
DISCLOSURE		ne Income Tax Office discuss this	s return with the preparer sho			20b. No
	nave exami	ned this return (including ac	companying schedules)	and to the best of my kno	owledge and belief, it is tr	rue, correct and complete.
		tanpayor, triis ut		21c. Title of corporate officer	F. Spaid. Had arry Knowle	21d. Phone number
f prepared by a	•	ature of corporate officer				The state of the s
If prepared by a	•	ature of corporate officer				()
If prepared by a 21a. Date signed	21b. Sign	ature of corporate officer	22c. Firm name			22g. Date prepared
If prepared by a 21a. Date signed	21b. Sign	ature of corporate officer	22d. Address 1			22g. Date prepared
If prepared by a 21a. Date signed 22a. Signature of prep	21b. Sigr	ature of corporate officer	22d. Address 1 (include suite #)			
f prepared by a 21a. Date signed	21b. Sigr	ature of corporate officer	22d. Address 1			22g. Date prepared 22h. Preparer's phone number

ederal Employer Identification Number	19MI-BEN-1120-2
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SCHEDULE S – SUBCHAPTER S CORPORATION INCOME					
Schedule S is used by Subchapter S corporations to reconcile the amount reported on line 1, page 1, CF-1120, with federal Form 1120S and Schedule K of federal 1120S.					
Attach federal Form 1120S and Schedule K of federal 1120S.	Attach federal Form 1120S and Schedule K of federal 1120S.				
1. Ordinary income (loss) from trade or business (Per federal 1120S)	1.		.00		
2. Income (loss) per Schedule K, federal 1120S, lines 2 through 10	2.		.00		

SCHEDULE C - ADJUSTMENTS PRIOR TO APPORTIONMENT

Taxable income before net operating loss deduction and special deductions (Subtract line 4 from line 3; enter here and on page 1, line 1)

Schedule C is used to adjust the income reported on page 1, line 1, to give effect to the requirements of the City of Benton Harbor Income Tax Ordinance. The period of time used to compute items for Schedule C must be the same as the period of time used to report income on page 1, line 1. Schedule C entries are allowed only to the extent directly related to net income as shown on page 1, line 1.

	Column 1 Add – Items Not Deductible				
1.	All expenses (including interest) incurred in connection with derivation of income not subject to city income tax (do not include nonbusiness expenses reported on line 5b.)	.00			
2.	BEN income tax paid or accrued	.00			
3.	Nondeductible portion of loss, from sale or exchange of property acquired prior to effective date of ordinance	.00.			
4.	Reserved	.00			
5.	Other (Identify & list amount or submit sch.) a. Partnership loss included in corporation's income reported on page 1, line 1	.00			
	b.	.00.			
	C.				
		.00			
6.	Total additions (Add lines 1 through 5d; enter here and on page 1, line 2)	.00.			

Name as shown on page 1

3. Total income (loss) (Add lines 1 and 2)

4. Deductions per Schedule K, federal 1120S

	Column 2 Deduct – Items Not Taxable, Adjustments a	and Allowable Deductions
7.	Interest from U.S. obligations and from United States governmental units	000
8	Dividends received deduction	.00
9.	Dividend gross up of foreign taxes	.00
10.	Foreign tax deduction	.00
11.	Nontaxable portion of gain from sale or exchange of property acquired prior to effective date of ordinance	.00
12.	Other (Identify & list amount or submit schedule) a. Partnership income included in corporation's income reported on page 1, line 1	000
	b. Wages taken as a credit for IRS tax purposes	.00
	С.	.00
		.00
13.	Total deductions (Add lines 7 through 12d; enter here and on page 1, line 4)	00

3.

5.

