

FORM BR

FILE WITH

BATAVIA INCOME TAX  
389 East Main Street  
Batavia, OH 45103  
513-732-2740

# BATAVIA

## INCOME TAX RETURN

FILE ON OR BEFORE APRIL 15TH

MAKE CHECK OR MONEY ORDER  
PAYABLE TO

BATAVIA INCOME TAX

FISCAL YEAR DATE \_\_\_\_\_ TO \_\_\_\_\_

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_

TAXPAYERS NAME AND ADDRESS

CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

IF OTHER EXPLAIN \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_

FEIN \_\_\_\_\_

NOTICE: By law, all refunds and credits in excess of \$10.00 are being reported to the IRS.

THIS SPACE FOR TAX OFFICE USE ONLY

ARE YOU A BATAVIA RESIDENT? YES  NO  IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE, GIVE DATE  
DID YOU FILE A PREVIOUS YEAR RETURN? YES  NO   
HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEARS? YES  NO  INTO CITY \_\_\_\_\_ OR OUT OF CITY \_\_\_\_\_  
IF SO, HAS AN AMENDED BATAVIA INCOME TAX RETURN BEEN FILED? YES  NO

INCOME	1. ADJUSTED FEDERAL TAXABLE INCOME (SECTION A, PAGE 2) ATTACH FEDERAL RETURN & SCHEDULES	\$ _____
	2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X, PAGE 2)	ADD \$ _____
ADJUST -	b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X, PAGE 2)	DEDUCT \$ _____
	c. DIFFERENCE BETWEEN LINES 2a & b TO BE ADDED TO OR SUBTRACTED FROM LINE 1	\$ _____
MENTS	3a. ADJUSTED NET PROFIT/LOSS (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)	\$ _____
TO	b. AMOUNT OF LINE 3a APPORTIONED ( _____ % FROM LINE 5 SCHEDULE Y, PAGE 2)	\$ _____
INCOME	c. LESS ALLOCABLE LOSS PER PREVIOUS FILED INCOME TAX RETURN (ATTACH SCHEDULE) LOSS CARRYFORWARD LIMITED TO 5 YEARS	\$ _____
	4. NET PROFIT/LOSS SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c)	\$ _____
TAX	5. BATAVIA INCOME TAX IS 1.0% OF LINE 4	\$ _____
	6. CREDITS:	
	a. PAYMENT AND/OR CREDITS ON DECLARATION OF ESTIMATED TAX	\$ _____
	b. PRIOR YEAR OVERPAYMENTS	\$ _____
	c. TOTAL ALLOWABLE CREDITS	\$ _____
	7. IF LINE 5 GREATER THAN LINE 6c, PAYMENT OF TAX BALANCE IS DUE WITH THIS RETURN	\$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>
	8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE (ENTER ON LINE 10b)	
OFFICE USE ONLY	a. INTEREST CHARGE \$ _____ PLUS PENALTY CHARGE \$ _____ = TOTAL ASSESSMENT \$ _____	
	b. UNPAID TAX BALANCE (LINE 6) \$ _____ + TOTAL ASSESSMENT (LINE 7a) \$ _____ = TOTAL AMOUNT DUE \$ _____	

DECLARATION OF ESTIMATED TAX FOR YEAR

9. TOTAL INCOME SUBJECT TO TAX \$ _____	MULTIPLY BY RATE OF 1.0% FOR GROSS TAX OF	\$ _____
10. LESS EXPECTED CREDITS:		
a. OPERATING LOSS CARRYFORWARD (ATTACH SCHEDULE)		\$ _____
b. OVERPAYMENT FROM PRIOR YEAR		\$ _____
c. TOTAL CREDITS		\$ _____
11. NET TAX DUE (LINE 9 LESS LINE 10c)		\$ _____
12. AMOUNT DUE WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11)		\$ _____
13. BALANCE OF TAX (LINE 7)		\$ _____
14. AMOUNT ENCLOSED FOR TAX (LINE 7) \$ _____	PLUS DECLARATION (LINE 12) \$ _____	= \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS KNOWLEDGE.

