

File with
 Bryan City Income Tax
 321 W. Bryan St.
 P.O. Box 190
 Bryan, Ohio 43506
 419-636-0772/0868
 Make Checks/Money Orders Payable to
 Bryan City Income Tax

BRYAN CITY INCOME TAX RETURN

OFFICE USE ONLY

Fiscal Period _____ to _____
 Calendar year taxpayers file on or before APRIL 15
 Fiscal and partial years file within 105 days period ending:

Primary Social Security No.	Date of Birth:	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.
Joint Social Security No.	Date of Birth:	
Your Name and Address as they appear on our records. Make any Necessary Corrections.		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. _____

1. WAGES, SALARIES, TIPS, COMMISSIONS AND OTHER EMPLOYEE COMPENSATION BEFORE PAYROLL DEDUCTIONS. IF PARTIAL YEAR RESIDENT, SEE INSTRUCTIONS.

For Individual Taxpayers	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			\$ _____	\$ _____	\$ _____
	TOTALS		\$ _____	\$ _____	1. \$ _____

2. Net Profit or Loss, Pg. 2 (Sch. E & H) Copy of Federal Schedules C, E, F, 8829 Required	2. \$ _____
3. TAXABLE INCOME (Total COL. E & line 2)	3. \$ _____
4. ADJUSTMENTS: A. Business Expense (Attach Federal Form 2106)	4. \$ _____
5. TOTAL ADJUSTED TAXABLE INCOME SUBJECT TO BRYAN INCOME TAX	5. \$ _____
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 PRECEDING YEAR	\$ _____
(e) 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 .83% mo _____ on tax due after 4/15	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 _____	11. \$ _____
12. Bryan Tax to be withheld (1) \$ _____ (Not to exceed 1.8%) Credit for Tax Withheld or Paid to another city (2) \$ _____	
13. Total of Line 12 (Box 1 plus 2)	13. \$ _____
14. NET TAX DUE (Subtract Line 13 from Line 11)	14. \$ _____
15. AMOUNT DUE WITH ESTIMATE 1/4 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.

May we contact the tax-preparer directly with questions regarding the preparation of this tax return? Yes No

Signature of Person Preparing, If Other than Taxpayer	Date	Signature of Taxpayer or Agent (Required)	Date
		X	
Address or Name of Firm or Employer - Phone No. ()		Signature of Taxpayer or Agent (Required)	Date
		X	

NOT CONSIDERED FILED UNLESS SIGNED

**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 SCH.**

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, C Corporation; 1120S Line 18 on Sch K, S Corp; 1065 Line 1 of Page 5, PTRSHIP:	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 of 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 APPORTIONMENT 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			_____ %