

City of Englewood

Income Tax Department
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Englewood, OH 45322
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2011 - Business Income Tax Return - 2011

Calendar Year Business Return and Payment Due April 17, 2012

Fiscal and Partial Years, Due within 3½ months of end of period

Fiscal Year Beginning _____ 20____ and Ending _____ 20____



Form BR-1

Business Name and Address

Account #

Filing Status:
 C-Corporation
 S-Corporation
 Partnership
 LLC
 Fiduciary (Trusts/Estates)

Check Here if Account Should be Inactivated. Explain:

Federal ID# _____

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

SECTION A

1.	INCOME PER ATTACHED FEDERAL RETURN	\$	_____
2.	ITEMS NOT DEDUCTIBLE (From Line M, Schedule X reverse page).....	\$	_____
3.	ITEMS NOT TAXABLE (From Line Z, Schedule X reverse page).....	\$	_____
4.	TAXABLE INCOME (Line 1 + Line 2 - Line 3)	\$	_____
5.	AMOUNT OF THE APPORTIONMENT FOR THE CITY OF ENGLEWOOD (Schedule Y _____% x Line 4)	\$	_____
6.	TAX DUE (Line 5 x 1.75%)	\$	_____
7.	TAX CREDITS		
	7-A Estimated Tax Paid	\$	_____
	7-B Credit from Prior Year	\$	_____
	7-C Total Credits Available (Line 7-A + Line 7-B)	\$	_____
8.	BALANCE OF TAX DUE (Line 6 - Line 7-C)	\$	_____
9.	PENALTY \$_____ INTEREST \$_____ LATE FEE \$_____	\$	_____
10.	TOTAL AMOUNT DUE (Make Check Payable to the City of Englewood) (no payment if less than \$5.00)	\$	_____
11.	IF OVERPAYMENT: (Indicate Below Credit to Next Year and/or Refund)		
	11-A CREDIT TO NEXT YEAR	\$	_____
	11-B REFUND (no refund is less than \$5.00)	\$	_____

SECTION B — DECLARATION OF ESTIMATED TAX

12.	INCOME SUBJECT TO TAX x 1.75%	\$	_____
13.	QUARTERLY AMOUNT DUE (1/4 of Line 12)	\$	_____
14.	CREDIT FROM 11-A	\$	_____
15.	Line 13 - Line 14 (Amount of Estimated Tax being paid with this Return)	\$	_____
16.	TOTAL OF THIS PAYMENT (Line 10 + Line 15)	\$	_____

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.

Signature of Person Preparing if Other than Taxpayer Date

Print Name of Person Preparing if Other than Taxpayer Date

Daytime Phone # _____ Fax _____

Email

Signature of Taxpayer or Agent Date

Print Name of Taxpayer or Agent Title

Daytime Phone # _____ Fax _____

Email

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)	\$ _____		
M. TOTAL ADDITIONS (Lines A through J)	\$ _____	Z. TOTAL DEDUCTIONS (Line N through S).....	\$ _____

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	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 OR 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 5 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 _____

Federal ID _____