

BRADFORD INCOME TAX RETURN

FOR OFFICE USE ONLY

DUE ON OR BEFORE APRIL 15TH OR WITHIN 4 MONTHS FROM END OF FISCAL YEAR

FOR THE CALENDAR YEAR

FISCAL PERIOD TO

VILLAGE OF BRADFORD, BOX 128, BRADFORD, OHIO 45308-0128

Phone: (937) 526-4411

Check No Cash

Amount \$ Audit

FILING REQUIRED EVEN IF NO TAX DUE

CHECK ONE OR MORE: Employee Proprietor Partner Partnership Corporation Resident Non-Resident Part Year Resident

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES (LIST BOTH NAME & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

SOC. SEC. NO. (H) SOC. SEC. NO. (W) FED. I.D. NO.

Occupation or Nature of Business Spouses Occupation If you have moved during tax year, please give date moved In moved out DID YOU FILE A CITY INCOME TAX RETURN THE PREVIOUS YEAR? Yes No

SECTION A RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

- ACTIVE DUTY MILITARY RETIRED WITH ONLY NON-TAXABLE INCOME TAXPAYER DECEASED ONLY INCOME FROM NON-TAXABLE SOURCE, LIST SOURCE

SECTION B Enter wages, salaries, bonuses, incentive payments, commissions Before Any Payroll Deductions, received between January 1 and December 31. List each employer or source separately. (Attach all W-2s)

Table with columns: (B1) Name of Employer, (B2) Bradford Tax Withheld, (B3) Other Tax Withheld Not To Exceed 1.0%, (B4) Medicare Wages Box 5 on W-2

- 1. WAGES (If no other taxable income go to Line 6) TOTALS 1. \$ \$ \$
2. INCOME OTHER THAN WAGES FROM PAGE 2 (Attach Federal Schedules) (If less than zero enter zero) 2. \$
3. TOTAL INCOME (Line 1 and 2) 3. \$
4. SUBTRACT EMPLOYEE BUSINESS EXPENSE FEDERAL FORM 2106 (Must be attached). 4. \$
5. ADJUSTMENT RECONCILIATION WITH FEDERAL RETURN (Attach Schedule or return) (Business returns only). 5. \$
6. TOTAL INCOME (Line 3 minus 4 plus or minus line 5) 6. \$
A. ALLOCATION % OF LINE 4 (BUSINESS INCOME ONLY) (ATTACH SCHEDULE Y) 6A. \$
B. LESS ALLOCABLE NET LOSS PER PREVIOUS BRADFORD INCOME TAX RETURN 6B. \$
7. TAX DUE (1.0% X LINE 6 OR LINE 6A) 7. \$
8. TAX CREDITS: (a) Bradford Tax Withheld (Column B2 above) \$ (b) Other City Tax Withheld (Column B3 above) Cannot Exceed 1.0% of Each Wage \$ (c) Other: Estimates, Direct Payments, Credit From Prior Year \$ (d) Total Credits Available 8. \$
9. BALANCE OF TAX DUE (LINE 7 LESS LINE 8) 9. \$
10. PENALTY \$ INTEREST \$ LATE FILING FEE: \$25.00 10. \$
11. TOTAL AMOUNT DUE (Make Check Payable To Village of Bradford) 11. \$
12. IF OVERPAYMENT: CREDIT TO \$ REFUND \$

SECTION C - DECLARATION OF ESTIMATED BRADFORD INCOME TAX FOR YEAR

- 13. Total Income subject to Tax \$ multiply by Tax Rate of 1.0% 13. \$
14. Less expected Tax Credit: a. Bradford Tax withheld by employer (Not to exceed 1.0% of that portion taxed) \$ b. Prior year overpayment to be applied \$ c. Payments to another Municipality (Not to exceed 1.0% of that portion taxed) \$ d. Total CREDITS 14. \$
15. NET TAX DUE (Line 13 less Line 14) 15. \$
16. Amount paid with this declaration (Not less than 1/4 of Line 15) 16. \$
17. Balance of Tax Due 17. \$
18. Total of this Payment (Line 11 plus Line 16) 18. \$

SECTION D 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, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

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

Signature of Taxpayer Date

Phone Number

Signature of Spouse Date

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED

SECTION E Profit (or Loss) from Business or Profession
From Federal Schedule C, Form 1065, and/or Form 1120

Business Name _____
Business Address _____
Kind of Business _____

1. If deductions for commissions are taken, supporting 1099's or facsimiles must be attached.

2. If deductions for "RENTS PAID" is taken, please list:

Rents paid to _____
Address _____

A. TOTAL PROFIT (OR LOSS) \$ _____
B. PERCENT ALLOCABLE TO THIS MUNICIPALITY IF SCHEDULE Y IS USED _____ %
C. AMOUNT SUBJECT TO TAX (2A TIMES 2B) \$ _____

SECTION F Income from Rents – from Federal Schedule E

SECTION G Total from Federal Schedule Form 4797 (Capital Gains NOT Taxable)

SECTION H All Other Taxable Income (Interest Income NOT Taxable)

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, GAMBLING WINNINGS AND MISCELLANEOUS		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

(ATTACH FEDERAL PARTNERSHIP RETURNS) NET INCOME SECTION H..... \$ _____
TOTAL OTHER INCOME E, F, G & H (CARRY TO LINE 2, PAGE 1) \$ _____

SCHEDULE X Reconciliation with Federal Income Tax Return

(SCHEDULE X PERTAINS TO BUSINESSES ONLY - NOT TO BE USED BY INDIVIDUALS)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital losses deducted..... \$ _____		N. Capital gains from sale exchange or other disposition	_____
B. Expenses attributable to non-taxable income.....	_____	O. Interest earned or accrued.....	_____
C. City or state income taxes.....	_____	P. Dividends.....	_____
D. Net operating loss deduction per Federal Return.....	_____	Q. Income from patents and copyrights	_____
E. Payments to partners.....	_____	if subject to Ohio Intangible Tax.....	_____
F. Sick pay not included in Line 1 below.....	_____	R. Other Income exempt from City Tax (explain).....	_____
G. Contributions (Not a business expense).....	_____	_____	_____
H. Other expenses not deductible (explain).....	_____	_____	_____
M. TOTAL ADDITIONS (enter as Line 2A below).....	_____	Z. TOTAL DEDUCTION (Enter as Line 2B below).....	\$ _____

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. 2A MINUS 2B, IF NEGATIVE PUT IN PARENTHESIS. (CARRY TO LINE 6, PAGE 1)..... \$ _____

SCHEDULE Y Business Allocation Formula

	a. LOCATED EVERYWHERE	b. LOCATED IN BRADFORD	c. PERCENTAGE (b + a)
STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERSONAL PROPERTY....	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8.....	_____	_____	
TOTAL STEP 1.....	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED.....	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID.....	_____	_____	_____ %
4. TOTAL PERCENTAGES.....	_____	_____	_____ %
5. AVERAGE PERCENTAGES (Divide Total Percentages by Number of Percentages Used).		Carry to Line 7A, Page 1	_____