

Form **BR** File With  
 Elmwood Place Income Tax  
 Bureau  
 6118 Vine Street  
 Elmwood Place, Ohio 45216  
 on or before April 30

**- ELMWOOD PLACE INCOME TAX RETURN -  
 FILING REQUIRED EVEN IF NO TAX IS DUE**

FISCAL YEAR DATE  
 FROM \_\_\_\_\_  
 DATE \_\_\_\_\_

**YOU ARE SUBJECT TO A \$50.00 PENALTY IF YOU FILE LATE  
 AND HAVE NOT REQUESTED AN EXTENSION.**

TAXPAYER'S NAME, ADDRESS

ACCOUNT NO. \_\_\_\_\_

TAX OFFICE PHONE 242-3920  
**NOTE: A WRITTEN REQUEST FOR AN  
 EXTENSION IS REQUIRED BY APRIL 30th.**

CONTACT: \_\_\_\_\_

TELEPHONE: BUSINESS \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_

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

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

**YOU MUST ATTACH A COPY OF YOUR FEDERAL TAX RETURN WITH SCHEDULES AND ALL 1099 ISSUED.**

<b>INCOME</b>	1. INCOME: FROM LINE 17 PAGE 2 .....	\$ _____
<b>ADJUST- MENTS TO INCOME</b>	1a. INCOME: FROM TOTAL SCHEDULES D G & H PAGE 2 .....	\$ _____
	2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (OTHER SIDE) ..... ADD \$ _____	
	2b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X (OTHER SIDE) ..... DEDUCT \$ _____	
	2c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 & 1a (+ OR -) .....	\$ _____
	3a. ADJUSTED NET INCOME (Line 1 & 1a plus or minus (Line 2c if Schedule x is used) .....	\$ _____
	3b. Amount of Line 3A Allocable (_____ % from line 5 Schedule Y) .....	\$ _____
<b>TAX</b>	4. AMOUNT SUBJECT TO ELMWOOD INCOME TAX (LINE 3a OR 3b LESS 3c IF SCHEDULE Y IS USED) .....	\$ _____
	5. TAX 2.0% OF LINE 4 .....	\$ _____
	6. CREDITS:	
	(a) Payments and credits on Declaration of Estimated Tax .....	\$ _____
	(b) OVERPAYMENT .....	\$ _____
	(x) TOTAL CREDIT ALLOWABLE .....	\$ _____
	7. BALANCE OF TAX DUE (Line 5 Less Line 6X): Make Remittance Payable to Village of Elmwood Place and Attach when Filing .....	\$ _____

**DECLARATION OF ESTIMATED TAX FOR YEAR -**

8. TOTAL INCOME SUBJECT TO TAX \$ _____: MULTIPLY BY TAX RATE OF 2.0% FOR GROSS TAX OF .....	\$ _____
9. LESS EXPECTED TAX CREDITS	
A. WITHHELD BY AN EMPLOYER (NOT TO EXCEED 2.0%) .....	\$ _____
B. OVERPAYMENT FROM PRIOR YEAR .....	\$ _____
C. PAYMENTS TO ANOTHER MUNICIPALITY (NOT TO EXCEED 2.0%) .....	\$ _____
D. TOTAL CREDITS .....	\$ _____
10. NET TAX DUE (LINE 8 LESS LINE 9d) .....	\$ _____
11. AMOUNT PAID WITH THIS DELARATION (NOT LESS THAN 1/4 OF LINE 10) .....	\$ _____
12. BALANCE OF TAX .....	\$ _____

I CERTIFY THAT I HAVE EXAMINED THE FIGURES IN BOTH THE ABOVE FINAL RETURN AND DECLARATION, INCLUDING ANY ACCOMPANYING DOCUMENTS AND THAT I BELIEVE THEM TO BE TRUE, CORRECT AND COMPLETE.

Signature of Person Preparing if Other Than Taxpayer

Date Signature of Taxpayer or Agent

Date

ORIGINAL

<b>SCHEDULE C</b>	<b>Profit (or Loss) from Business or Profession</b>	<b>Federal I.D. Number</b>
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1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS ..... \$ \_\_\_\_\_

2. LESS Cost of Labor \$ \_\_\_\_\_ Material, supplies and other costs \$ \_\_\_\_\_

3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) .....

4. INTEREST \$ \_\_\_\_\_ OTHER BUSINESS INCOME (Specify) \$ \_\_\_\_\_

5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS ..... \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

6. ADVERTISING AND PROMOTION ..... \$ _____	12. RENTS (Paid to _____) \$ _____
7. AUTO, TRUCK AND TRAVEL ..... \$ _____	13. OTHER (List if over 10% of Line 14) .....
8. INT. ON BUSINESS INDEBTEDNESS ..... \$ _____	14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) .....
9a. TAXES BASED ON INCOME ..... \$ _____	15. Net Profit (or loss) from business or profession (Line 5 less Line 14) .....
9b. OTHER BUSINESS TAXES ..... \$ _____	16. TOTAL SCHEDULE G & H INCOME ..... \$ _____
10. SALARIES AND WAGES ..... \$ _____	17. TOTAL TAXABLE INCOME: INSERT Line 1, Page 1 ..... \$ _____
11. DEPRECIATION, AMORTIZATION ..... \$ _____	

<b>SCHEDULE D</b>	<b>Total from Federal Schedule D, Form 4797.</b>
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<b>SCHEDULE G</b>	<b>Income from Rents - Attach appropriate federal schedule</b>				
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)
NET INCOME (or loss) SCHEDULE G .....					\$ _____

<b>SCHEDULE H</b>	<b>All Other Taxable Income</b>	
INCOME FROM PARTNERSHIPS, ESTATES, & TRUSTS - FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H .....		\$ _____

<b>TOTAL</b>	<b>From Schedule C, D, G &amp; H. Enter on Page 1, Line 1a .....</b>	\$ _____
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<b>SCHEDULE Y</b>	<b>Business Allocation Formula</b>	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b + a)
STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY				
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8				
TOTAL SEPT 1				
..... %				
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)				
..... %				
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID				
..... %				
STEP 4. TOTAL PERCENTAGES				
..... %				
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentage by Number of Percentages Used)				
				Carry to Line 3b, Page 1
				..... %

<b>SCHEDULE X, RECONCILIATION WITH FEDERAL INCOME TAX RETURN</b>					
ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses (Excluding Ordinary Losses) .....	\$ _____		n. Capital gains (Excluding Ordinary Gains, see instruct.) .....	\$ _____	
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z) .....	_____		o. Interest income .....	_____	
c. Taxes based on income .....	_____		p. Dividends .....	_____	
d. Net operating loss deduction per Federal Return .....	_____		q. Other (Explain) See Instructions .....	_____	
e. Payments to partners .....	_____				
f. Sick pay not included in Line 1 above .....	_____				
g. Contributions .....	_____				
h. Other expenses not deductible (Explain) .....	_____				
m. (Enter Line 2a Other Side) .....	\$ _____		z. Enter Line 2b Other side .....	\$ _____	

<b>SCHEDULE Z PARTNERS' SHARE OF INCOME</b>							
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$ _____	\$ _____		\$ _____
7. TOTALS from Schedule C and Schedule H Above				100	\$ _____		