

VILLAGE OF HEBRON  
INCOME TAX DEPARTMENT  
934 W. MAIN STREET  
HEBRON, OH 43025

FORWARDING AND RETURN POSTAGE GUARANTEED, ADDRESS SERVICE REQUESTED

TO:

BULK RATE  
U.S. POSTAGE PAID  
HEBRON, OHIO  
PERMIT NO. 66

VILLAGE OF HEBRON, OHIO



**\*\*\* IMPORTANT \*\*\***  
**HEBRON BUSINESS INCOME TAX FORM**  
**HEBRON EXTENSION FORM**

**IMPORTANT INFORMATION**

- Who Must File:** All corporations, partnerships, trusts, estates or other entities (whether a resident or nonresident) that conduct business in, perform services in, or derive income from activities in the Village of Hebron, whether or not a tax is due.
- Which Form To File:** This BUSINESS FORM has been designed for corporations, partnerships, s-corporations, and all other businesses required to file on an entity basis. All supporting schedules (from Federal Tax Return, etc.) must be attached to this return.
- When To file:** Due by April 15, or within 4 months after fiscal year end.
- Where To File:** File with: Village of Hebron-Income Tax Department Telephone (740) 928-3641  
934 W. Main Street, Hebron, OH 43025 Fax (740) 928-5104
- Extensions:** Extensions of time to file must be postmarked by the filing due date. Hebron Form H-14 is to be used for this purpose and is included in this packet. Automatic extensions from the Internal Revenue Service are not recognized by the Village of Hebron. Tax must be paid with Extension Request. NOTE: Following year estimates may not be extended.
- WARNING:** Failure to comply will result in the assessment of penalty and interest and possibly civil or criminal prosecution.

\* \* \* If you have received this pre-printed form, you have an active account and must file this return, or provide an explanation as to why a return is not required. Your cooperation is appreciated.

**AVOID PENALTY-COMPLY WITH EXTENSION AND/OR FILING DEADLINE**

## GENERAL INFORMATION

**WHO MUST FILE:** All corporations, partnerships, trusts, estates or other entities conducting business in, performing services in, or deriving income (or loss) from activities in the Village of Hebron, whether or not a tax is due.

Partnerships, joint ventures, associations or other businesses owned by two or more persons and conducting business in Hebron are required to file village returns as an entity.

A return must be filed by any business that receives a pre-printed return. All accounts remain active until a "final" net profit return is filed.

This form is for use by business entities only. Individual sole proprietors, filing Federal Schedule C, must obtain an individual return from the Tax Office.

**WHEN AND WHERE TO FILE:** Returns must be filed on or before April 15, or within 4 months after the fiscal year end. File with: Hebron Income Tax Department, 934 W. Main Street, Hebron, OH 43025.

**EXTENSIONS:** Any taxpayer that has requested an extension for filing a federal income tax return may request an extension for filing of a municipal income tax return by filing a copy of the taxpayer's federal extension request with the Municipality Tax Division. Any taxpayer not required to file a federal income return may request an extension for filing a municipal income tax return in writing. The request for extension must be filed on or before the original due date for the annual return.

The period of extension may not exceed 3 months, or 1 month beyond an extension granted by the IRS. You must make a written request or file Form H-14 (included in tax packet), on or before April 15 or 4 months after fiscal year end.

All extensions shall be conditioned upon the taxpayer filing a tentative return, accompanied by payment of tax due thereon, by the due date.

The Ordinance makes no provision for extension of the current year's estimate, which must be filed and paid timely.

Interest will be assessed on any tax balance remaining due after the original due date.

If you want a reply to your extension request or a copy of the date receipted request, you must include a self-addressed, stamped envelope. You will not be automatically notified that a request has been denied or approved.

If an additional extension of time to file is requested from the IRS you may request additional filing time with us by making the request at the same time as done for Federal or, you may attach a copy of the additional IRS extension request with the filing of the Return. If the original request was honored and the account has remained current, we will honor the additional request for time to file.

