

FORM BR

INCOME TAX RETURN

MAKE CHECK OR MONEY ORDER

PAYABLE TO

VILLAGE OF GOLF MANOR

FILE WITH
GOLF MANOR
INCOME TAX BUREAU
6450 WIEHE ROAD
GOLF MANOR, OH 45237
Phone: 531-5155
Fax: 531-4404
ON OR BEFORE APRIL 15TH

MAY BE USED IN ANY CITY IN OHIO BY
INSERTING PROPER NAME AND CHANGING TAX RATE.
TAX OFFICE PHONE

FISCAL YEAR DATE TO

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

THIS SPACE FOR TAX OFFICE ONLY

ACCOUNT NO.

PRINCIPAL BUSINESS ACTIVITY

CORPORATION PARTNERSHIP SOLE PROPRIETOR

TAX PAYER'S NAME AND ADDRESS

IF OTHER, EXPLAIN _____

BUSINESS TELEPHONE: _____

FEDERAL ID # _____

ARE YOU A RESIDENT OF GOLF MANOR? YES NO
DID YOU FILE A PREVIOUSLY YEAR RETURN? YES NO
HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES NO
IF SO, HAS AN AMENDED CITY OF GOLF MANOR INCOME TAX RETURN BEEN FILED YES NO

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO CITY _____ OR OUT OF _____

INCOME	1. TOTAL INCOME FROM PAGE 2 OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES	\$ _____
	2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (FROM PAGE 2))	ADD \$ _____
ADJUST-	b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X (FROM PAGE 2))	DEDUCT \$ _____
	c. DIFFERENCE BETWEEN LINE 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -)	\$ _____
MENTS	3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)	\$ _____
	TO b. AMOUNT OF LINE 3a ALLOCABLE (_____ % FROM LINE 5 SCHEDULE Y)	\$ _____
INCOME	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c)	\$ _____
TAX	5. TAX OF LINE 4	\$ _____
	6. CREDITS:	
	(a) PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX	\$ _____
	(b) PRIOR YEAR OVERPAYMENT	\$ _____
	(x) TOTAL CREDITS ALLOWABLE	\$ _____

7. IF LINE 5 GREATER THAN LINE 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. TAX DUE

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE

A. PENALTY \$ _____, INTEREST \$ _____ TOTAL \$ _____
B. TOTAL AMOUNT DUE (INCLUDING LINE 7A)

DECLARATION OF ESTIMATED FOR TAX YEAR _____

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF _____ FOR GROSS TAX OF	\$ _____
10. LESS EXPECTED TAX CREDITS	
A. OVERPAYMENT FROM PRIOR YEAR	\$ _____
B. TOTAL CREDITS	\$ _____
11. NET TAX DUE (LINE 9 LESS LINE 10B)	\$ _____
12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11)	\$ _____
13. BALANCE OF TAX	\$ _____
14. AMOUNT ENCLOSED: (LINE 7) \$ _____ +(LINE 12) \$ _____ = TOTAL 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 DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer

Date

Signature of Taxpayer or Agent (Required)

Date

Address

and

Telephone Number

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ _____

2. LESS Cost of labor \$ _____ Material, supplies and other costs \$ _____ \$ _____

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 \$ _____ 11. DEPRECIATION, AMORTIZATION \$ _____

7. AUTO, TRUCK AND TRAVEL \$ _____ 12. RENTS (Paid to _____) \$ _____

8. INT. ON BUSINESS INDEBTEDNESS \$ _____ 13. OTHER (List if over 10% of Line 14) \$ _____

9a. TAXES BASED ON INCOME \$ _____ 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) \$ _____

b. OTHER BUSINESS TAXES \$ _____ 15. NET PROFIT (OR LOSS) FROM BUSINESS \$ _____

10. SALARIES AND WAGES \$ _____ OR PROFESSION (LINE 5 LESS LINE 14) \$ _____

SECTION B Total from Federal Schedule D, Form 4797. \$ _____

SECTION C Income from Rents—from Federal Schedule E and R

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C \$ _____

SECTION D All other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D \$ _____

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1 \$

SCHEDULE X Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses) \$ _____		n. Capital gains (Excluding Ordinary Gains) \$ _____	
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) \$ _____	
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) Total \$ _____		z. Enter Line 2b Other Side Total \$ 	

SCHEDULE Y Business Allocation Formula

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS CITY	c. PERCENTAGE (b + a)
STEP 1. AVG. VALUE OF REAL & TANG. 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 PERCENTAGE (Divide Total Percentages by Number of Percentages Used).			Carry to Line 3b, Page 1 %

SCHEDULE Z PARTNER'S SHARE OF INCOME

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 Section C and Section D Above			100	\$			