## 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

Phone #

Fax #

## **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  |   |   |   |                                   |
|---|--|--|---|---|---|-----------------------------------|
|   |  |  |   | TEL                                     | EPHONE:                                 |                                   |
|   |  |  |   |   | HOME                                    |                                   |
|   |  |  |   |   | CELL                                    |                                   |
|   |  |  |   |   |   |                                   |
|   |  |  |   | FEI                                     | DERAL ID#                               |                                   |
|   |  |  |   | $J_{TAXF}$                              | PAYER SS#                               |                                   |
| FILE ON OR BEFORE AF                                      | 'RIL 18TH OR 4 M                             | ONTHS AFTER THE END (  | OF THE FISCAL PERIOR                                    | D                                       |   |                                   |
| CHANGE OF ADDRESS:  |  |  |   | WAS DUE                                 | O SINCE THE I<br>E GIVE DATE:           | PREVIOUS FINAL RETURN             |
|   |  |  |   | INTO VILI                               | LAGE                                    | OR OUT OF                         |
| NOTE: PAGE 1 (AND SCI                                     | HEDULE 1 IF APPL                             | LICABLE) <u>MUST</u> BE ATTACH<br>ORTED TAXABLE INCOME           | HED AND BRADFORD F                                      | RETURN MU                               | IST BE SIGNED                           |                                   |
| 1. TOTAL WAGES, SALAR                                     | IES, TIPS, LOTTEF                            | RY/GAMBLING WINNINGS   | .(ATTACH ALL W2'SUS                                     | E BOX 5 OF                              | W2 FORM)                                | \$                                |
| 2. OTHER TAXABLE INC                                      | OME FROM PAGE                                | 2(CANNOT DE  | DUCT LOSS FROM WA                                       | AGES)                                   |   | \$                                |
| 3. TOTAL TAXABLE INCC                                     | ME: LINE 1 PLUS                              | LINE 2   |   |   |   | \$                                |
| 4. MUNICIPAL TAX  | 1.00   | % OF LINE 3  | (ROUND AMOUNTS  | TO NEARE                                | ST DOLLAR)                              | \$                                |
| 5. CREDITS:   |  |  |   |   |   |                                   |
|   | ITHHELD BY EMB                               | LOYER(S)   | Φ.  |   |   |                                   |
| R ESTIMATED TAX PA  | THREED BY EIMP                               | LUTEN(S)   | پر ه  |   |   |                                   |
| C CREDIT FOR TAXES  | S PAID TO OTHER                              | R CITIES( 1.0% I   | Ф   |   |   |                                   |
| D PRIOR YEAR OVER   | PAYMENTS                                     | ( 1.0%)  | MAVIMOM CHEDII) \$                                      |   |   |                                   |
| B. THOM TEAT OVER   | 17(11VILIV10                                 |  | φ   |   |   |                                   |
| E. TOTAL CREDITS  |  |  |   | (TOTA                                   | L LINE 5A-D)                            | \$                                |
|   |  |  |   |   |   |                                   |
| 6. TAX DUE (IF LINE 4 IS                                  | GREATER THAN                                 | LINE 5E, PAYMENT OF BAI  | LANCE MUST ACCOMF                                       | ANY THIS                                | RETURN)                                 | \$                                |
| 7. LATE FILING FEE $\$$                                   |  | PENALTY \$   | INTEREST \$   |   | ***********                             | \$                                |
| ADD \$25/MO. LATE FILING FEE                              | AFTER APRIL 15TH (MA)                        | XIMUM \$150). ADD 15% PENALTY FOR                                | R ALL TAX NOT TIMELY PAID, AD                           | D 5% PER ANNI                           | UM (0.42%/MO.) INT                      | EREST.                            |
| B. AMOUNT DUE BEFORI                                      | E ESTIMATED TAX                              | XES  |   | •••••                                   |   | \$                                |
|   |  | OR CREDITED  |   | •                                       |   |                                   |
|   |  | SS THAN \$5.00 - NO TAX OR RE                                    |   |   |   |                                   |
|   |  | DECLARATION  | OF ESTIMATED TA   | 1X                                      |   |                                   |
| 10. INCOME SUBJECT TO                                     | ) TAX \$                                     | TIMES TAX RATE (   | OF 1.0% FOR GROSS T                                     | AX OF                                   |   | \$ .                              |