**NET PROFITS:** Net profit is the net gain from the operation of a business, profession or enterprise and from the use of property, after the provision for all ordinary and necessary expenses, except contributions, incurred in the conduct thereof, either paid or accrued, in accordance with the accounting system used by the taxpayer for Federal Income Tax purposes, adjusted to the requirements of the Hebron Income Tax Ordinance, and in the case of an unincorporated entity, without deduction of salaries/draws paid to partners or other owners. Note that City, Federal and State taxes based on income are not deductible in determining net profit.

**APPORTIONMENT OF PROFITS (SCH. Y):** The business apportionment percentage formula is to be used by unincorporated business, partnerships, professions, or other entities and corporations doing business within and outside of Hebron if actual records of their Hebron business are not maintained. Determine the ration of Hebron portion of:

- 1) Average original cost of real and tangible property owned, rented or leased by the taxpayer for use in the trade or business. To determine the value of property rented and used in the business, multiply the gross annual rental by 8.
- 2) Gross receipts from sales made and salaries performed, regardless of where made or performed.
- 3) Total gross compensation paid to all employees.

Add the ratios obtained and divide by the number of ratios used to obtain business apportionment percentage. A ratio shall not be excluded from the computation because it is allocable entirely within or outside the Village of Hebron. The business apportionment percentage is to be applied against the total net profits adjusted in accordance with the provisions of the profits on Line 3 to determine the portion taxable by the Village of Hebron. Enter Step 5, percentage on line 4 of the Return.

Affiliated corporations may not deduct a loss from any other corporation having a taxable profit and operations of any affiliated corporation having a loss may not be taken into consideration in computing net profits of the Business Apportionment Percentage Formula. The portion attributable to Hebron, of a net operating loss sustained within a corporation is limited to three consecutive years from the year of loss.

**CONSOLIDATED RETURNS:** The Income Tax Department may require or disallow the filing of a consolidated return when certain transactions, apportion-

ment of expenses, or other devices appear to distort the net profits allocable to Hebron. To produce a fair and proper allocation of net profits, such transactions may be adjusted.

**SUPPORTING DOCUMENTS:** Documentation is necessary to verify all amounts of taxable or non-taxable income, expenses and deductions, as applicable. Additional forms, schedules or computations may also be needed to support your village return in certain circumstances.

**AMENDED RETURNS:** An amended return is necessary for any year in which an amended Federal Return is filed or in which your Federal Tax liability has changed. An amended return must be filed within 3 months of the filing date of any amended Federal return and must include a copy of the amended Federal return. Filing must include payment of any additional tax owed. There is a 3 year limitation on amended returns for refunds of Hebron tax previously paid.

**DECLARATION OF ESTIMATED TAX:** Kij'j'g'co qwpv'qh'cz'f'vg'hqt'j'g' evttgpv'f'gct'ku'guko cvgf'iq'dg'842202'qt'o qtg.'c'f'gerctv'kqp'qh'guko cvgf'vcz' o wuv'dg'k'grf'd'f'Cr'tki'37'j'.qt'd'f'j'g'37'j'f'c'f'qh'j'g'6'j'o qpj' 'after the dgi k'p'kpi qh'j'g'h'uecl'f'gct'0'Vj'g'h'tu's wctvgt'r'c'f'o gpv'gs wcriv'q'4407' 'qh'guko cvgf'vcz'f'vg o wuv'dg'r'ck'f'y'kj' 'j'g'h'kpi'qh'j'g'f'gerctv'kqp.

**DISCLAIMER:** Definitions and instructions are illustrative only. The Tax Ordinance supersedes any interpretation presented.

## LINE-BY-LINE INSTRUCTIONS

**LINE 1.** Enter total taxable income from Federal Form 1120, 1120s, 1065 or appropriate federal schedule.

**LINE 2.** Enter amount of Line P of Schedule X to reconcile Federal taxable income to city taxable income when applicable.

