

2017

## BRYAN CITY INCOME TAX RETURN

OFFICE USE ONLY

File with  
Bryan City Income Tax  
1399 E. High St.  
P.O. Box 190  
Bryan, Ohio 43506  
419-633-6027/6023

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

Calendar year taxpayers file on or before APRIL 15, 2018  
or the Revised Federal Due Date.

**LATE FILING OF THIS RETURN SUBJECTS YOU  
TO INTEREST AND MINIMUM \$25.00 PENALTY**

Make Checks/Money Orders Payable to  
Bryan City Income Tax

Primary Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Joint Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Federal Extension copy must be attached when filing the city tax  
return if applicable to avoid late filing fees. Otherwise an extension  
must be requested/granted prior to the April due date.

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 &amp; 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 (Attach all Forms and applicable Federal Schedules and/or documentation)

3. TAXABLE INCOME (Total COL. E &amp; line 2) \_\_\_\_\_

4. ADJUSTMENTS: A. Business Expense (Attach Federal Form 2106 and Federal Schedule A) \_\_\_\_\_

REQUIRED for Businesses: ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES

5. TOTAL ADJUSTED TAXABLE INCOME SUBJECT TO BRYAN INCOME TAX \_\_\_\_\_

6. Bryan Income Tax 1.8% of Line 5 \_\_\_\_\_

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 2017 ESTIMATE. As of \_\_\_\_\_ \$ \_\_\_\_\_

(d) Overpayments FROM PRECEDING YEAR \_\_\_\_\_ \$ \_\_\_\_\_

(e) TOTAL CREDITS (Add Lines 7a, b, c, d) \_\_\_\_\_

8. (a) TAX DUE (Line 6 Less Line 7e) \_\_\_\_\_

(b) Overpayment Claimed (If Line 7e exceeds Line 6 enter difference here) \_\_\_\_\_ \$ \_\_\_\_\_

(c) Enter Amount of Line 8b you want Credited to your 2018 Estimated Tax (not less than \$10.01). \$ \_\_\_\_\_

(d) Amount to be refunded (Line 8b Less Line 8c) (NO REFUND LESS THAN \$10.01) \_\_\_\_\_ \$ \_\_\_\_\_

9. PENALTY \_\_\_\_\_ LATE FILING PENALTY \_\_\_\_\_ INTEREST \_\_\_\_\_ on tax due after 4/15..... TOTAL

10. TOTAL AMOUNT DUE FOR 2017 (PAYABLE WITH THIS RETURN ON OR BEFORE APRIL 15, 2018 ) or the Revised Federal Due Date.

(NO PAYMENT DUE FOR AMOUNT LESS THAN \$10.01)

## DECLARATION OF ESTIMATED TAX FOR 2018 - SEE INSTRUCTIONS

11. Total Estimated Income Subject to Tax \_\_\_\_\_ X TAX RATE OF 1.8% FOR GROSS TAX OF \_\_\_\_\_

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) \_\_\_\_\_

14. NET TAX DUE (Subtract Line 13 from Line \_\_\_\_\_)

15. AMOUNT DUE WITH ESTIMATE 22.5% of Line 14 or Penalty and Interest Will Be Added \_\_\_\_\_

16. Overpayment from previous year - Credit from (Line 8c) (If Applicable) \_\_\_\_\_

17. Subtract Line 16 from Line 15 \_\_\_\_\_

18. TOTAL TAX DUE - ADD LINE 10 &amp; 17 - AMOUNT DUE WITH THIS FORM ON OR BEFORE APRIL 15, 2018 or the Revised Federal Due Date.

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 Both signatures are required on a joint return

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 all Forms and applicable Federal Schedules and/or documentation.

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**

Attach all Forms and applicable Federal Schedules and/or documentation.

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 100.00000000% 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		TOTAL	_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used) Carry to Schedule X, Line 17			_____ %