Signature of Person Preparing if Other than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer or Agent (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

May we discuss this return with the preparer shown to the left? YES  NO

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

The following statements are in accordance with appropriate federal schedules.

Signature of Taxpayer \_\_\_\_\_

Date \_\_\_\_\_

PAGE 2

<b>SECTION A</b>	<b>Adjusted Federal Taxable Income</b>		
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Ordinary Income for 1120 (Line 28)	\$ _____
Ordinary Income for 1120S (Line 21) or 1065 (Line 22)	\$ _____
Add Income/Losses reported to shareholders on Schedule K:	
Net Income from Rental (Real Estate or Other)	\$ _____
Interest	\$ _____
Dividends	\$ _____
Royalties	\$ _____
Capital Gain/(Loss)	\$ _____
Other Income/(Loss)	\$ _____
Total Additions	\$ _____
Less Deductions reported to shareholders on Schedule K:	
Charitable Contributions (Limited to 10% of Adjusted Taxable Income)	\$ _____
Section 179 Depreciation	\$ _____
Other Deductions	\$ _____
Total Deductions	\$ _____
Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K)	\$ _____

<b>SECTION B</b>	Total from Federal Schedule D, Form 4797		\$ _____
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<b>SECTION C</b>	Income from rents - from Schedule E		\$ _____
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<b>SECTION D</b>	All Other Taxable Income		\$ _____
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<b>TOTAL</b>	From Sections A, B, C & D Enter on Page 1, Line 1		\$ _____
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<b>SCHEDULE X</b>	<b>Reconciliation with Federal Income Tax Return as Required by IRC Section 718</b>
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ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)	\$ _____
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	\$ _____
c. Taxes based on income (State)	\$ _____	p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	\$ _____
d. Taxes based on income (City)	\$ _____	q. Not previously deducted IRC Section 179 Expense	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or members	\$ _____	r. Other	\$ _____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____		
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities	\$ _____		
h. Charitable Contributions (up to federal allowance)	\$ _____		
i. Other	\$ _____		
m. Total (Enter Line 2a Other Side)	\$ _____	z. Total (Enter Line 2b Other Side)	\$ _____

<b>SCHEDULE Y</b> Business Apportionment Formula	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. 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	_____	_____	%
4. TOTAL PERCENTAGES	_____	_____	%
5. AVERAGE PERCENTAGES	_____	_____	%

Divide Total Percentages by Number of Percentages Used Carry to Line 3b, Page 1 \_\_\_\_\_ %

Are any employees leased in the year covered by this return?  YES  NO  
 If YES, please provide the name, address and FID number of the leasing company \_\_\_\_\_

**EXTENSION POLICY:** Extensions may, upon request, be granted for filing of the annual return, provided and IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.

**IR**  
**FORM** File With  
 Batavia Income Tax Bureau  
 389 East Main Street  
 Batavia, Ohio 45103

**BATAVIA INCOME TAX RETURN**  
**FILING REQUIRED EVEN IF NO TAX DUE**  
**FILE ON OR BEFORE APRIL 15,**  
**FOR TAXABLE YEAR -**

**TAX OFFICE**  
**PHONE**  
**513-732-2740**

TAXPAYER'S NAME, ADDRESS \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_

BUSINESS \_\_\_\_\_

S.S. # - MR \_\_\_\_\_ MRS. \_\_\_\_\_

IF MOVED SINCE THE PREVIOUS FINAL  
 RETURN WAS DUE GIVE DATE OF MOVE \_\_\_\_\_

INTO CITY \_\_\_\_\_ OUT OF \_\_\_\_\_

**NOTE:** Page 2 must be completed if you have taxable rental property or business income.

1. QUALIFYING WAGES (usually Medicare Wages from W-2) TIPS AND OTHER EMPLOYEE COMPENSATION ..... \$ \_\_\_\_\_  
 (ATTACH ALL W2's)

