

**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 2023**  
**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 \_\_\_\_\_

**Taxpayer Check List:**  W2s attached  Front page of Federal 1040  Federal Schedule 1  All other applicable schedules

1. TOTAL WAGES, SALARIES, TIPS, LOTTERY/GAMBLING WINNINGS ..... 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 LATE FILING FEE AFTER APRIL 15TH. ADD 15% PENALTY FOR ALL TAX NOT TIMELY PAID. ADD 7% PER ANNUM (0.583%/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 \$10.00 - 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) ..... 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)<br>ENTER HERE AND ON LINE 3B, SCHEDULE C ABOVE ..... |                       |                         | _____ %               |