

Form **BR-1** City Income Tax Return For Business

Business Name _____
 Address _____
 Address _____
 City _____ State _____ Zip Code _____
 Federal ID# _____ Account Number _____ - B

Tax Year 20 2 __
 OR
 Fiscal Year 20 2 __
 Beginning ____/____/____
 Ending ____/____/____
 Amended Return Final Return
Filing Status:
 C-Corporation
 S-Corporation
 Partnership
 LLC
 Fiduciary (Trusts/Estates)

DATE RECEIVED _____
 TAX OFFICE USE ONLY:
 PAYMENT AMOUNT _____
 CASH/CHECK/CC# _____

Please attach copies of all appropriate Federal Return and Supporting Schedules.

SECTION A

1. INCOME PER ATTACHED FEDERAL RETURN	1
2. ITEMS NOT DEDUCTIBLE (From Line M, Schedule X reverse page).....	2
3. ITEMS NOT TAXABLE (From Line Z, Schedule X reverse page).....	3
4. TAXABLE INCOME (Line 1 + Line 2 - Line 3)	4
5. NET OPERATING LOSS FROM 2017 OR AFTER	5
6. TAXABLE INCOME AFTER NET OPERATING LOSS DEDUCTION.....	6
7. AMOUNT OF THE APPORTIONMENT FOR THE CITY OF ENGLEWOOD (Schedule Y _____% x Line 4)	7
8. TAX DUE (Line 5 x 1.75%)	8
9. TAX CREDITS	
9A Estimated Tax Paid	9A
9B Credit from Prior Year	9B
9C Total Credits Available (Line 9A + Line 9B)	9C
10. BALANCE OF TAX DUE (Line 8 - Line 9C)	10
11. PENALTY \$ _____ INTEREST \$ _____ LATE FEE \$ _____	11
12. TOTAL AMOUNT DUE (Make Check Payable to the City of Englewood) (no payment if \$10.00 or less)	12
13. IF OVERPAYMENT: (Indicate Below Credit to Next Year and/or Refund)	
13A CREDIT TO NEXT YEAR	13A
13B REFUND (no refund if \$10.00 or less)	13B

SECTION B — DECLARATION OF ESTIMATED TAX

14. INCOME SUBJECT TO TAX x 1.75%	14
15. QUARTERLY AMOUNT DUE (1/4 of Line 14)	15
16. CREDIT FROM 13A	16
17. Line 15 - Line 16 (Amount of Estimated Tax being paid with this Return)	17
18. TOTAL OF THIS PAYMENT (Line 12 + Line 17)	18

SIGNATURE

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal income tax purposes, adjusted to the ordinance requirements for local tax purposes, and if an audit of the Federal return is made which affects the tax liability shown on the return an amended return is required to be filed within three months.

Sign Here Signature _____ Date _____
 Title _____ Email _____

Paid Preparer's Use Only
 Preparer's Signature _____ Date _____
 Phone Number _____
 Third Party Designee
 Do you want to allow another person to discuss this matter with the City of Englewood? (see instructions) YES (complete below) NO
 Designee's Name _____ Phone Number _____

CONTACT INFORMATION
City of Englewood
 Income Tax Department
 333 W National Rd
 Englewood, OH 45322
 937-836-5106
 tax@englewood.oh.us

**ALL FEDERAL SCHEDULES LISTED BELOW AND OTHER SUPPORTING DOCUMENTS
MUST BE ATTACHED TO THIS RETURN.**

SCHEDULE X

RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (including IRC 1221 & 1231 property) ...	\$ _____	N. Capital Gains from sale, exchange or other disposition (including IRC 1221 & 1231 property)	\$ _____
B. Expenses attributable to non-taxable income.....	\$ _____	O. Interest earned or accrued	\$ _____
C. City & State Income Taxes & other taxes based on income	\$ _____	P. Dividends	\$ _____
D. Net Operating Loss Deduction per Federal Return	\$ _____	Q. Other intangible income (explain)	\$ _____
E. Payments to Partners (including former partners)	\$ _____	R. Federal Tax Credits (if expense reduction)	\$ _____
F. Amounts distributed or set aside for REIT & RIC investors	\$ _____	S. Other Income Exempt from City Tax (explain)	\$ _____
G. Amounts deducted for self employed retirement, health and life insurance plans	\$ _____		
H. Special Deduction	\$ _____		
I. Rental activities by Partnership, S-Corp, LLC, Trusts ...	\$ _____		
J. Other Expenses not deductible (explain)	\$ _____		
M. TOTAL ADDITIONS (Lines A through J)	\$ _____	Z. TOTAL DEDUCTIONS (Line N through S).....	\$ _____

SCHEDULE Y

BUSINESS APPORTIONMENT FORMULA

Use this schedule if engaged in business in more than one city and you do not have books and records which will disclose with reasonable accuracy what portion of the net profits is attributed to that part of the business done within the boundaries of the city or cities involved.

	A. LOCATED EVERYWHERE	B. LOCATED IN ENGLEWOOD	PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST OF REAL & TANGIBLE 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.....	\$ _____	\$ _____	%
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID.....	\$ _____	\$ _____	%
STEP 4. TOTAL PERCENTAGES.....	\$ _____	\$ _____	%
STEP 5. AVERAGE PERCENTAGE (divide total percentages by number of percentages used). Transfer to Line 5 for allocation			%

SCHEDULE Z

RECONCILIATION OF WITHHOLDING TAX

A. Total Wages Allocated to Englewood (From Schedule Y step 3 or Federal Return).....	\$ _____
B.. Total Wages Reported on Withholding Tax Reconciliation (W-3).....	\$ _____
C. If Lines A and B DO NOT MATCH, Provide a detailed explanation or a billing letter will be sent for the difference:	

ADDITIONAL REQUIRED INFORMATION

- Has Your Federal Tax Liability for any Prior Year been changed as a result of an examination by the IRS? ... YES NO
- List Year(s) _____ Has an Amended Return been filed with Englewood?..... YES NO
- Do You have Employees in Englewood? YES NO N/A
- Do You use subcontract labor to perform work in Englewood?..... YES NO N/A
- Are any employees leased in the year covered in this return? YES NO N/A

If YES please provide the following information about the Leasing Company:

Name _____

Address _____