Form BR File With

FARMERSVILLE INCOME TAX
117 E. Walnut St.
Farmersville, Ohio 45325-0214
(937) 696-2020

VILLAGE OF FARMERSVILLE
BUSINESS
INCOME TAX RETURN

Make Check or Money Order PAYABLE TO:
FARMERSVILLE INCOME TAX

THIS SPACE FOR TAX OFFICE ONLY

PRINCIPAL BUSINESS ACTIVITY _____

ACCOUNT NO.

CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐

TAX PAYERS NAME AND ADDRESS

IF OTHER, EXPLAIN: _____

BUSINESS TELEPHONE: _____

FEDERAL ID # _____

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 ..... $_____

ADJUSTMENTS TO INCOME

2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X(FROM PAGE 2) ..... ADD $_____

b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X (FROM PAGE 2)..... DEDUCT $_____

c. DIFFERENCE BETWEEN LINES 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) ..... $_____

b. AMOUNT OF LINE 3a ALLOCABLE (_____% FROM LINE 5 SCHEDULE Y) ..... $_____

c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE) ..... $_____

4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c) ..... $_____

TAX

5. FARMERSVILLE TAX 1.00% 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 ..... $_____

A. PENALTY $_____, INTEREST $_____ ..... **TOTAL $_____**

B. TOTAL AMOUNT DUE (INCLUDING LINE 7A) ..... $_____

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

DECLARATION OF ESTIMATED TAX FOR YEAR

9. TOTAL INCOME SUBJECT TO TAX $ _____ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF $_____

10. LESS EXPECTED TAX CREDITS

A. OPERATING LOSS CARRY FORWARD (ATTACH SCHEDULE) ..... $_____

B. OVERPAYMENT FROM PRIOR YEAR ..... $_____

C. TOTAL CREDITS ..... $_____

11. NET TAX DUE (LINE 9 LESS LINE 10C) ..... $_____

12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11) ..... $_____

13. AMOUNT ENCLOSED (LINE 7) $_____ (LINE 12) $_____ **TOTAL**

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**

IN LIEU OF COMPLETING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULE (S)

SECTION A — Profit (or Loss) from Business or Profession

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 ..... $
7. AUTO, TRUCK AND TRAVEL ..... $
8. INT. ON BUSINESS INDEBTEDNESS ..... $
9a. TAXES BASED ON INCOME ..... $
b. OTHER BUSINESS TAXES ..... $
10. SALARIES AND WAGES ..... $
11. DEPRECIATION, AMORTIZATION ..... $
12. RENTS (Paid to _____) $
13. OTHER (List if over 10% of Line 14) ..... $
14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) $
15. NET PROFIT (OR LOSS) FROM BUSINESS 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.

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 LineZ)	$	o. Interest income	$
c. Taxes based on income (State)	$	p. Dividends	$
d. Taxes based on income (City)	$	q. Other (Explain)	$
e. Net operating loss deduction per Federal Return	$	.....	
f. Payments to partners	$	.....	
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 MUNICPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident Yes	2. Resident No	3. Dist. Shares of Parnters Percent	3. Dist. Shares of Parnters Amount	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
7. TOTALS from Section A and D Above			100	$			