**LINE 3.** Calculate taxable income, before allocation. Subtract or add line 2 to line 1.

**LINE 4.** Enter 100% if fully taxable to Hebron or percentage on Step 5 of Schedule Y if not fully taxable to Hebron.

**LINE 5.** 5a - multiply line 3 by line 4 percentage rate.

5b - enter prior period losses NOTE: periods prior to 1-1-97 not allowed,

and no more than 3 years may be carried forward  
TOTAL - line 5a plus or minus line 5b equals ADJUSTED NET INCOME

**LINE 6.** Tax rate: 1.5% (.015). If a net loss is realized, enter zero tax due. If a net gain is realized, multiply line 5, net gain income, by .015 and enter gross tax due.

**LINE 7.** Enter estimated tax payments plus any prior year overpayment (not refunded).

**LINE 8.** List any other allowable credit and explain.

**LINE 9.** Total credit, add lines 7 and 8.

**LINE 10.** If line 6 is greater than line 9, enter balance of tax due. If penalty is not applicable, skip lines 11 and 12.

**LINE 11.** If line 9 is greater than line 6, enter overpayment. If penalty is not applicable, skip lines 11 and 12.

**LINE 12A.** 10% of line 10 tax due. **12B.** .5% per month of line 10 tax due and paid after due date. **12C.** .5% per month late of line 10 tax due. **12D.** Penalty for failure to make quarterly payments; .5% per month late on the tax due on line 10.

**LINE 13.** Balance due. Add lines 10 and 12, OR, subtract line 12, penalty, from line 11 overpayment. If the result is a penalty balance due, enter amount due.

Carry BALANCE DUE to line 22. NOTE: If balance due is less than \$1.00, adjust to zero (-0-) and remit no payment.

**LINE 14.** Overpayment of tax from line 11 is entered here. If a penalty is applicable due to late filing of Return or the failure to have made proper estimated tax payments, then you must reduce line 11 overpayment by the penalty entered on line 12. Enter remaining overpayment. Indicate your desire to have the overpayment (\$1.00 or more) to be carried forward to offset future tax liability on line 14A, or, to be refunded on line 14B. If no indication is made your overpayment will be carried forward to apply to future tax.

**LINE 15.** Enter amount of anticipated income.

**LINE 16.** Estimate tax, line 15 multiplied by 1.5%.

**LINE 17.** Divide line 16 by 4.

**LINE 18.** Enter prior year carryover from line 14A.

**LINE 19.** 1st quarter payment due, line 17 minus line 18.

**LINE 20.** ENTER AMOUNTS FROM LINE 13 AND LINE 19 WHERE INDICATED, ADD THEM AND ENTER TOTAL TO THE RIGHT AND INCLUDE PAYMENT FOR SAME.

**DATE AND SIGN THE RETURN AND ATTACH ALL APPLICABLE SCHEDULES AND STATEMENTS.**

FORM H-14  
 HEBRON TAX DEPARTMENT  
 934 W. MAIN STREET  
 HEBRON, OH 43025  
 (740) 928-3641 FAX (740) 928-5104

**EXTENSION REQUEST - BUSINESS RETURN  
 VILLAGE OF HEBRON, OHIO**

FILE BY: APRIL 15TH OR WITHIN 4 MONTHS OF  
 FISCAL YEAR ENDING: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FOR OFFICE USE ONLY		
DATE REC'D	INITIALS	
PMT \$ w/FORM	RECEIPT #	
CASH	CK	MO
MAIL	OFC	DB
	CDB	U/DR
AMT. PAID \$		
DATE	INIT.	BATCH #

FEDERAL ID NUMBER \_\_\_\_\_ / \_\_\_\_\_ TELEPHONE NUMBER ( ) \_\_\_\_\_

Check type of Return to be filed;  1120  1120S  1065  Other \_\_\_\_\_  
**DO NOT USE THIS FORM FOR SCHEDULE C, FORM 1040, SOLE PROPRIETORSHIP**

A. I request an extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the Hebron Business Income Tax Return of the above named entity for  calendar year 20\_\_\_\_, or  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_. **(ATTACH COPY OF FEDERAL EXTENSION TO THIS FORM)**

**NOTE: AN EXTENSION IS FOR FILING ONLY, PAYMENT OF ALL TAX EXPECTED TO BE OWED MUST BE INCLUDED WITH THIS REQUEST, COMPLETE THE TENTATIVE RETURN AND DECLARATION BELOW.**

