

FORM BR

FILE WITH  
LONDON INCOME TAX DEPT.  
P.O. BOX 387  
8 EAST FIRST ST.  
LONDON, OHIO 43140  
DUE ON \_\_\_\_\_  
OR BEFORE \_\_\_\_\_

# INCOME TAX RETURN FOR LONDON, OHIO

TAX OFFICE PHONE: 740-852-0693

ORIGINAL

MAKE CHECK OR MONEY ORDER  
PAYABLE TO:

CITY OF  
LONDON

FISCAL YEAR DATE \_\_\_\_\_ TO \_\_\_\_\_

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

TAXPAYERS NAME AND CURRENT ADDRESS

FEDERAL ID # \_\_\_\_\_

S.S. NO. \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO LONDON \_\_\_\_\_ OUT OF LONDON \_\_\_\_\_

If a Federal extension has been requested, please remit a copy of this extension along with your completed return on or before the extended filing due date.

<b>INCOME</b>	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 Z SCHEDULE X (FROM PAGE 2)) .....	DEDUCT \$ _____
	c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -)	\$ _____
<b>ADJUST- MENTS</b>	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)	\$ _____
<b>TO</b>		
<b>INCOME</b>		
<b>TAX</b>	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b)	\$ _____
	5. LONDON TAX 1.5% 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 .....	\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>

\* NO ADDITIONAL TAXES OR REFUNDS OF LESS THAN TEN DOLLARS (\$10.00) SHALL BE COLLECTED OR REFUNDED.

A. PENALTY \$ _____, INTEREST \$ _____	TOTAL \$ _____
B. TOTAL AMOUNT DUE (INCLUDING LINE 7A)	\$ _____

THIS SPACE FOR TAX OFFICE ONLY

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS.

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 1.5% 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) .....		\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>
13. AMOUNT ENCLOSED:	(LINE 7) \$ _____	(LINE 12) \$ _____ AMOUNT 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 \_\_\_\_\_ Title, if Signing for a Business \_\_\_\_\_

**YOU MUST ATTACH APPROPRIATE FEDERAL SCHEDULE (S)**

<b>SECTION A</b>	Profit (or Loss) from Business or Profession	NET INCOME SECTION A .....	\$ _____
<b>SECTION B</b>	Total from Federal Schedule D, Form 4797.	NET INCOME SECTION B .....	\$ _____
<b>SECTION C</b>	Income from Rents — from Federal Schedule E.	NET INCOME SECTION C .....	\$ _____

**SECTION C. INCOME from RENTS.**

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C ..... \$ \_\_\_\_\_

<b>SECTION D</b>	All other Taxable Income	NET INCOME SECTION D .....	\$ _____
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INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS

<b>TOTAL</b>	From Sections A, B, C & D. Enter on Page 1, Line 1 .....	\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>
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A MUNICIPALITY DOES NOT NECESSARILY TAX ALL ITEMS OF INCOME, NOR DOES IT NECESSARILY ALLOW CERTAIN ITEMS AS DEDUCTIONS IN THE SAME MANNER AS THE STATE AND FEDERAL GOVERNMENT. IT IS THEREFORE REQUIRED THAT SCHEDULE "X" BE COMPLETED AND ALL RELATED FEDERAL SCHEDULES BE ATTACHED.

**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 (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 .....	\$ _____	z Enter Line 2b Other Side .....	TOTAL \$ _____
h Other expenses not deductible (Explain) .....	\$ _____		
m (Enter Line 2a Other Side) .....	TOTAL \$ _____		

SCHEDULE Y	Business Allocation Formula	a. LOCATED EVERYWHERE	b. LOCATED IN LONDON	c. PERCENTAGE (b + a)
<b>STEP 1.</b>	AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1	_____	_____	_____ %
<b>STEP 2.</b>	GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
<b>STEP 3.</b>	WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
<b>4.</b>	TOTAL PERCENTAGES	_____	_____	_____ %
<b>5.</b>	AVERAGE PERCENTAGES (Divide Total Percentages By Number of Percentages Used)	_____	_____	_____ %

Carry to Line 3b, Page 1 ..... %

SCHEDULE Z PARTNER'S SHARE OF INCOME 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			
					\$		\$
<b>TOTAL</b> From Section A and Section D Above			100	\$			

**EXTENSION POLICY**  
 IF A FEDERAL EXTENSION HAS BEEN REQUESTED, A COPY OF THIS EXTENSION MUST BE SUBMITTED WITH YOUR COMPLETED RETURN ON OR BEFORE THE EXTENDED FILING DUE DATE IN ORDER TO BE ACCEPTED. THIS EXTENSION DOES NOT EXTEND YOUR TIME TO PAY. THIS ONLY EXTENDS YOUR TIME TO FILE.

**FILING IS REQUIRED EVEN IF NO TAX IS DUE!**