| I1. BRADFORD TAX WITH                                     | HELD   | •••••••••••••••••••••••••  | \$  |   |   |                                   |
| 12. OTHER CITY TAX CRI                                    | EDIT (NOT TO EX                              | CEED 1.0% IF THAT PORTI  | ON TAXED)\$   |   |   |                                   |
| 3. NET TAX DUE (LINE 1                                    | 0 LESS LINES 11                              | AND 12)  |   |   | *************************************** | \$                                |
| 4. LINE 13 TIMES .25                                      | •••••••                                      |  |   | •••••                                   | •••••                                   | \$                                |
| 5. LESS OVERPAYMENT                                       | CREDIT FROM F                                | 'RIOR YEAR RETURN  | ·   |   |   | \$                                |
| 6. AMOUNT PAID WITH                                       | THIS DECLARATION                             | ON (LINE 14 MINUS LINE 1:  | 5)  | *************************************** | ******************                      | \$                                |
| 7. BALANCE OF ESTIMA                                      | TED TAX                                      |  | \$  |   |   |                                   |
| AMOUNT DUE \$   |  | (LINE 8) + \$  | (LIN  | E 16) =                                 | TOTAL                                   |                                   |
|   |  |  | 77777   |   |   |                                   |
| CERTIFY THAT THAVE EXAMINED T<br>PREPARED BY PERSON OTHER | HIS RETURN (INCLUDIN<br>THAN TAXPAYER, THE D | IG ACCOMPANYING SCHEDULES AND<br>ECLARATION IS BASED ON ALL INFO | ) STATEMENTS) AND TO THE BE<br>RMATION OF WHICH PREPARE | EST OF MY KNO                           | WLEDGE AND BELIE<br>DWLEDGE.            | EFIT IS TRUE, CORRECT, & COMPLETE |
|   |  |  | _   |   |   |                                   |
| ignature of Preparer                                      |  | Date   | Signature of Taxpayer                                   |   |   | Date                              |
| ddress of Preparer  |  | •  | Signature of Taxpayer                                   |   |   | Date                              |
| •   |  |  | g 5 01 141.pay01  |   |   | 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.

| SCHE   | DULE C – BUSINESS II   | NCOME                    |   | ·  |                                    |                          |  |  |
|--|--|--------------------------|---|--|------------------------------------|--------------------------|--|--|
| 2. A. ITEI   | H COPIES OF FEDERAL SCHEDUMS NOT DEDUCTIBLE (FROM LIN                          | NE M SCHEDULE X)         |   | 2.A  |                                    |                          |  |  |
| B. ITEI  | MS NOT TAXABLE (FROM LINE Z  | SCHEDULE X)              |   | 5'R  | 2 C                                |                          |  |  |
| C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED TO OR SUBTRACTED FROM LINE 1 |  |                          |   |  |                                    |                          |  |  |
| 3. A. ADJ  | 3.B  |                          |   |  |                                    |                          |  |  |
| 4 NFT O  | PERATING LOSS FROM PRIOR Y   | EARS (ATTACH SCHEDU      | JLE)  |  | 4                                  |                          |  |  |
| 5. NET B   | USINESS INCOME   |                          |   |  | 5                                  |                          |  |  |
|  |  |                          |   |  |                                    |                          |  |  |
| SCH  | DULE E - INCOME FRO  | OM RENTS                 |   |  |                                    |                          |  |  |
|  | 1. ADDRESS OF PROPERTY   | 2. AMOUNT OF RENT        | 3. DEPRECIATION   | 4. REPAIRS   | 5. OTHER EXPENSES                  | 6. NET INCOME (OR LOSS)  |  |  |
|  |  |                          |   |  |                                    |                          |  |  |
|  |  |                          |   |  |                                    |                          |  |  |
|  |  |                          |   |  |                                    |                          |  |  |
| NET INC  | OME (or Loss) SCHEDULE E   |                          |   |  | \$                                 |                          |  |  |
| INET INC   | OWE (OF EGGS) CONTEDUCE E  |                          |   |  |                                    |                          |  |  |
| SCHE   | DULE H - OTHER INCO  | ME (PARTMERSHIPS ES      | TATES TRUSTS PR   | RIZES, DIRECTOR  | FEES. MISCELLANEOU                 | S. COMMISSIONS, ETC.)    |  |  |
| SOLIE  | RECEIVED FROM  | · · · ·                  |   | DESCRIBE)  | ,                                  | AMOUNT                   |  |  |
|  | RECEIVED FROM  |                          | 1011(1  | DECOTIOE)  |                                    |                          |  |  |
|  |  |                          |   |  |                                    |                          |  |  |
