FORM BR file with:
Income Tax Office
P.O. Box 727
333 J.E. Bohanan Memorial Dr.
Vandalia, OH 45377
Phone: (937) 415-2240; Fax: (937) 415-2361
Toll free: (866) 898-5891
Email: tax@vandaliaohio.org
www.vandaliaohio.org

LIST NAME AND ADDRESS BELOW.

CITY OF BROOKVILLE
2024 BUSINESS INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE

DUE ON OR BEFORE APRIL 15, 2025 OR WITHIN 3½ MONTHS FROM END OF FISCAL YEAR BEGINNING _____ AND ENDING _____

CHECK ONE:
☐ Corporation
☐ Partnership
☐ Other _____

FEDERAL ID NO. _____

Nature of Business _____

Old Address _____

Date Moved (in) _____ (out) _____

DID YOU FILE A CITY INCOME TAX RETURN THE PREVIOUS YEAR? ☐ Yes ☐ No

Email address _____

SECTION A

1. Income per attached Federal Return ……..	1.
2. Adjustment from Schedule X ……..	2.
3. Adjusted Federal Taxable Income (Line 1 +/- Line 2) ……..	3.
4. Total Unutilized Pre-apportioned Losses from tax years beginning on or after 1/1/19 *(see worksheet on Page 2)* ……..	4.
5. Pre-apportioned Losses from tax years beginning on or after 1/1/19 utilized in tax year 2024 *(see worksheet on Page 2)* ……..	5.
6. Income/Loss Subject to Apportionment (Line 3 - Line 5 if applicable) ……..	6.
7. Amount Allocable to Brookville (If Schedule Y is used _____% of Line 6) MUNICIPAL TAXABLE INCOME ……..	7.
8. TAX DUE (2% x Line 7) ……..	8.
9. TAX CREDITS	
9-A. Estimated Tax Paid ……..	9-A.
9-B. Credit from Prior Year ……..	9-B.
9-C. Total Credits Available ……..	9-C.
10. BALANCE OF TAX DUE (Line 8 - Line 9-C) ……..	10.
11. Penalty $_____ Interest $_____ Late Fee $_____ ……..	11.
12. TOTAL AMOUNT DUE (Make check payable to City of Vandalia) *(No payment due if $10.00 or less)* ……..	12.
13. If overpayment *($10.01 minimum)*, please indicate below:	
13-A. CREDIT TO NEXT YEAR ……..	13-A.
13-B. REFUND ……..	13-B.

Reviewed by _____ *Check No.* _____ *Cash* _____ *Amt. Received* _____

SECTION B - Declaration of Estimated Tax for 2025

14. Income Subject to Tax x Tax Rate (2%) ……..	14.
15. Quarterly Amount Due (1/4 of Line 14) ……..	15.
16. Credit from Line 13-A *($10.01 minimum)* ……..	16.
17. Amount of Estimated Tax Due with this Return (Line 15 - Line 16) ……..	17.
18. Total Payment Due (Line 12 + Line 17) ……..	18.

SECTION C

Please refer to the website, **www.vandaliaohio.org**, to access the online payment center to pay by credit card or electronic check.
Credit card payments are now accepted in person in the tax office as well.

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 herein are the same as used for federal income tax purposes, adjusted to the ordinance requirements for local tax purposes. If an audit of the federal return is made which affects the tax liability shown on the return, an amended return is required to be filed within 90 days. If this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? Yes ☐ No ☐

Signature of Person Preparing Return (If Other Than Taxpayer) Date

Signature of Taxpayer Date

Phone Number

Title

ALL FEDERAL SCHEDULES AND OTHER SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO THIS RETURN

SCHEDULE X - Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (including IRC 1221 & 1231 property)	$	N. Capital Gains from sale, exchange or other disposition (including IRC 1221 & 1231 property)	$
B. Expenses attributable to non-taxable income	$	O. Interest earned or accrued	$
C. City & State income taxes and other taxes based on income	$	P. Dividends	$
D. Net Operating Loss deduction per federal return	$	Q. Other intangible income (please explain)	$
E. Payments to Partners (including former partners)	$		
F. Amounts distributed or set aside for REIT & RIC investors	$	R. Federal Tax Credits (if expense reduction)	$
G. Amounts deducted for self-employment retirement, health and life insurance plans	$	S. Other income exempt from city tax (please explain)	$
H. Special Deduction (Line 29b from Form 1120)	$		
I. Rental activities by Partnership, S-Corp, LLC, Trusts	$	Z. Total of Lines N through S	$
J. Other expenses not deductible (please explain)	$		
M. Total of Lines A through J	$		

1. INCOME PER ATTACHED FEDERAL RETURN ..... $

2. A. ITEMS NOT DEDUCTIBLE (From Line M Schedule X above) ..... Add

   B. ITEMS NOT TAXABLE (From Line Z Schedule X above) ..... Deduct

   C. ENTER EXCESS OF LINE 2A OR 2B (Carry to Line 2 Page 1) ..... $

SCHEDULE Y - Business Apportionment Formula

Use this schedule if engaged in business in more than one locality, and you do not have books and records which will disclose with reasonable accuracy what portion of the net profits is attributed to that part of the business done within the boundaries of Brookville.

A. Located Everywhere	
Step 1. Original cost of real and tangible personal property	$
Gross annual rentals multiplied by 8	$
Total Step 1	$
Step 2. Total wages, salaries, commissions and other compensation of all employees	$
Step 3. Gross receipts from sales made and work or services performed	$
B. List city portion of the above 3 steps in spaces to the right and compute percentage for Brookville (B divided by A)	

CITY OF BROOKVILLE	
Step 1	$
	%
Step 2	$
	%
Step 3	$
	%
Average Percentage	%

Determine average percentage by dividing total percentages by number of percentages used. →

***Enter average percentage on Line 7 Page 1. Multiply percentage by Income/Loss Subject to Apportionment on Line 6 Page 1 to calculate the Municipal Taxable Income.**

NET OPERATING LOSS CARRYFORWARD WORKSHEET

Net operating losses for businesses are pre-apportionment.

	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E
		Prior Years		Current Taxable Year	Future Taxable Year
Prior Taxable Year	NOL	NOL Utilized	Carryforward	Carryforward NOL Used	Carryforward
2019					
2020					
2021					
2022					
2023					
TOTALS					

Column A: Enter the dollar amount of net operating loss (NOL) for each prior year in which a loss was incurred. Column B: Enter the portion of NOL already utilized in prior years. Column C: Enter carryforward available (Column A minus Column B). Column D: Enter carryforward utilized on current year's tax return. Column E: Enter carryforward available for future years (Column C minus Column D). TOTALS: Total Columns C, D, and E. Enter Column C total on Line 4 Page 1. Enter Column D total on Line 5 Page 1.

Are any employees leased in the year covered by this return? (Check box) ☐Yes ☐No If yes, please provide Name _____ FEIN _____
and Address of the leasing company _____