2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS) ..... \$ \_\_\_\_\_

3. TAXABLE INCOME: LINE 1, PLUS LINE 2 ..... \$ \_\_\_\_\_

4. MUNICIPAL TAX 1% OF LINE 3 ..... \$ \_\_\_\_\_

5. CREDITS

a. TAX WITHHELD BY EMPLOYER FOR BATAVIA ..... \$ \_\_\_\_\_

b. ESTIMATED TAX PAID THIS MUNICIPALITY ..... \$ \_\_\_\_\_

c. PRIOR YEAR OVER PAYMENTS ..... \$ \_\_\_\_\_

d. TOTAL CREDITS ..... \$ \_\_\_\_\_

⑥ IF LINE 4 GREATER THAN LINE 5D PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: TAX DUE .... \$ \_\_\_\_\_

a. **FOR TAX OFFICE USE ONLY!**

b. PENALTY \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

7. OVERPAYMENT: \$ \_\_\_\_\_ TO BE: REFUNDED \$ \_\_\_\_\_ CREDITED \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR YEAR**  
**(MUST BE COMPLETED)**

8. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF ..... \$ \_\_\_\_\_

9. LESS EXPECTED TAX CREDITS

a. TAX WITHHELD BY EMPLOYER FOR BATAVIA ..... \$ \_\_\_\_\_

b. OVERPAYMENT FROM PRIOR YEAR ..... \$ \_\_\_\_\_

c. TOTAL CREDITS ..... \$ \_\_\_\_\_

**NOTE: NO CREDIT WILL BE PERMITTED FOR TAXES PAID TO OTHER VILLAGES OR CITIES.**

10. ESTIMATED NET TAX DUE (LINE 8 LESS LINE 9c) ..... \$ \_\_\_\_\_

11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10), QUARTERLY PAYMENTS DUE ..... \$ \_\_\_\_\_

⑫ BALANCE OF TAX DUE ..... \$ \_\_\_\_\_

**I certify that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the statements are based on all information of which preparer has any knowledge.**

Signature of person preparing if other than taxpayer \_\_\_\_\_

Date \_\_\_\_\_

Signature of taxpayer or agent \_\_\_\_\_

Date \_\_\_\_\_

TAX DUE (LINE 6) \$ \_\_\_\_\_

EST. TAX DUE (LINE 11) \$ \_\_\_\_\_

TOTAL SUBMITTED \$ \_\_\_\_\_ CHECK # \_\_\_\_\_

May we discuss this return with the preparer shown above?  Yes  No

THE FOLLOWING STATEMENTS ARE IN ACCORDANCE WITH APPROPRIATE FEDERAL SCHEDULES.

Signed \_\_\_\_\_

THIS PAGE TO BE COMPLETED ONLY BY THOSE WHO HAVE MUNICIPAL INCOME OTHER THAN WAGES OR WHO CLAIM EXPENSES AS A DEDUCTION FROM SUCH WAGE.

- 13. PROFIT FROM ANY BUSINESS OWNED (ATTACH COPY OF FEDERAL SCHEDULE C) .....\$ \_\_\_\_\_
- 14. RENTAL INCOME (ATTACH COPY OF FEDERAL SCHEDULE E) .....\$ \_\_\_\_\_
- 15. OTHER INCOME (ATTACH COPY OF APPROPRIATE FEDERAL SCHEDULE) .....\$ \_\_\_\_\_
- 16. TOTAL OTHER INCOME (LINES 13 THRU 15) .....\$ \_\_\_\_\_
- 17. DEDUCTIONS
  - a. EMPLOYMENT EXPENSES INCLUDED IN LINE 1 (ATTACH VERIFICATION) .....\$ \_\_\_\_\_
  - b. NON-TAXABLE OR OTHER .....\$ \_\_\_\_\_
  - c. TOTAL DEDUCTIONS .....\$ \_\_\_\_\_
- 18. NET OTHER TAXABLE INCOME (INSERT IN LINE 2 PAGE 1) .....\$ \_\_\_\_\_

**INSTRUCTIONS  
FOR COMPLETION OF LINES 1 THRU 18**

LINE NUMBER

- 2. To be completed only if you are required to complete line 13-16. NOTE: BUSINESS LOSSES MAY NOT BE USED TO OFFSET WAGES.
- 6. A & B to be completed by a Tax Office only **when tax has not been paid on time.** (See Interest & Penalties)
- 14. If gross income over \$2,400.00 per year on all rental property owned, must be completed.
- 15. Retirement income as well as interest and dividend income is not taxable.
- 17. A. Deduction will be allowed only when W-2 is attached and all expenses must be substantiated by proper schedules.

