

Form BR File With
**GERMANTOWN
 INCOME TAX**
 75 North Walnut Street
 Germantown, Ohio 45327
 (937) 855-7258

GERMANTOWN BUSINESS INCOME TAX RETURN

Make Check or Money Order
 PAYABLE TO:
**GERMANTOWN
 INCOME TAX**

THIS SPACE FOR TAX OFFICE ONLY

TAXPAYERS NAME AND ADDRESS _____ ACCOUNT NO. _____

PRINCIPAL BUSINESS ACTIVITY _____

CORPORATION PARTNERSHIP SOLE PROPRIETOR

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	\$ _____
	2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (FROM PAGE 2)) ADD \$ _____	
	b. ITEMS NOT TAXABLE (FROM LINE 2 SCHEDULE X (FROM PAGE 2)) DEDUCT \$ _____	
ADJUST- MENTS TO INCOME	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. GERMANTOWN TAX 1.25% 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)	\$ _____

B. 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 1/4% 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 _____			

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 \$ _____ 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.

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

a. Capital Losses (Excluding Ordinary Losses) \$ _____
 b. Expenses incurred in the production of non-taxable income (at least 5% of Line 2) \$ _____
 c. Taxes based on income (State) \$ _____
 d. Taxes based on income (City) \$ _____
 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 \$ _____

ITEMS NOT TAXABLE DEDUCT

n. Capital gains (Excluding Ordinary Gains) \$ _____
 o. Interest income \$ _____
 p. Dividends \$ _____
 q. Other (Explain) \$ _____

 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 3a, Page 1

SCHEDULE Z PARTNER'S SHARE OF INCOME

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 A and D Above			100	\$			