

FORM R file with:
Income Tax Office
P.O. Box 727
333 J.E. Bohanan Memorial Dr.
Vandalia, OH 45377
Phone: (937) 415-2240; Fax: (937) 415-2361
Toll free: (866) 898-5891
Email: tax@vandaliaohio.org
www.vandaliaohio.org

CITY OF VANDALIA • CITY OF BROOKVILLE

2015 INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE

DUE ON OR BEFORE APRIL 18, 2016

CHECK ONE:
 Resident - Vandalia
 Resident - Brookville
 Non-Resident
 Part Year Resident

FILING STATUS:
 Single
 Married
 Married, Filing Separate

LIST NAME(S) AND ADDRESS BELOW.

SOC. SEC. NO. (H) _____
SOC. SEC. NO. (W) _____
Taxpayer's Occupation _____
Spouse's Occupation _____
Complete if moved since last return or part year resident:
Old Address _____
Date Moved (in) _____ (out) _____
Dates of Employment _____
Did you file a city income tax return the previous year? YES NO
Email address _____

SECTION A RETIRED AND/OR TAXPAYERS WITH NO TAXABLE INCOME. PLEASE CHECK APPROPRIATE BOX BELOW:

Under 18 years of age for entire year. Date of Birth: _____ (attach verification - copy of driver's license or birth certificate) Active duty military for entire year.
 All income was from a federally qualified retirement plan. Date retired: _____ All income was from a non-taxable source. List source: _____

SECTION B Enter wages, salaries, bonuses, incentive payments, commissions and other compensation, received between January 1 and December 31. List each employer or source separately. Please attach all W-2(s).

Employer	City or Township Where Employed	Resident City Tax Withheld	Other City Tax Withheld (See Instructions)	Qualifying Wages	Form 2106 Expenses (Attach Form 2106 And Schedule A)	Taxable Wages (Qualifying Wages Less 2106 Expenses)
		\$	\$	\$	\$	\$

1. TOTAL WAGES & WITHHOLDING 1-A. 1-B. 1-C. 1-D. 1-E.
2. TAXABLE INCOME Line 1-E (or Column 3 if applicable) 2.
3. TAX DUE (2% Vandalia; 1.75% Brookville) X Line 2 3.
4. TAX CREDITS
4-A. Resident City Tax Withheld (Line 1-A) 4-A.
4-B. Other City Tax Credit (Not to exceed 2% Vandalia; 1.75% Brookville) (Line 1-B) 4-B.
4-C. Other: Estimates, Direct Payments, Credit from Prior Year 4-C.
4-D. Total Credits Available (Line 4-A + 4-B + 4-C) 4-D.
5. BALANCE OF TAX DUE (Line 3 - Line 4-D) 5.
6. PENALTY \$ _____ INTEREST \$ _____ LATE FEE \$ _____ 6.
7. TOTAL AMOUNT DUE (Make check payable to City of Vandalia) (No payment due if less than \$1.00) 7.
8. IF OVERPAYMENT, CREDIT TO NEXT YEAR: Vandalia \$ _____ Brookville \$ _____ REFUND \$ _____
Reviewed by _____ Check No. _____ Cash _____ Amt. Received _____

SECTION C - DECLARATION OF ESTIMATED TAX FOR 2016

9. Total Income Subject to Tax \$ _____ X Tax Rate (2% Vandalia; 2% Brookville) 9.
10. Subtract Credit for Tax Withheld (Not to exceed 2% Vandalia; 2% Brookville) 10.
11. Net Tax Due (Line 9 - Line 10) See General Information, Section 13 11.
12. Quarterly Amount Due (1/4 of Line 11) 12.
13. Credit from Line 8 13.
14. Amount of Estimated Tax Due (Line 12 - Line 13): Vandalia \$ _____ Brookville \$ _____ 14.
15. Total of this Payment (Line 7 + Line 14) 15.

SECTION D PAYMENT BY CREDIT CARD OR ELECTRONIC CHECK

Please refer to the website, www.vandaliaohio.org, to access the online payment center to pay by credit card or electronic check.

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. 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. If this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? Yes No

Signature of Person Preparing Return (If Other Than Taxpayer) _____ Date _____
Signature of Taxpayer _____ Date _____
Phone Number _____ Signature of Spouse _____ Date _____

SECTION E INCOME OTHER THAN WAGES

List all income below from sources other than wages. Show the amount in the appropriate section below based on the location where the income/loss was derived and indicate the location. Attach schedules to support each entry. **Please refer to the Business Income Tax Return to report income/loss for the Butler Township JEDZ.**

INDIVIDUALS & SOLE PROPRIETORS

	Column A	Column B	Column C	Column D	Column E
<i>Location</i>	Income (Loss) from Schedule C (or from Schedule Y)	Rental Income (Loss) from Schedule E	Income from Form 1099-MISC	Other Miscellaneous Income (Specify)	Total Other Income (Loss) (Total to Column 2 not less than \$0)

Rents paid to (Name and Address): _____

Column 1	Column 2	Column 3
Salaries, Wages, Commissions Attach W-2(s)	Other Income (from Column E not less than \$0) Attach Schedules	Total Taxable Income (Column 1 + Column 2)

Total to Line 2

SECTION E INSTRUCTIONS

Complete this section only if you had income other than salaries or wages.

Column A - Enter amount of profit or loss from Federal Schedule C and indicate location (attach Schedule C). If Schedule Y is used, enter the amount here for each location.

Column B - Enter amount of gain or loss from rental properties and indicate location (attach Schedule E).

Column C - Enter amount of income reported on Form 1099-MISC and indicate location (attach document).

Column D - Enter income amounts from any other taxable sources, i.e., Form 4797, Schedule K-1, etc. and any other miscellaneous income (attach schedules).

Column E - Enter total of Columns A through D. Carry total to Column 2 (not less than \$0).

Column 1 - Enter total of all salaries and wages.

Column 2 - Enter any net gains from Column E. Do not enter any amount less than \$0.

Column 3 - Enter the total of Column 1 and Column 2. Carry total to Page 1, Line 2.

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

Step 1. Original cost of real and tangible personal property	\$ _____
Gross annual rents multiplied by 8	\$ _____
Total Step 1	\$ _____
Step 2. Gross receipts from sales made and work or services performed	\$ _____
Step 3. Total wages, salaries, commissions and other compensation of all employees	\$ _____

B. List city portion of the above 3 steps in spaces below and compute percentage of each appropriate city (B divided by A)

CITY OF VANDALIA

CITY OF BROOKVILLE

Step 1	\$ _____	% _____
Step 2	\$ _____	% _____
Step 3	\$ _____	% _____
Average Percentage		% _____
TOTAL INCOME	\$ _____	

Step 1	\$ _____	% _____
Step 2	\$ _____	% _____
Step 3	\$ _____	% _____
Average Percentage		% _____
TOTAL INCOME	\$ _____	

Determine average percentage by dividing total percentages by number of percentages used.

Multiply adjusted net income by the average percentage for each city and enter allocable amount by city in the space.

Balance of adjusted net income	\$ _____
Total adjusted net income	\$ _____