NOTE: UNLESS ACCOMPANIED BY PAYMENT OF THE BALANCE OF THE TAX DECLARED DUE (LINE 5) AND AT LEAST 1/4 OF THE ESTIMATED TAX (LINE10) THIS FORM IS NOT A LEGAL FINAL RETURN OR DECLARATION.

**DECLARATION OF ESTIMATED TAX FOR YEAR**

No later than April 15	July 31	October 31	January 31	April 15
File Declaration with 1/4th payment.	Make 2nd quarterly payment.	Make 3rd quarterly payment.	Make 4th quarterly payment.	File return. Pay any balance due.

**INTEREST & PENALTIES**

(Article X, Paragraph A and B / Rules & Regulations)

- 1. All taxes imposed under the provisions of this Ordinance and remaining unpaid after they have become due shall bear interest, in addition to the amount of the unpaid tax, at the rate of one percent (1%) per month or fraction thereof.
- 2. In addition to interest, penalties for failure to pay taxes pursuant to the provisions of the Ordinance are hereby imposed as follows: In the case of Taxpayers failing to pay the full amount of tax due, a penalty of the higher of a) Twenty-five Dollars (\$25.00) or b) one percent (1%) per month, or fraction thereof, of the amount of the unpaid tax; if the tax is paid during the first six months after said tax became due; a penalty of two percent (2%) per month, or fraction thereof, of the unpaid tax, if said tax is paid the seventh and twelfth months after said tax is due; and a penalty of four (4%) per month, or fraction thereof, of the amount of the unpaid tax, if said tax is paid later than twelve months after it became due.

## WITHHOLDING TAX RECONCILIATION

1. Total number of employees \_\_\_\_\_

2. Total payroll for the year \$ \_\_\_\_\_

3. Less payroll not subject to tax \$ \_\_\_\_\_

4. Payroll subject to tax \$ \_\_\_\_\_

5. Withholding tax liability @ 1% \$ \_\_\_\_\_

Total Batavia Income Tax Withheld During Year For :

First quarter ending March 31 \$ \_\_\_\_\_

Second quarter ending June 30 \$ \_\_\_\_\_

Third quarter ending September 30 \$ \_\_\_\_\_

Fourth quarter ending December 31 \$ \_\_\_\_\_

6. Total remitted for the year \$ \_\_\_\_\_

7. Overpayment \$ \_\_\_\_\_ or additional tax due \$ \_\_\_\_\_

Do not write in space below

**EMPLOYER'S NAME, ADDRESS**

TAX YEAR \_\_\_\_\_

**INSTRUCTIONS**

If item 7 above indicates overpayment and refund is desired, attach explanation and request to this form. If additional tax is due attach payment when filing.

The tax ordinance requires the annual preparation and filing of this report from all employers subject to the tax. Reports must be completed and mailed to the Village of Batavia Income Tax Bureau, 389 E. Main Street, Batavia, Ohio 45103 on or before February 28 th of the following year.

Other information required to be submitted with this report is the name and address of each employee completely, or only in part, subject to tax during the year the total gross earnings of each such employee and the amount of Batavia tax withheld from those earnings. The form below is provided for use of employers in submitting this information. If additional space is required, continue on reverse side, or attach additional sheets of this same size. Employers desiring to submit commercially reproduced copies of Federal Forms W-2 or electronic reproductions bearing the required information in either card or listing form may do so instead of the listing form below. Additional forms, for your own records, can be secured from the Tax Bureau upon request.

NAME AND ADDRESS OF EMPLOYEE	TOTAL EARNINGS FOR THE YEAR	BATAVIA TAX WITHHELD
<b>TOTAL THIS PAGE</b>		
<b>TOTAL ALL PAGES</b>		

