

**BRYAN CITY INCOME TAX RETURN**



File With Bryan City Income Tax 321 West Bryan Street Bryan, Ohio 43506 419-636-0772 / 0868 <hr/> Make Checks/Money Orders Payable to Bryan City Income Tax	Fiscal Period _____ to _____  Calendar year taxpayers on or before APRIL 15 Fiscal and partial years file within 105 days period ending:	OFFICE USE ONLY
---	---	-----------------

Primary Social Security No. Joint Social Security No. Your Name and Address as they appear on our records Make any Necessary Corrections	Fed ID No. Marital Status:	Extensions must be requested <u>Through Our Office Before</u> due date. Extension requests must have a copy of the federal extension attached and be received by our office prior to due date. IF RETIRED, give date If you moved during tax year, complete this block Date moved into Bryan Previous Address Date moved out of Bryan Present Address Work Status Change & Date Phone No.
---	-------------------------------	---

**READ INSTRUCTIONS BEFORE PREPARING THIS RETURN**

**1. Wages, Salaries, Tips, Commissions and other employee compensation before payroll deductions. If partial year resident, See Instructions.**

	A. Names of Employers	B. City Where Employed	C. Tax Withheld In Other City Not to exceed 1.8%	D. Bryan Income Tax Withheld	E. Gross Earnings Before Deductions
W-2 COPIES MUST BE ATTACHED			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
	<b>TOTALS</b>			\$	\$

2. Net Profit or Loss, Pg. 2 (Schedule E, H, & X) Copy of Federal Schedules Required	2. \$
3. TAXABLE INCOME (Total Col. E & Line 2)	3. \$
4. ADJUSTMENTS: A. Business Expense (Attach Federal Form 2106)	4. \$
<b>5. TOTAL ADJUSTED TAXABLE INCOME SUBJECT TO BRYAN INCOME TAX</b>	<b>5. \$</b>
6. Bryan Income Tax 1.8% of Line 5	6. \$
7. CREDITS: (a) Credit for Taxes Withheld in Other Cities (Total Col. 1C); NOT TO EXCEED 1.8%	\$
(b) Tax Withheld in Bryan (Total Col. 1D)	\$
(c) Payments TO BRYAN ON _____ ESTIMATE. As of	\$
(d) Overpayments FROM PROCEEDING YEAR	\$
TOTAL CREDITS (Add Lines 7a, b, c, d)	7. \$ (      )
8. (a) TAX DUE (Line 6 Less Line 7e) (No AMT. DUE LESS THAN \$1.00)	8. \$
(b) Overpayment Claimed (If Line 7e exceeds Line 6 enter difference here)	\$
(c) Enter Amount of Line 8b you want Credited to your _____ Estimated Tax (not less than \$1.00)	\$
(d) Amount to be refunded (Line 8b Less Line 8c) (No REFUND LESS THAN \$1.00)	\$
9. PENALTY 1% MO _____ Interest 0.83% mo _____ on tax due after 4/15	TOTAL 9. \$
10. TOTAL AMOUNT DUE FOR _____ (PAYABLE WITH THIS RETURN ON OR BEFORE APRIL 15, _____)	10. \$

**DECLARATION OF ESTIMATED TAX FOR \_\_\_\_\_ - SEE INSTRUCTIONS**

11. Total Estimated Income Subject to Tax _____ x TAX RATE OF 1.8% FOR GROSS TAX OF _____ (Not to exceed 1.8%)	11. \$
12. Bryan Tax to be withheld <input type="text" value="1) \$"/> Credit for Tax withheld or paid to another city <input type="text" value="2) \$"/>	
13. Total of Line 12 (Box 1 plus Box 2)	13. \$
14. NET TAX DUE (Subtract Line 13 from Line 11)	14. \$
15. AMOUNT DUE WITH ESTIMATE ¼ of Line 14	15. \$
16. Overpayment from previous year – Credit from (Line 8c) (If applicable)	16. \$
17. Subtract Line 16 from Line 15	17. \$
18. TOTAL TAX DUE – ADD LINE 10 & 17 – AMOUNT DUE WITH THIS FORM ON OR BEFORE APRIL 15, _____	18. \$

I certify I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, and correct.