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**B. TENTATIVE TAX RETURN**

- 1. HEBRON TAX LIABILITY FOR TAX YEAR EXTENDED (enter -0- if none expected)..... 1 \$ \_\_\_\_\_
- 2. ESTIMATED TAX PAYMENTS/PRIOR YEAR CREDIT CARRYOVER..... 2 (\$ \_\_\_\_\_)
- 3. ANTICIPATED TAX DUE FOR YEAR EXTENDED (line 1 less line 2)..... 3 \$ \_\_\_\_\_

**C. DECLARATION OF ESTIMATED TAX (Required if tax due will exceed \$200.00)**

- 4. ESTIMATE TAX DUE FOR CURRENT YEAR (at least: equal to line 1 of tentative return)..... 4 \$ \_\_\_\_\_
- 5. FIRST QUARTER PAYMENT DUE (multiply line 4 by 22.5%)..... 5 \$ \_\_\_\_\_
- 6. ENTER CREDIT CARRIED FORWARD FROM "EXTENDED" YEAR ABOVE..... 6 (\$ \_\_\_\_\_)
- 7. BALANCE DUE ON 1ST QUARTER ESTIMATE (line 5 less line 6)..... 7 \$ \_\_\_\_\_

**8. TOTAL DUE WITH EXTENSION REQUEST (LINE 3 PLUS LINE 7)..... 8. \$ \_\_\_\_\_**

**NOTE:** A DELINQUENT ACCOUNT WILL RESULT IN THIS REQUEST BEING DENIED AND ALL APPLICABLE PENALTIES WILL BE ASSESSED WHEN ACTUAL RETURN IS FILED. A SELF ADDRESSED, STAMPED ENVELOPE MUST BE INCLUDED IF YOU WANT A RESPONSE TO YOUR REQUEST.

**SIGNATURE AND VERIFICATION** Under penalties of perjury, I declare that I have been authorized by the above-named entity to make this application, and to the best of my knowledge and belief the statements made are true, correct, and complete.

\_\_\_\_\_  
 SIGNATURE OF OFFICER OR AGENT TITLE DATE

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**FILE THIS RETURN WITH THE VILLAGE OF HEBRON ON OR BEFORE THE DUE DATE OF THE RETURN AND PAY THE AMOUNT DUE. THIS IS NOT AN EXTENSION OF TIME TO PAY.**

FORM H-13  
 HEBRON TAX DEPARTMENT  
 934 W. MAIN STREET  
 HEBRON, OH 43025  
 (740) 928-3641 FAX (740) 928-5104

# BUSINESS TAX RETURN

VILLAGE OF HEBRON, OHIO  
 CALENDAR YEAR TAXPAYERS FILE BY:

FISCAL YEAR TAXPAYERS FILE WITHIN 4 MONTHS FROM YEAR END  
 BEGINNING \_\_\_\_\_ 20\_\_\_\_ & ENDING \_\_\_\_\_ 20\_\_\_\_

**FILING REQUIRED EVEN IF NO TAX IS DUE**

FOR OFFICE USE ONLY			
DATE REC'D	INITIALS		
PAYMENT \$	RECEIPT #		
CASH	CK	MO	CHG
MAIL	OFC	DB	CDB U/DR
LATE PMT \$	DATE REC'D		
REFUND	DATE ISSUED		
Y N	Y N		
AUDIT			
Y N	BATCH #		

PLEASE MAKE NECESSARY CHANGES TO NAME/ADDRESS

TAX RETURN FOR (Check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Other (explain) _____
FEDERAL I.D. NO _____
HAS RETURN BEEN PREVIOUSLY FILED USING THIS NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO

