

MAIL RETURN AND PAYMENT TO:
Village of Bradford
Income Tax Department
Box 128 Bradford, OH 45308
Phone: (937) 526-4411 Ext. 209
Fax: (937) 526-5757
www.bradfordoh.com

BRADFORD
INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX DUE
FOR THE CALENDAR YEAR 20__
OR FISCAL PERIOD
TO

MAKE CHECK OR MONEY ORDER
PAYABLE TO

BRADFORD
TAX
DEPARTMENT

TAXPAYER'S NAME AND CURRENT ADDRESS

TELEPHONE:

HOME _____

CELL _____

FEDERAL ID# _____

TAXPAYER SS# _____

SPOUSE SS# _____

FILE ON OR BEFORE APRIL 15TH OR 4 MONTHS AFTER THE END OF THE FISCAL PERIOD

CHANGE OF ADDRESS: _____

IF MOVED SINCE THE PREVIOUS FINAL RETURN
WAS DUE GIVE DATE: _____

INTO VILLAGE _____ OR OUT OF _____

NOTE: PAGES 1 & 2 (AND SCHEDULE 1 IF APPLICABLE) MUST BE ATTACHED AND BRADFORD RETURN MUST BE SIGNED! ATTACH APPLICABLE FEDERAL SCHEDULES TO SUPPORT REPORTED TAXABLE INCOME TO THE VILLAGE OF BRADFORD!

1. TOTAL WAGES, SALARIES, TIPS, LOTTERY/GAMBLING WINNINGS(ATTACH ALL W2'S...USE BOX 5 OF W2 FORM) ... \$ _____
2. OTHER TAXABLE INCOME FROM PAGE 2(CANNOT DEDUCT LOSS FROM WAGES) \$ _____
3. TOTAL TAXABLE INCOME: LINE 1 PLUS LINE 2..... \$ _____
4. MUNICIPAL TAX 1.00 % OF LINE 3 (ROUND AMOUNTS TO NEAREST DOLLAR) \$ _____

5. CREDITS:

- A. BRADFORD TAX WITHHELD BY EMPLOYER(S)..... \$ _____
- B. ESTIMATED TAX PAID..... \$ _____
- C. CREDIT FOR TAXES PAID TO OTHER CITIES (1.0% MAXIMUM CREDIT) \$ _____
- D. PRIOR YEAR OVERPAYMENTS \$ _____

E. TOTAL CREDITS(TOTAL LINE 5A-D) \$ _____

6. TAX DUE (IF LINE 4 IS GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN) \$ _____

7. LATE FILING FEE \$ _____ PENALTY \$ _____ INTEREST \$ _____

ADD \$25/MO. LATE FILING FEE AFTER APRIL 15TH (MAXIMUM \$150). ADD 15% PENALTY FOR ALL TAX NOT TIMELY PAID. ADD 7% PER ANNUM (.583%/MO.) INTEREST.

8. AMOUNT DUE BEFORE ESTIMATED TAXES \$ _____

9. OVERPAYMENT: REFUNDED \$ _____ OR CREDITED TO EST. TAXES..... \$ _____

NOTE: IF BALANCE DUE OR OVERPAYMENT IS LESS THAN \$5.00 - NO TAX OR REFUND IS DUE.

DECLARATION OF ESTIMATED TAX

10. INCOME SUBJECT TO TAX \$ _____ TIMES TAX RATE OF 1.0% FOR GROSS TAX OF \$ _____
11. BRADFORD TAX WITHHELD \$ _____
12. OTHER CITY TAX CREDIT (NOT TO EXCEED 1.0% IF THAT PORTION TAXED)..... \$ _____
13. NET TAX DUE (LINE 10 LESS LINES 11 AND 12)..... \$ _____
14. LINE 13 TIMES .25 \$ _____
15. LESS OVERPAYMENT CREDIT FROM PRIOR YEAR RETURN \$ _____
16. AMOUNT PAID WITH THIS DECLARATION (LINE 14 MINUS LINE 15) \$ _____
17. BALANCE OF ESTIMATED TAX..... \$ _____

AMOUNT DUE \$ _____ (LINE 8) + \$ _____ (LINE 16) = **TOTAL**

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Preparer

Date

Signature of Taxpayer

Date

Address of Preparer

Signature of Taxpayer

Date

Phone #

Fax #

☐ CHECK HERE TO GIVE US PERMISSION TO
CONTACT YOUR TAX PREPARER DIRECTLY

DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES.
ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED.
ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED.

Page 2

SCHEDULE C – BUSINESS INCOME

1. ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES) 1. _____
2. A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) 2.A _____
- B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) 2.B _____
- C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED TO OR SUBTRACTED FROM LINE 1 2.C _____
3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) 3.A _____
- B. AMOUNT OF LINE 3A ABOVE ALLOCABLE _____% FROM STEP 5 SCHEDULE Y 3.B _____
4. NET OPERATING LOSS FROM PRIOR YEARS (ATTACH SCHEDULE) 4. _____
5. NET BUSINESS INCOME 5. _____

SCHEDULE E – INCOME FROM RENTS

1. ADDRESS OF PROPERTY	2. AMOUNT OF RENT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (OR LOSS)
NET INCOME (or Loss) SCHEDULE E.....				\$	

SCHEDULE H – OTHER INCOME (PARTNERSHIPS, ESTATES, TRUSTS, PRIZES, DIRECTOR FEES, MISCELLANEOUS, COMMISSIONS, ETC.)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H.....		\$

ADD TOTALS OF SCHEDULES C, E & H. ENTER HERE AND ON LINE 2, PAGE 1..... \$ _____

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN (ATTACH SUPPORTING SCHEDULES)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property dispositions.....	\$ _____	N. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250	\$ _____
B. Five percent of intangible income except that from IRC 1221 property dispositions.....	\$ _____	O. Interest earned or accrued	\$ _____
C. City or State income taxes.....	\$ _____	P. Dividends	\$ _____
D. Net operating loss deduction per Federal Return	\$ _____	Q. Other Intangible Income (explain)	\$ _____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors.....	\$ _____	R. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses	\$ _____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities	\$ _____	S. Not previously deducted IRC Section 179 Expense	\$ _____
G. Rental activities by partnership, S corp, LLC	\$ _____	T. Partnership, S corp, LLC charitable contributions.....	\$ _____
H. Payments to partners (form 1065).....	\$ _____	U. Other income exempt from Bradford tax (explain)	\$ _____
I. Other expenses not deductible (explain).....	\$ _____	Z. Total (enter on line 2B at top)	\$ _____
M. Total (enter on line 2A at top).....	\$ _____		

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8.....	\$ _____	\$ _____	
TOTAL OF STEP 1.....	\$ _____	\$ _____	_____ %
STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$ _____	\$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK/SERVICES PERFORMED	\$ _____	\$ _____	_____ %
STEP 4. TOTAL OF PERCENTAGES.....			_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) ENTER HERE AND ON LINE 3B, SCHEDULE C ABOVE			_____ %