

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

**VANDALIA • BROOKVILLE • BUTLER TOWNSHIP JEDZ**  
**2015 BUSINESS INCOME TAX RETURN**

FILING REQUIRED EVEN IF NO TAX DUE

**DUE ON OR BEFORE APRIL 15TH 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 \_\_\_\_\_

LIST NAME AND ADDRESS BELOW.

**SECTION A**

1. Income per attached Federal Return or Schedule Y if applicable .....

2. Adjustment from Schedule X .....

3. TAXABLE INCOME (Line 1 +/- Line 2) .....

4. TAX DUE (2% Vandalia; 1.75% Brookville; 1% Butler Twp JEDZ) x Line 3 .....

5. TAX CREDITS

5-A. Estimated Tax Paid .....

5-B. Credit from Prior Year .....

5-C. Total Credits Available .....

6. BALANCE OF TAX DUE (Line 4 - Line 5-C) .....

7. Penalty \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ Late Fee \$ \_\_\_\_\_

8. TOTAL AMOUNT DUE (Make check payable to City of Vandalia)  
 (No payment due if less than \$1.00) .....

9. If overpayment, please indicate below:

9-A. CREDIT TO NEXT YEAR .....

9-B. REFUND .....

Reviewed by \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Amt. Received \_\_\_\_\_

CITY OF VANDALIA	CITY OF BROOKVILLE	BUTLER TWP JEDZ
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5-A.	5-A.	5-A.
5-B.	5-B.	5-B.
5-C.	5-C.	5-C.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9-A.	9-A.	9-A.
9-B.	9-B.	9-B.
10.	10.	10.
11.	11.	11.
12.	12.	12.
13.	13.	13.
14.	14.	14.

**SECTION B - Declaration of Estimated Tax for 2016**

10. Income Subject to Tax x Tax Rate (2% Vandalia; 2% Brookville; 1% Butler Twp JEDZ) ...

11. Quarterly Amount Due (1/4 of Line 10) .....

12. Credit from Line 9-A .....

13. Line 11 - Line 12 (Amount of Estimated Tax Due with this Return) .....

14. Total Payment Due (Line 8 + Line 13) .....

**SECTION C**

**PAYMENT BY CREDIT CARD OR ELECTRONIC CHECK**

Please refer to the website, [www.vandaliaohio.org](http://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 \_\_\_\_\_

Title \_\_\_\_\_

**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 (Line 29a from Form 1120) .....	\$ _____	Q. Other intangible income (please explain) .....	\$ _____
E. Payments to Partners (including former partners) .....	\$ _____	R. Federal Tax Credits (if expense reduction) .....	\$ _____
F. Amounts distributed or set aside for REIT & RIC investors .....	\$ _____	S. Other income exempt from city tax (please explain) .....	\$ _____
G. Amounts deducted for self-employment retirement, health and life insurance plans .....	\$ _____	Z. Total of Lines N through S .....	\$ _____
H. Special Deduction (Line 29b from Form 1120) .....	\$ _____		
I. Rental activities by Partnership, S-Corp, LLC, Trusts .....	\$ _____		
J. Other expenses not deductible (please explain) .....	\$ _____		
M. Total of Lines A through J .....	\$ _____		
1. INCOME PER FEDERAL RETURN ATTACHED .....		\$ _____	
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-A Page 1) (MUST BE ALLOCATED FOR EACH LOCALITY) .....			\$ _____

**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 the city or cities involved.

A. Located Everywhere

Step 1. Original cost of real and tangible personal property .....	\$ _____
Gross annual rentals 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 of each appropriate locality (B divided by A)

	VANDALIA	BROOKVILLE	BUTLER TWP JEDZ
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 for each locality and enter allocable amount by locality in this space.

Balance of adjusted net income .....

Total adjusted net income .....

Are any employees leased in the year covered by this return? (Check box)  Yes  No

If yes, please provide Name \_\_\_\_\_ Address \_\_\_\_\_ and Federal ID # of the leasing company \_\_\_\_\_