	SCHEDULE D – BUSINESS INCOME APPORTIONMENT							
	SCHEDULE D) – BUSINESS I	NCOME APP	ORTIONMENT				
		Colun Located Ev		Column 2 Located in [City name]	Column 3			
1.	a. Average net book value of real and tangible personal property 1a.				Percentage (Column 2 divided by column 1)			
	b. Gross annual rent paid for real property only, multiplied by 8 1b.				(Oblanni 2 divided by oblanni 1)			
	c. Totals (Add lines 1a and 1b)				%			
2.	Total wages, salaries, commissions and other compensation of all employees 2.				%			
3.	Gross receipts from sales made or services rendered 3	i.			%			
4.	Total percentages (Add the three percentages computed in column 3	3, lines 1c, 2 and 3)		4.	%			
5.	Business apportionment percentage (Line 4 divided by number of fact	tors, see instruction b	elow; enter here a	and on page 1, line 6) 5.	%			
	In determining the business apportionment percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned. In such cases, the sum of the remaining percentages shall be divided by the number of factors actually used.							
6.	In the case of a taxpayer authorized by the Income Tax Administrator	to use one of the spe	cial formulas, atta	ach an explanation and use the lines p	provided below:			
	6a. Numerator	6c. Percen	tage (Divide line 6	Sa by 6b; enter here and on pg. 1, In. 6	6) %			
	6b. Denominator	6d. Date of	Administrator's a	pproval letter				

	SCHEDULE G – SUMMARY OF ADJUSTMENTS AFTER APPORTIONMENT	
1.	Allocated partnership income (Enter income as a positive and losses as a negative) (From Schedule G, line 1, Explanation, column 4, line 11) 1	100
2.	Allocated capital loss carryover (Enter as a negative amount) (From Schedule G, line 2, Explanation, column 5, line 11)	200
3.	Allocated net operating loss deduction (Enter as a negative amount) (From Schedule G, line 3, Explanation, column 5, line 11)	300
4.	Total adjustments (Add lines 1 through 4; enter here and on page 1, line 10)	100

.00

Revised 07/24/2015

EXPLANATION FOR SCHEDULE G	– ADJUSTMENTS AFTER APPOR	RIONMENT

Schedule G, line 1, Explanation - Allocated Partnership Income/Loss

A corporation that is a partner in a business activity taxed as partnership by the city must report their allocated portion of the partnership's current year city taxable income or loss.

	Onlymen 4	0-1	Oak was 4	
	Column 1	Column 2	Column 3	Column 4
	Name of Partnership	Partnership's Tax Identification Number	City Allocated Partnership Income or Loss	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.	Total allocated partnership income/loss (Add Lines 1	-10, enter here and on pg. 2, §	Sch G, line 1)	

Schedule G, line 2, Explanation - Capital Loss Carryovers

Capital loss carryovers must be allocated at the apportionment percentage of the tax year in which the loss was generated.

Enter current year capital loss carryovers as negative amounts.

	Column 1	Column 2	Column 3	Column 4	Column 5
	Tax Year of	Capital Loss Carryover	Previously Utilized Remaining Capital Loss Capital Loss Carryover Carryover		Total Capital Loss
	Capital Loss	Generated			Carryover Used this Year
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.	Total capital loss availa	able (Add col. 5, lines 1-10, en	ter here and on pg. 2, Sch. G,	line 2)	

Schedule G, line 3, Explanation - Allocated Net Operating Loss (NOL) Deduction

NOL's must be allocated at the apportionment percentage of the tax year in which the NOL was generated.

Enter NOL's as negative amounts.

