

Form

City of Englewood, Income Tax Division

BR-1 City Income Tax Return For Business

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

<input type="checkbox"/> Tax Year 20__ __
OR
<input type="checkbox"/> Fiscal Year 20__ __
Beginning ____ / ____ / ____
Ending ____ / ____ / ____
<input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return
Filing Status:
<input type="checkbox"/> C-Corporation
<input type="checkbox"/> S-Corporation
<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC
<input type="checkbox"/> Fiduciary (Trusts/Estates)

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

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 (Limited to 50%)	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 7 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.

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) <input type="checkbox"/> YES (complete below) <input type="checkbox"/> 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

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

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

SCHEDULE X

RECONCILIATION WITH FEDERAL INCOME TAX RETURN

<u>ITEMS NOT DEDUCTIBLE</u>	<u>ADD</u>	<u>ITEMS NOT TAXABLE</u>	<u>DEDUCT</u>
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)	\$ _____		
F. Amounts distributed or set aside for REIT & RIC investors	\$ _____	R. Federal Tax Credits (if expense reduction)	\$ _____
G. Amounts deducted for self employed retirement, health and life insurance plans	\$ _____	S. Other Income Exempt from City Tax (explain)	\$ _____
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 SERVICES PERFORMED.....	\$ _____	\$ _____	%
	OR			
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 7 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 _____