

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

THIS SPACE FOR TAX OFFICE ONLY

Table with columns for INCOME, ADJUSTMENTS, and TAX. Rows include: 1. TOTAL INCOME FROM PAGE 2 OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES; 2a. ITEMS NOT DEDUCTIBLE; b. ITEMS NOT TAXABLE; c. DIFFERENCE BETWEEN LINE 2a AND b; 3a. ADJUSTED NET INCOME; 3b. AMOUNT OF LINE 3a ALLOCABLE; 4. AMOUNT SUBJECT TO MUNICIPAL INCOME 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

Table for Declaration of Estimated Tax. Rows include: 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

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. \$ _____

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 \$ <input type="text"/>

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)		____% <input type="text"/>

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	\$			