

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

CITY OF BROOKVILLE

2017 BUSINESS INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE

**DUE ON OR BEFORE APRIL 17, 2018 OR WITHIN
 3½ MONTHS FROM END OF FISCAL YEAR
 BEGINNING _____ AND ENDING _____**

CHECK ONE:
<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership
<input type="checkbox"/> 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%) 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 \$10.00 or less)

9. If overpayment (\$10.01 minimum), please indicate below:

9-A. CREDIT TO NEXT YEAR

9-B. REFUND

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

1.
2.
3.
4.
5-A.
5-B.
5-C.
6.
7.
8.
9-A.
9-B.
10.
11.
12.
13.
14.

SECTION B - Declaration of Estimated Tax for 2018

10. Income Subject to Tax x Tax Rate (2%)

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

12. Credit from Line 9-A (\$10.01 minimum)

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, 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 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 _____

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 Page 1) (MUST BE ALLOCATED FOR BROOKVILLE)			\$ _____

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. 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 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 _____