	Column 1	Column 2	Column 3	Column 4	Column 5
	Tax Year of NOL	NOL Generated	Previously Utilized NOL	Remaining NOL	NOL Used this Year
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.	Net operating loss ded	uction used this tax year (Add	col. 5, lines 1-10, enter here a	and on pg. 2. Sch. G. line 3)	

Name of corporation			Corporation's FEIN	on's FEIN 2019 Form CF-1120, Sc			Sche	hedule I	
SCHE	DU	LE I - CONSOLIDATED RETURN - IDENTIFICATION OF INCLU	DED ENTITIES	;					Revised 09/19/2017
		NAME AND ADDR	ESS OF ALL IN	IC	LUDED ENTI	TIES			
E N N U		er data for each entity included in this consolidated return. Enter the entity tax ID				and address as follows: a) tax	ID; b) n	ame; c	e) DBA; d)
ТМ	owr	nership percentage; e) street number, street name and suite number; f) city; g) s	tate; and h) zip coo	de					
I B T E									
ΥR	F 4	and included out the tours. Do not and address as one consule below.	:t D. O	_					
	enti	er included entity's tax ID, name, DBA, and address as per example below. For	item D, Ownersnip) P	ercentage, repor	t the parent corporation's owner	snip pe	rcenta	ge of the included
		Entity Tax ID b Entity name	С	I E	Entity DBA			d	Ownership %
0		Street number, street name and apartment or suite number			City		g Stat		Zip code
1	а	b	С	_				d	
ı	е		f				g	h	
2	а	b	С	-				d	
	е		f	-			g	h	
3	а	b	С	-				d	
	е	I h I	f	+			g	h	
4	a e	b	C f	-			g	h	
	а	b	C	4			9	d	
5	e	•	f	-			g	h	
	а	b	С	1			<u> </u>	d	
6	е		f	T			g	h	
7	а	b	С	-				d	
'	е		f	-			g	h	
8	а	b	С	-				d	
	е	I h I	f	-			g	h	
9	a e	b	C f	-			g	h	
	а	b	C	+			9	d	
10	e		f	-			g	h	
11	а	b	С	Ť			•	d	
11	е		f				g	h	
12	а	b	С	-				d	
- '-	е		f	-			g	h	
13	а	b	С	-			-	d	
	е	b	f	-			g	h	
14	a e	υ	C f	-			g	h	
	а	b	C	+			3	d	
15	е		f	-			g	h	

Name of corporation			Corporation's FEIN	2019 Form CF-1120, Schedule L					
SCHE	DU	ILE L - LOCATION OF CORPORATE BUSINESS ACTIVIT	TY IN CITY		Revised 09/03/2015				
L O N C U A M T B	per	LISTING OF ALL LOCATIONS WHERE CORPORATION HAS EMPLOYEES OR PROPERTY IN THE CITY Enter data for each location in the city where an entity included in this return has: an employee (including leased employees, professional employee organization employees, etc.); and/or personal or real property leased or owned. Enter the entity's tax ID, name, DBA, number of employees, and physical address as follows: a) tax ID; b) name; c) DBA; d) number of employees; e) street number, street name and suite number; f) city; g) state; and h) zip code.							
I E O R N		ter entity's tax ID, name, DBA, number of employees and location addre							
0	-	Entity Tax ID b Entity name	c Entity DBA		d # of employees				
	е	Street number, street name and apartment or suite number	f City	g State	h Zip code				
1	а	b	С		d				
	е		f	g	h				
2	а	b	С		d				
	е		f	g	h				
3	а	b	С		d				
	е		f	9	h				
4	а	b	С		d				
	е		f	g	h				
5	а	b	С		d				
	е		f	g	h				
6	а	b	С		d				
	е		f	g	h				
7	а	b	С		d				
	е	1.1	f	g	h				
8	а	b	С		d				
	е	1.1	f	g	h				
9	а	b	С		d				
	е	1.1	f	g	h				
10	а	b	С		d				
	е		f	g	h				
11	а	b	С		d				
	е	1.1	f	g	h				
12	а	b	С		d				
13	е		f	g	h				
	а	b	C		d				
	е		f	9	h				
14	a	b	C f		d				
	е		•	9	h				
15	а	b	C f		d h				
	e			g	11				

Corporations's name	Corporations's tax ID	2019 Form CF-1120 Schedule N	
SCHEDULE N - SUPPORTING NOTES AND STATEMENTS			
			Revised 10/29/2015

