**SECTION A**

1. Income per attached Federal Return or Schedule Y if applicable ........................................
2. Adjustment from Schedule X ...............................................................................................
3. TAXABLE INCOME (Line 1 +/− Line 2) ............................................................................... 
4. TAX DUE (2% Vandalia; 2% Brookville; 1% Butler Twp JEDZ) x Line 3 ..............................
5. TAX CREDITS
   5-A. Estimated Tax Paid ........................................................................................................
   5-B. Credit from Prior Year ...................................................................................................
   5-C. Total Credits Available ..................................................................................................
6. BALANCE OF TAX DUE (Line 4 - Line 5-C) ....................................................................
7. Penalty $ ____________________ Interest $ ____________________ Late Fee $ ____________________
8. TOTAL AMOUNT DUE (Make check payable to City of Vandalia) (No payment due if $10.00 or less) ..............................................................................................................................
9. If overpayment ($10.01 minimum), please indicate below:
   9-A. CREDIT TO NEXT YEAR ............................................................................................... 
   9-B. REFUND ....................................................................................................................... 

Reviewed by ______________________ Check No. ___________ Cash _______ Amt. Received _______

**SECTION B - Declaration of Estimated Tax for 2017**

10. Income Subject to Tax x Tax Rate (2% Vandalia; 2% Brookville; 1% Butler Twp JEDZ) ....
11. Quarterly Amount Due (1/4 of Line 10) .............................................................................
12. Credit from Line 9-A ($10.01 minimum) ............................................................................
13. Line 11 - Line 12 (Amount of Estimated Tax Due with this Return) ................................ 
14. Total Payment Due (Line 8 + Line 13) ..............................................................................

**SECTION C**

**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 90 days.

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 ____________________________ Title ____________________________
### SCHEDULE X - Reconciliation with Federal Income Tax Return

<table>
<thead>
<tr>
<th>ITEMS NOT DEDUCTIBLE</th>
<th>ADD</th>
<th>ITEMS NOT TAXABLE</th>
<th>DEDUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Capital Losses (including IRC 1221 &amp; 1231 property)</td>
<td>$</td>
<td>N. Capital Gains from sale, exchange or other disposition (including IRC 1221 &amp; 1231 property)</td>
<td>$</td>
</tr>
<tr>
<td>B. Expenses attributable to non-taxable income</td>
<td>$</td>
<td>O. Interest earned or accrued</td>
<td>$</td>
</tr>
<tr>
<td>C. City &amp; State income taxes and other taxes based on income</td>
<td>$</td>
<td>P. Dividends</td>
<td>$</td>
</tr>
<tr>
<td>D. Net Operating Loss deduction per federal return (Line 29a from Form 1120)</td>
<td>$</td>
<td>Q. Other intangible income (please explain)</td>
<td>$</td>
</tr>
<tr>
<td>E. Payments to Partners (including former partners)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Amounts distributed or set aside for REIT &amp; RIC investors</td>
<td>$</td>
<td>R. Federal Tax Credits (if expense reduction)</td>
<td>$</td>
</tr>
<tr>
<td>G. Amounts deducted for self-employment retirement, health and life insurance plans</td>
<td>$</td>
<td>S. Other income exempt from city tax (please explain)</td>
<td>$</td>
</tr>
<tr>
<td>H. Special Deduction (Line 29b from Form 1120)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Rental activities by Partnership, S-Corp, LLC, Trusts</td>
<td>$</td>
<td>Z. Total of Lines N through S</td>
<td>$</td>
</tr>
<tr>
<td>J. Other expenses not deductible (please explain)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M. Total of Lines A through J ...................................................... $  

1. INCOME PER FEDERAL RETURN ATTACHED .................................................. $  

2. A. ITEMS NOT DEDUCTIBLE (From Line M Schedule X above)  
   Add  
   B. ITEMS NOT TAXABLE (From Line Z Schedule X above)  
   Deduct  
   C. ENTER EXCESS OF LINE 2A OR 2B (Carry to Line 2 Page 1) (MUST BE ALLOCATED FOR EACH LOCALITY) .................................................. $  

### SCHEDULE Y - Business Apportionment Formula

Use this schedule if engaged in business in more than one locality, 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 rentals 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 locality (B divided by A)**

<table>
<thead>
<tr>
<th>VANDALIA</th>
<th>BROOKVILLE</th>
<th>BUTLER TWP JEDZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Step 2</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Step 3</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

**Average Percentage**

**TOTAL INCOME**

<table>
<thead>
<tr>
<th>VANDALIA</th>
<th>BROOKVILLE</th>
<th>BUTLER TWP JEDZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Balance of adjusted net income ........................................................................................................ $  
Total adjusted net income ........................................................................................................................ $  

Are any employees leased in the year covered by this return? (Check box)  
☐ Yes  ☐ No

If yes, please provide Name _______________________________ Address ________________________________________ and Federal ID # of the leasing company ____________________________