**NOTE: ALL FILINGS REQUIRE ATTACHMENT OF SCHEDULES TO SUBSTANTIATE INCOME, DEDUCTIONS & CREDITS.**

1. TOTAL TAXABLE INCOME (from federal form 1120, 1120s, 1065 or other appropriate schedule)..... 1 \$ \_\_\_\_\_
2. ADJUSTMENTS (from line P of Schedule X)..... 2 \$ \_\_\_\_\_
3. TAXABLE INCOME BEFORE ALLOCATION (line 1 plus/minus line 2)..... 3 \$ \_\_\_\_\_
4. ALLOCATION PERCENTAGE (enter 100% or % from line 5 of Schedule Y)..... 4 % \_\_\_\_\_
5. ADJUSTED NET INCOME 5a. multiply line 3 by line 4 percentage rate \_\_\_\_\_  
 5b. prior period losses (see instructions) \_\_\_\_\_  
 TOTAL - line 5a plus or minus line 5b **ADJUSTED NET INCOME** 5 \$ \_\_\_\_\_
6. HEBRON TAX DUE (line 5 net gain is multiplied by .015; line 5 net loss: enter -0- tax due)..... **TAX** 6 \$ \_\_\_\_\_
7. ESTIMATED TAX PAYMENTS PLUS PRIOR YEAR CREDIT CARRIED FORWARD..... 7 \$ \_\_\_\_\_
8. OTHER CREDITS - EXPLAIN AND DOCUMENT FULLY..... 8 \$ \_\_\_\_\_
9. TOTAL CREDITS (add lines 7 and 8)..... **TOTAL CREDIT** 9 (\$ \_\_\_\_\_)
10. IF LINE 6 IS GREATER THAN LINE 9 - TAX DUE (if no penalty, enter tax due here & line 13)..... 10 \$ \_\_\_\_\_
11. IF LINE 9 IS GREATER THAN LINE 6 - OVERPAYMENT (if no penalty, go to line 14)..... 11 (\$ \_\_\_\_\_)
12. PENALTY AND INTEREST (see instructions):  
 A. FILED AFTER DUE DATE: \$ \_\_\_\_\_ B. LATE TAX PAYMENT: \$ \_\_\_\_\_  
 C. INTEREST ON LATE PAYMENT: \$ \_\_\_\_\_ D. DECLARATION: \$ \_\_\_\_\_  
 TOTAL PENALTY/INTEREST (add lines 12A, 12B, 12C and 12D)..... **PENALTY/INT.** 12 \$ \_\_\_\_\_
13. **BALANCE DUE** (line 10 plus line 12, OR, line 11 less line 12. Carry to line 22)..... **BALANCE DUE** 13 \$ \_\_\_\_\_
14. **OVERPAYMENT** (line 11, OR, line 11 less line 12 penalty)..... **OVERPAYMENT** 14 \$ \_\_\_\_\_  
 INDICATE OVERPAYMENT DISTRIBUTION (\$10.00 OR MORE): A. \$ \_\_\_\_\_ APPLY TO NEXT YEAR  
 B. \$ \_\_\_\_\_ REFUND REQUESTED

**DECLARATION OF ESTIMATED TAX FOR \_\_\_\_\_ PENALTY FOR NON-COMPLIANCE**  
**(EXTENSION OF TIME TO FILE ESTIMATE IS NOT ALLOWED, FILE BY \_\_\_\_\_ OR WITHIN 4 MOS. OF FISCAL YEAR END)**

15. ESTIMATED INCOME SUBJECT TO HEBRON TAX..... 15 \$ \_\_\_\_\_
16. MULTIPLY LINE 15 BY 1.5% (if over \$200, quarterly payments required)..... **ESTIMATED TAX** 16 \$ \_\_\_\_\_
17. QUARTERLY PAYMENT DUE (on \_\_\_\_\_)..... 17 \$ \_\_\_\_\_
18. CREDIT FROM PRIOR YEAR OVERPAYMENT (line 14A above)..... 18 (\$ \_\_\_\_\_)
19. AMOUNT DUE FOR 1ST QUARTER (line 17 less line 18)..... **1ST QTR. PAYMENT** 19 \$ \_\_\_\_\_

**AMOUNT DUE**

**20. ADD: LINE 13: \$ \_\_\_\_\_ AND LINE 19: \$ \_\_\_\_\_ = WITH FILING \$ \_\_\_\_\_**  
**MAKE CHECK PAYABLE TO: VILLAGE OF HEBRON, INCOME TAX)**

