

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: 614-852-0693

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 \_\_\_\_\_

**You must obtain a London extension if a Federal extension has been requested. This extension must be requested prior to the due date of your return.**

<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)	\$ _____
	c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE) <b>(LOSSES MAY BE CARRIED FORWARD FOR 5 YEARS)</b>	\$ _____
<b>TO INCOME</b>	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c)	\$ _____
	5. LONDON TAX 1.0% OF LINE 4 .....	\$ _____
<b>TAX</b>	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: <small>* NO ADDITIONAL TAXES OR REFUNDS OF LESS THAN ONE DOLLAR (\$1.00) SHALL BE COLLECTED OR REFUNDED.</small>	TAX DUE .....	\$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>

A. PENALTY \$ \_\_\_\_\_, INTEREST \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

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

THIS SPACE FOR TAX OFFICE ONLY

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

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

### DECLARATION OF ESTIMATED TAX FOR YEAR

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.0% 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) .....	\$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
13. AMOUNT ENCLOSED: (LINE 7) \$ _____ (LINE 12) \$ _____ AMOUNT DUE	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>

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>	<b>Profit (or Loss) from Business or Profession</b>	NET INCOME SECTION A .....	\$ _____
<b>SECTION B</b>	<b>Total from Federal Schedule D, Form 4797.</b>	NET INCOME SECTION B .....	\$ _____
<b>SECTION C</b>	<b>Income from Rents — from Federal Schedule E.</b>	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>	<b>All other Taxable Income</b>	NET INCOME SECTION D .....	\$ _____
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INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS

<b>TOTAL</b>	<b>From Sections A, B, C &amp; D. Enter on Page 1, Line 1 .....</b>	\$ <span style="border: 1px solid black; display: inline-block; width: 50px; 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 .....	\$ _____	z Enter Line 2b Other Side .....	TOTAL \$ _____
f Payments to partners .....	\$ _____		
g Contributions .....	\$ _____		
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

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 FILING DATE CANNOT BE MET, A WRITTEN REQUEST FOR EXTENSION OR A COPY OF YOUR FEDERAL EXTENSION REQUEST MUST BE FILED WITH THE LONDON TAX DEPARTMENT BEFORE THE FILING DATE.**

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