|  |  |                          |   |  |                                    |                          |  |  |
| TOTAL IN   | COME SCHEDULE H  |                          | ***************************************                 |  | э                                  |                          |  |  |
| ADD TO   | TALS OF SCHEDULES C, E & H. E  | ENTER HERE AND ON LIN    | IE 2, PAGE 1  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | \$                                 |                          |  |  |
|  |  |                          |   |  |                                    |                          |  |  |
| SCHE   | DULE X – RECONCILIA  | TION WITH FEDEI          | RAL INCOME  | TAX RETU   | <b>RN</b> (ATTACH SUPPO            | RTING SCHEDULES)         |  |  |
| <del></del>  |  |                          |   |  |                                    |                          |  |  |
|  | NOT DEDUCTIBLE   | ADD                      |   | NOT TAXABLE  | ne and gains from IRC <sup>-</sup> | DEDUCT                   |  |  |
|  | ally deducted losses from IRC 1221 property dispositions                       |                          |   |  | tions except to the exte           |                          |  |  |
|  | ercent of intangible income except the   |                          |   |  | ply to those described i           | n                        |  |  |
| from IF  | RC 1221 property dispositions  | \$                       |   |  |                                    |                          |  |  |
|  | State income taxes   | \$                       | O. Interest   | O. Interest earned or accrued       \$         P. Dividends       \$                         |                                    |                          |  |  |
|  | erating loss deduction per Federal I<br>ally deducted dividends, distributions |                          |   | Q. Other Intangible Income   |                                    |                          |  |  |
| amour  | nts set aside for, credited to, or distri                                      | buted to                 | (explain  | (explain) \$   |                                    |                          |  |  |
|  | or RIC investors   |                          |   | R. Amount of Federal Tax Credits to the extent they  |                                    |                          |  |  |
| F. Federa  | ally deducted amounts paid or accru<br>alified self-employed retirement plan   | IEC TO Or                |   | have reduced corresponding operating expenses \$  S. Not previously deducted IRC Section 179 |                                    |                          |  |  |
| insura   | nce plans, and life insurance plans f  | Expens                   | Expense \$  |  |                                    |                          |  |  |
| or own   | er-employees of non-C corporation  |                          | T. Partnership, S corp, LLC charitable contributions \$ |  |                                    |                          |  |  |
|  | activities by partnership, S corp, LL  |                          | U. Other income exempt from Bradford tax  (explain) \$  |  |                                    |                          |  |  |
|  | ents to partners (form 1065)expenses not deductible (explain)                  |                          | Z. Total (e   | nter on line 2B at   | top)                               | \$                       |  |  |
|  | enter on line 2A at top)   |                          |   |  |                                    |                          |  |  |
| Γ  |  |                          |   |  |                                    |                          |  |  |
| SCHE   | DULE Y – BUSINESS A  | PPORTIONMENT             | FORMULA   |  |                                    |                          |  |  |
|  |  |                          | A. LOCA<br>EVERYW                                       | HERE   | B. LOCATED<br>IN THIS CITY         | C: PERCENTAGE<br>(B ÷ A) |  |  |
| STEP 1.  | ORIGINAL COST OF REAL AND TANGI  | BLE PERSONAL PROPERTY    | \$  | \$   |                                    |                          |  |  |
| GROSS ANNUAL RENTALS MULTIPLIED BY 8 TOTAL OF STEP 1                           |  |                          | \$<br>\$  | \$<br>\$   |                                    | 9/                       |  |  |
| STEP 2.  | STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER                           |                          |   |  |                                    |                          |  |  |
|  | COMPENSATION PAID TO ALL EMPLO   | YEES                     | \$  | \$   |                                    |                          |  |  |
| STEP 3.  | GROSS RECEIPTS FROM SALES AND TOTAL OF PERCENTAGES                             | WORK/SERVICES PERFORME   | D \$  | \$   |                                    | 9/                       |  |  |
| STEP 4.<br>STEP 5.   | AVERAGE PERCENTAGE (DIVIDE TOT   | AL PERCENTAGES BY NUMBER | R OF PERCENTAGES I                                      | USED)  |                                    |                          |  |  |
|  | ENTER HERE AND ON LINE 3B, SCHEI   | DULE C ABOVE             |   |  |                                    | %                        |  |  |