

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 BROOKVILLE 2017 INCOME TAX RETURN

*FILING REQUIRED EVEN IF NO TAX DUE*  
**DUE ON OR BEFORE APRIL 17, 2018**

CHECK ONE:	
<input type="checkbox"/> Resident	
<input type="checkbox"/> Non-Resident	
<input type="checkbox"/> Part Year Resident	

LIST NAME(S) AND ADDRESS BELOW.

SOC. SEC. NO. _____	FILING STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, Filing Separate
SOC. SEC. NO. _____	
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. **Please attach all W-2(s).**

	Income Earned from 1-1-17 through 5-22-17	Income Earned from 5-23-17 through 12-31-17	TOTALS
1. Total Qualifying Wages .....			
2. Form 2106 Expenses (Attach Form 2106 and Schedule A) .....			
3. Taxable Wages (Qualifying Wages Less 2106 Expenses) .....			
4. Income Other Than Wages (see Page 2, Section E) .....			
5. Total Taxable Income (Line 3 + Line 4) .....			5.
6. Tax Due (2% x Line 5) .....			6.
7. Tax Credits			
7-A. Resident City Tax Withheld .....			
7-B. Other City Tax Credit ..... <b>Not to exceed:</b>	(1%)	(2%)	
7-C. Other: Estimates, Direct Payments, Credits from Prior Year...			7-C.
7-D. Total Credits Available (Line 7-A + 7-B + 7-C) .....			7-D.
8. Balance of Tax Due (Line 6 TOTAL - Line 7-D TOTAL) .....			8.
9. Penalty \$ _____ Interest \$ _____ Late Fee \$ _____ .....			9.
10. TOTAL AMOUNT DUE (Make check payable to <u>City of Vandalia</u> ) (No payment due if \$10.00 or less) .....			10.

11. IF OVERPAYMENT, CREDIT TO NEXT YEAR (\$10.01 minimum): \$ \_\_\_\_\_ or REFUND \$ \_\_\_\_\_

Reviewed by \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Amt. Received \_\_\_\_\_

**SECTION C - DECLARATION OF ESTIMATED TAX FOR 2018**

12. Total Income Subject to Tax \$ _____ X Tax Rate (2%) .....	12.
13. Subtract Credit for Tax Withheld (Other city credit not to exceed 2%) .....	13.
14. Net Tax Due (Line 12 - Line 13) See General Information, Section 13 .....	14.
15. Quarterly Amount Due (1/4 of Line 14) .....	15.
16. Credit from Line 11 (\$10.01 minimum) .....	16.
17. Amount of Estimated Tax Due (Line 15 - Line 16) .....	17.
18. Total of this Payment (Line 10 + Line 17) .....	18.

**SECTION D PAYMENT BY CREDIT CARD OR ELECTRONIC CHECK**

Please refer to the website, [www.vandaliaohio.org](http://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.

**SOLE PROPRIETORS**

	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
<i>Location</i>	Income (Loss) from Schedule C (or from Schedule Y)	Rental Income (Loss) from Schedule E	Other Miscellaneous Income (Specify)	Total Other Income (Loss) (Total to Column 2 not less than \$0)	<i>Please provide the dates that the other income was earned for each entry.</i>

Rents paid to (Name and Address): \_\_\_\_\_

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

Total to Line 5

**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 or any other taxable sources, i.e., Form 4797, Schedule K-1, etc. (attach document/schedules).

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

**Column E** - Please enter dates between 1/1 and 12/31 that the specific other income (gain or loss) was earned. If earned throughout the entire year, enter 1/1/17 - 12/31/17.

**Column 1** - Enter total of all salaries and wages.

**Column 2** - Enter any net gains from Column D. 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 5.

**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 Brookville.

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 for Brookville (B divided by A)

**CITY OF BROOKVILLE**

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 .....	\$ _____