**NOTE: TAX DUE UNDER \$10.00-NO PAYMENT REQUIRED, OVERPAYMENT UNDER \$10.00-NO REFUND OR CREDIT ALLOWED.**

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 therein are the same as used for Federal Income Tax purposes. This return is signed under penalty of perjury.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAX PAYER \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF TAXPAYER OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS OF FIRM OR EMPLOYER \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 PHONE NUMBER TITLE PHONE NUMBER

**SCHEDULE X** This schedule is used to adjust your federal net income to your Hebron taxable income. The left column is for items deductible on the federal return, but not deductible under the Hebron Ordinance. The right hand column is for items taxable on the federal return, but not taxable by Hebron:

<u>ITEMS NOT DEDUCTIBLE</u>	<u>ADD</u>	<u>ITEMS NOT TAXABLE</u>	<u>DEDUCT</u>
A. Federally deducted losses from IRC 1221 or 1231 property disposition.....	\$ _____	J. Federally reported income/gain from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250.....	\$ _____
B. Five percent of intangible income reported On Line K (Sch.X), except that which is from IRC 1221 property disposition.....	\$ _____	K. Federally reported intangible income such as, but not limited to, interest, dividends, and patent and copyright income.....	\$ _____
C. Federally deducted taxes based on income.....	\$ _____	L. Amount of Federal tax credits to the extent they have reduced corresponding operating expenses..	\$ _____
D. Guaranteed payments or accruals to, or for, current or former partners or members.....	\$ _____	M. IRC Section 179 expenses (not previously deducted).....	\$ _____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors.....	\$ _____	N. Charitable contributions of Partnerships, S corps, LLC's.....	\$ _____
F. Federally deducted amounts paid or accrued to, or for, qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non C corporation entities.....	\$ _____	O. Other (explain and document).....	\$ _____
G. Rental activities by partnership, S corp, LLC, Trusts.....	\$ _____	P. TOTAL DEDUCTIONS (lines J thru O).....	\$ _____
H. Other (explain and document).....	\$ _____		
I. TOTAL ADDITIONS (lines A thru H).....	\$ _____		
		Q. CALCULATE DIFFERENCE BETWEEN LINE I AND P, CARRY TO PAGE 1, LINE 2.....	\$ _____

**SCHEDULE Y -- BUSINESS APPORTIONMENT FORMULA**  
(THIS FORM IS TO BE USED BY NON-RESIDENTS OF HEBRON, OHIO ONLY)

	A. Located Everywhere	B. Located in Hebron	C. Percentage (B - A)
Step 1. Average original cost of real & tangible personal property.....	\$ _____	\$ _____	XXXXXX
Gross Annual rentals multiplied by 8.....	\$ _____	\$ _____	XXXXXX
TOTAL STEP 1.....	\$ _____	\$ _____	1. _____ %
Step 2. Gross receipts from sales made and/or work/services perform.....	\$ _____	\$ _____	2. _____ %
Step 3. Total wages, salaries, commissions & other compensation of all employees.....	\$ _____	\$ _____	3. _____ %
Step 4. Total percentages.....			4. _____ %
Step 5. Average percentage (divide total percentages by number of percentages used <b>(zero not used)</b> )			5. _____ %
CARRY STEP 5 AVERAGE PERCENTAGE TO PAGE 1, LINE 4			

**ACCOUNT INFORMATION UPDATED**

- A. What date did your operation begin in Hebron? \_\_\_\_\_
- B. If your business in Hebron has ceased, give your effective date: \_\_\_\_\_
- C. Do you (or did you previously) have employees working in Hebron? \_\_\_\_\_ If yes, copies of employee W-2 forms must be submitted by February 28th, each year with your annual Employer Reconciliation.
- D. Do you subcontract labor to perform work in Hebron? \_\_\_\_\_ If yes, copies of 1099's issued must be submitted to this office at the same time due to IRS.
- E. Name and address of party in charge of books: \_\_\_\_\_
- F. If corporate subsidiary, give name and address of parent company, main office:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_