

**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 2021**  
**OR FISCAL PERIOD**

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 18TH 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: PAGE 1 (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 5% PER ANNUM (0.42%/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 \_\_\_\_\_  
 Address of Preparer \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
 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.

SCHEDULE C - BUSINESS INCOME

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

SCHEDULE E - INCOME FROM RENTS

Table with 6 columns: 1. ADDRESS OF PROPERTY, 2. AMOUNT OF RENT, 3. DEPRECIATION, 4. REPAIRS, 5. OTHER EXPENSES, 6. NET INCOME (OR LOSS). Includes a row for NET INCOME (or Loss) SCHEDULE E.

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

Table with 3 columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT. Includes a row for 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)

Table for reconciliation with federal income tax return. Columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include A through M for deductibles and N through Z for taxables.

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

Table for business apportionment formula. Columns: A. LOCATED EVERYWHERE, B. LOCATED IN THIS CITY, C. PERCENTAGE (B ÷ A). Rows include STEP 1 through STEP 5.