

Form **BR-1** City Income Tax Return For Business

Business Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Federal ID# \_\_\_\_\_ Account Number \_\_\_\_\_ - B

Tax Year 20\_\_ \_\_  
 OR  
 Fiscal Year 20\_\_ \_\_  
 Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Ending \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Amended Return  Final Return  
**Filing Status:**  
 C-Corporation  
 S-Corporation  
 Partnership  
 LLC  
 Fiduciary (Trusts/Estates)

DATE RECEIVED \_\_\_\_\_  
 TAX OFFICE USE ONLY:  
 PAYMENT AMOUNT \_\_\_\_\_  
 CASH/CHECK/CC# \_\_\_\_\_

Please attach copies of all appropriate Federal Return and Supporting Schedules.

**SECTION A**

1. INCOME PER ATTACHED FEDERAL RETURN .....	1
2. ITEMS NOT DEDUCTIBLE (From Line M, Schedule X reverse page).....	2
3. ITEMS NOT TAXABLE (From Line Z, Schedule X reverse page).....	3
4. TAXABLE INCOME (Line 1 + Line 2 - Line 3) .....	4
5. NET OPERATING LOSS FROM 2017 OR AFTER (Limited to 50%) .....	5
6. TAXABLE INCOME AFTER NET OPERATING LOSS DEDUCTION .....	6
7. AMOUNT OF THE APPORTIONMENT FOR THE CITY OF ENGLEWOOD (Schedule Y _____% x Line 4) .....	7
8. TAX DUE (Line 5 x 1.75%) .....	8
9. TAX CREDITS	
9A Estimated Tax Paid .....	9A
9B Credit from Prior Year .....	9B
9C Total Credits Available (Line 9A + Line 9B) .....	9C
10. BALANCE OF TAX DUE (Line 8 - Line 9C) .....	10
11. PENALTY \$ _____ INTEREST \$ _____ LATE FEE \$ _____ .....	11
12. <b>TOTAL AMOUNT DUE</b> (Make Check Payable to the City of Englewood) <b>(no payment if \$10.00 or less)</b> .....	12
13. IF OVERPAYMENT: (Indicate Below Credit to Next Year and/or Refund)	
13A CREDIT TO NEXT YEAR .....	13A
13B REFUND <b>(no refund if \$10.00 or less)</b> .....	13B

**SECTION B DECLARATION OF ESTIMATED TAX**

14. INCOME SUBJECT TO TAX x 1.75% .....	14
15. QUARTERLY AMOUNT DUE (1/4 of Line 14) .....	15
16. CREDIT FROM 13A .....	16
17. Line 15 - Line 16 (Amount of Estimated Tax being paid with this Return) .....	17
18. TOTAL OF THIS PAYMENT (Line 12 + Line 17) .....	18

**SIGNATURE**

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal income tax purposes, adjusted to the ordinance requirements for local tax purposes, and if an audit of the Federal return is made which affects the tax liability shown on the return an amended return is required to be filed within three months.

**Sign Here** Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_ Email \_\_\_\_\_

**Paid Preparer's Use Only** Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Englewood? (see instructions)  YES (complete below)  NO  
 Designee's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**CONTACT INFORMATION**  
**City of Englewood**  
 Income Tax Department  
 333 W National Rd  
 Englewood, OH 45322  
 937-836-5106  
 tax@englewood.oh.us

**ALL FEDERAL SCHEDULES LISTED BELOW AND OTHER SUPPORTING DOCUMENTS  
MUST BE ATTACHED TO THIS RETURN.**

**SCHEDULE X**

**RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (including IRC 1221 & 1231 property) ...	\$ _____	N. Capital Gains from sale, exchange or other disposition (including IRC 1221 \$ 1231 property) .....	\$ _____
B. Expenses attributable to non-taxable income.....	\$ _____	O. Interest earned or accrued .....	\$ _____
C. City & State Income Taxes & other taxes based on income .....	\$ _____	P. Dividends .....	\$ _____
D. Net Operating Loss Deduction per Federal Return .....	\$ _____	Q. Other intangible income (explain) .....	\$ _____
E. Payments to Partners (including former partners) .....	\$ _____	R. Federal Tax Credits (if expense reduction) .....	\$ _____
F. Amounts distributed or set aside for REIT & RIC investors .....	\$ _____	S. Other Income Exempt from City Tax (explain) .....	\$ _____
G. Amounts deducted for self employed retirement, health and life insurance plans .....	\$ _____		
H. Special Deduction .....	\$ _____		
I. Rental activities by Partnership, S-Corp, LLC, Trusts ....	\$ _____		
J. Other Expenses not deductible (explain) .....	\$ _____		
<b>M. TOTAL ADDITIONS (Lines A through J) .....</b>	<b>\$ _____</b>	<b>Z. TOTAL DEDUCTIONS (Line N through S).....</b>	<b>\$ _____</b>

**SCHEDULE Y**

**BUSINESS APPORTIONMENT FORMULA**

Use this schedule if engaged in business in more than one city and you do not have books and records which will disclose with reasonable accuracy what portion of the net profits is attributed to that part of the business done within the boundaries of the city or cities involved.

	A. LOCATED EVERYWHERE	B. LOCATED IN ENGLEWOOD	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 SERVICES PERFORMED.....	\$ _____	\$ _____	%
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID.....	\$ _____	\$ _____	%
STEP 4. TOTAL PERCENTAGES.....	\$ _____	\$ _____	%
STEP 5. AVERAGE PERCENTAGE (divide total percentages by number of percentages used). Transfer to Line 7 for allocation .....			%

**SCHEDULE Z**

**RECONCILIATION OF WITHHOLDING TAX**

A. Total Wages Allocated to Englewood (From Schedule Y step 3 or Federal Return).....	\$ _____
B.. Total Wages Reported on Withholding Tax Reconciliation (W-3).....	\$ _____
C. If Lines A and B DO NOT MATCH, Provide a detailed explanation or a billing letter will be sent for the difference:	
_____	
_____	
_____	

**ADDITIONAL REQUIRED INFORMATION**

- Has Your Federal Tax Liability for any Prior Year been changed as a result of an examination by the IRS? ...  YES  NO
- List Year(s) \_\_\_\_\_ Has an Amended Return been filed with Englewood?.....  YES  NO
- Do You have Employees in Englewood? .....  YES  NO  N/A
- Do You use subcontract labor to perform work in Englewood?.....  YES  NO  N/A
- Are any employees leased in the year covered in this return? .....  YES  NO  N/A

If YES please provide the following information about the Leasing Company:

Name \_\_\_\_\_

Address \_\_\_\_\_