

FORM R 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

CITY OF BROOKVILLE 2019 INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE
DUE ON OR BEFORE APRIL 15, 2020

CHECK ONE:
<input type="checkbox"/> Resident
<input type="checkbox"/> Non-Resident
<input type="checkbox"/> Part Year Resident

LIST NAME(S) AND ADDRESS BELOW.

SOC. SEC. NO. _____	FILING STATUS:
SOC. SEC. NO. _____	<input type="checkbox"/> Single
Taxpayer's Occupation _____	<input type="checkbox"/> Married
Spouse's Occupation _____	<input type="checkbox"/> Married, Filing Separate
Complete if moved since last return or part year resident:	
Old Address _____	
Date Moved (in) _____ (out) _____	
Dates of Employment _____	
Did you file a city income tax return the previous year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email address _____	

SECTION A RETIRED AND/OR TAXPAYERS WITH NO TAXABLE INCOME. PLEASE CHECK APPROPRIATE BOX BELOW:

- Under 18 years of age for entire year. Date of Birth: _____ (attach verification - copy of driver's license or birth certificate) Active duty military for entire year.
- All income was from a federally qualified retirement plan. Date retired: _____ All income was from a non-taxable source. List source: _____

SECTION B Enter wages, salaries, bonuses, incentive payments, commissions, gambling winnings and other compensation, received between January 1 and December 31.
 List each employer or source separately. **Please attach all W-2 and W-2G forms.**

Employer	City or Township Where Employed	Resident City Tax Withheld	Other City Tax Withheld (See Instructions)	Taxable Wages
		\$	\$	\$
1. TOTAL WAGES & WITHHOLDING		1-A.	1-B.	1-C.

2. TAXABLE INCOME Line 1-C (or Column 3 if applicable)	2.
3. TAX DUE (2% x Line 2)	3.
4. TAX CREDITS	
4-A. Resident City Tax Withheld (Line 1-A)	4-A.
4-B. Other City Tax Credit (Not to exceed 2%) (Line 1-B)	4-B.
4-C. Other: Estimates, Direct Payments, Credit from Prior Year	4-C.
4-D. Total Credits Available (Line 4-A + 4-B + 4-C)	4-D.
5. BALANCE OF TAX DUE (Line 3 - Line 4-D)	5.
6. PENALTY \$ _____ INTEREST \$ _____ LATE FEE \$ _____	6.
7. TOTAL AMOUNT DUE (Make check payable to <u>City of Vandalia</u>) (No payment due if \$10.00 or less)	7.
8. IF OVERPAYMENT, CREDIT TO NEXT YEAR (\$10.01 minimum): \$ _____ or REFUND \$ _____	
Reviewed by _____ Check No. _____ Cash _____ Amt. Received _____	

SECTION C - DECLARATION OF ESTIMATED TAX FOR 2020

9. Total Income Subject to Tax \$ _____ X Tax Rate (2%)	9.
10. Subtract Credit for Tax Withheld (Other city credit not to exceed 2%)	10.
11. Net Tax Due (Line 9 - Line 10) See General Information, Section 13	11.
12. Quarterly Amount Due (1/4 of Line 11)	12.
13. Credit from Line 8 (\$10.01 minimum)	13.
14. Amount of Estimated Tax Due (Line 12 - Line 13)	14.
15. Total of this Payment (Line 7 + Line 14)	15.

SECTION D PAYMENT BY CREDIT CARD OR ELECTRONIC CHECK

Please refer to the website, www.vandaliaohio.org, to access the online payment center to pay by credit card or electronic check.

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 three months. 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 _____

Signature of Spouse _____ Date _____

SECTION E INCOME OTHER THAN WAGES

List all income below from sources other than wages. Show the amount in the appropriate section below based on the location where the income/loss was derived and indicate the location. Attach schedules to support each entry.

SOLE PROPRIETORS

	Resident City	Non-Taxing Location	Other Location	Other Location	TOTALS
City/Township ...	BROOKVILLE	NON-TAXING			
Schedule C					
Schedule E					
Other Income					
Line A	Total Current Year Income/Loss				
Line B	Prior Year Loss Carryforward				
Line C	Total Other Income/Loss (Total to Column 2 not less than \$0)				

SECTION E INSTRUCTIONS

Complete this section only if you had income other than salaries or wages.

Enter amount of profit or loss from Federal Schedule C, Federal Schedule E, and other miscellaneous income (Form 1099-MISC, Form 4797, Schedule K-1, etc.) and indicate the location where the income/loss was earned. If Schedule Y is used, enter the amount for each location on the appropriate line. Total the current year income/loss on Line A.

Line B - Enter allowable prior year loss carryforward. For tax year 2019, the allowable amount is the lesser of 50% of the 2019 taxable gain or 50% of the remaining unused loss.

Line C - Subtract any loss in Line B from the total on Line A. Carry total to Column 2 (not less than \$0).

Column 1 - Enter total of all salaries and wages.

Column 2 - Enter any net gains from Line C. Do not enter any amount less than \$0.

Column 3 - Enter the total of Column 1 and Column 2. Carry total to Page 1.

Column 1	Column 2	Column 3
Salaries, Wages, Commissions Attach W-2(s)	Other Income (from Line C not less than \$0) Attach Schedules	Total Taxable Income (Column 1 + Column 2)

Total to Line 2, Page 1

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA

Use this schedule if engaged in business in more than one city, 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 rents multiplied by 8	\$	
Total Step 1	\$	
Step 2. Gross receipts from sales made and work or services performed	\$	
Step 3. Total wages, salaries, commissions and other compensation of all employees	\$	

B. List city portion of the above 3 steps in spaces below and compute percentage for Brookville (B divided by A)

CITY OF BROOKVILLE

Step 1	\$	
		%
Step 2	\$	
		%
Step 3	\$	
		%
Average Percentage		%
TOTAL INCOME	\$	

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

← Multiply adjusted net income by the average percentage for each city and enter allocable amount by city in the space.

Balance of adjusted net income	\$
Total adjusted net income	\$