Signature of Person Preparing. If Other than Taxpayer _____ Date _____	Signature of Taxpayer or Agent (Required) _____ Date _____
	<b>X</b>
Address or Name of Firm or Employer – Phone No. (      ) _____	Signature of Taxpayer or Agent (Required) _____ Date _____
	<b>X</b>

NOT CONSIDERED FILED UNLESS SIGNED

# BRYAN CITY INCOME TAX RETURN



## SCHEDULE E INCOME FROM RENTS

Attach copy of Federal Schedules

Type & address of property, City & State	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income or Loss
	\$	\$	\$	\$	\$

NET INCOME ONLY – ENTER ON Line 2, page 1 \$

## SCHEDULE H ALL OTHER TAXABLE INCOME ATTACH FEDERAL SCHEDULES

Individual's distributive share of Income from Partnerships, estates, trusts, director's and other fees, farm and other sources

Received From	For (Describe)	Amount
		\$

TOTAL INCOME – Enter Line 2, page 1 \$

## SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (FOR BUSINESSES ONLY)

1.	Federal taxable income before net operating loss and special deductions: form 1120, Line 28 If not a C corporation, the Form, Schedule, and line number with which you began:	1	\$	
2.	Deduct: Intangible income included in the amount reported on line 1 above such as interest, dividends, patent and copyright income, and royalties derived from intangible property except intangible income that is directly related to the sale, exchange, or other disposition of property described in IRC Section 1221	2	-	
3.	Deduct: Income and gain included in the amount reported on line 1 above directly related to the sale, exchange, or other disposition of property described in IRC Sections 1221 or 1231 except to the extent the income and gains apply to those described in IRC Sections 1245 or 1250	3	-	
4.	Deduct: Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses in arriving at the amount reported on line 1 above	4	-	
5.	Deduct: Partnership, LLC, or S corporation IRC Section 179 expenses not already deducted in arriving at the amount reported on line 1 above	5	-	
6.	Deduct: Partnership, LLC, or S corporation charitable contributions not already deducted in arriving at the amount reported on line 1 above, to the extent they would be deductible by a C corporation	6	-	
7.	Deduct: Other sources of nontaxable income included in the amount reported on line 1 above Describe	7	-	
8.	Add: Five percent of intangible income reported on line 2 above	8	+	
9.	Add: Taxes based on or measured by net income and deducted in arriving at the amount reported on line 1 above	9	+	
10.	Add: Losses deducted in arriving at the amount reported on line 1 above directly related to the sale, exchange, or other disposition of property described in IRC Sections 1221 or 1231	10	+	
11.	Add: Guaranteed payments or similar amounts paid or accrued to current or former partners or members and deducted in arriving at the amount reported on line 1 above	11	+	
12.	Add: Dividends, distributions, or amounts set aside for or credited to the benefit or REIT or RIC investors and deducted in arriving at the amount reported on line 1 above	12	+	
13.	Add: 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 a non-C corporation business and deducted in arriving at the amount reported on line 1 above	13	+	
14.	Add: Partnership, LLC, S corporation, etc. rental activities not included in the amount reported on line 1 above	14	+	
15.	Add: Other items that are not deductible for Ohio municipal income tax purposes Describe	15	+	
16.	Equals adjusted Federal taxable income for Ohio municipal income tax purposes	16	=	
17.	Line 16 times            % from Step 5 of Schedule Y below. Forward to line 2 on the front of this return	17	\$	

SCHEDULE Y BUSINESS ALLOCATION FORMULA	a. LOCATED EVERYWHERE	b. LOCATED IN BRYAN	PERCENTAGE (b ÷ a)
STEP 1. AVG. VALUE OF REAL & TANG. 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 (SEE INSTRUCTIONS)	\$	\$	%
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID	\$	\$	%
STEP 4. TOTAL PERCENTAGES			%
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used) Carry to Schedule X, Line 17			%