

FORM BR

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

INCOME TAX RETURN

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

MAKE CHECK OR MONEY ORDER

PAYABLE TO

VILLAGE OF
GOLF MANOR

FISCAL YEAR DATE TO

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 FILL 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

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

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 \$	
MENTS	c. DIFFERENCE BETWEEN LINE 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -)	\$	
	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 AND 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

SECTION A	Profit (or Loss) from Business or Profession (Schedule C or Page 1) (Corporations)				
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.	\$
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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	\$
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SCHEDULE X	Reconciliation with Federal Income Tax Return			
ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE	
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	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	Yes	No	Percent	Amount				
7. TOTALs from Section C and Section D Above			100	\$				