Taxpayer's SSN

2019 CITY OF BENTON HARBOR

FORM CF-2210 UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

Revised 09/15/2017

Section	B -	Figure the Interest		(a)	(b)	(c)	(d)
		May 1 - June 30, 2019		4/30/2019			
INTEREST RATE	24	Number of days from the date shown above line 24 to the date the amount on line 22 was paid or to June 30, 2018, whichever is earlier	24				
PERIOD	25	Interest rate per day for period	25	0.0001616			
1	26	Interest due for period, line 22 times line 24 times line 25	26				
		July 1 - December 31, 2019		6/30/2019	6/30/2019	9/30/2019	
INTEREST RATE	27	Number of days from the date shown above line 27 to the date the amount on line 22 was paid or to December 31, 2019, whichever is earlier	27				
PERIOD	28	Interest rate per day for period	28	0.0001616	0.0001616	0.0001751	
2	29	Interest due for period, line 22 times line 27 times line 28	29				
		January 1 - April 30, 2020		12/31/2019	12/31/2019	12/31/2019	1/31/2020
INTEREST RATE	30	Number of days from the date shown above line 30 to the date the amount on line 22 was paid or April 30, 2019, whichever is earlier	30				
PERIOD	31	Interest rate per day for period	31	0.0001616	0.0001616	0.0001751	0.0001751
3	32	Interest due for period, line 22 times line 30 times line 31	32				
33	Int	erest for underpaid estimated tax (Add all amounts or	n lines	26, 29 and 32 in all o	columns)	#	

Section	C - Figure the Penalty		(a)	(b)	(c)	(d)
			04/30/2019	06/30/2019	09/30/2019	01/31/2020
PENALTY	34 Number of months after the month shown above line 34 to the month the tax was paid or April 30, 2020, whichever is earlier	34				
PERIOD	35 Penalty rate per month	35	0.01	0.01	0.01	0.01
	Penalty due for period, line 22 times line 34 times line 35	36				
37	Penalty for underpaid estimated tax (Add all amounts on line 36 in all columns)				#	

Section D - Total Interest and Penalty		
38 Total interest and penalty for underpaid estimated tax. Add line 33 and line 37 (Enter the total here and		
enter the interest, penalty and total interest and penalty on Form CF-1040, line 25a, b and c, respectively)	#	

Taxpayer's	name	Taxpayer's SSN	
. anpayor o		. anpayor o corr	

2019 CITY OF BENTON HARBOR

FORM CF-2210 UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

Revised 09/15/2017

Schedule A1 Annualized Income Installment Metho	d	(a)	(b)	(c)	(d)
		01/01/2019	01/01/2019	01/01/2019	01/01/2019
		03/31/2019	06/30/2019	09/30/2019	12/31/2019
1 Enter income for each period	1				
2 Annualization amounts	2	4.00	2.00	1.33	1.00
3 Annualized income (Line 1 times line 2)	3				
4 Enter exemptions amount from Form CF-1040, line 21b	4				
5 Subtract line 4 from line 3	5				
6 Tax due (Line 5 times the tax rate)	6				
7 70% of tax due	7				
8 70% of prior year tax	8				
9 Enter lesser of line 7 or line 8 (If zero or less enter -0-)	9				
10 Applicable percentage	10	25%	50%	75%	100%
11 Multiply line 9 by line 10	11				
CAUTION: Complete lines 12 through 17 of column (a) before going to the next column					
12 Add all the amounts in all previous columns of line 17	12				
13 Subtract line 12 from line 11 (If zero or less enter -0-)	13				
14 Enter 1/4 of amount on line 12, page 1, of Form CF-2210 in each column	14				
15 Subtract line 17 of the previous column from line 16 of that column	15				
16 Add lines 14 and 15	16				
17 Enter the smaller of line 13 or line 16 here and on Form CF-2210, line 13	17				