

**TAX OFFICE HOURS:**  
By appointment

Assistance is available at the  
Income Tax Department,  
130 N. Main St.  
P.O. Box 599  
Bradner, Ohio 43406  
419-288-2890

THIS IS NOT A FEDERAL RETURN  
**INCOME TAX RETURN 2018**  
BRADNER, OHIO INCOME TAX  
FOR THE CALENDAR YEAR 2018  
FOR FISCAL YEAR BEGINNING \_\_\_\_\_, ENDING \_\_\_\_\_

**ALL RESIDENTS MUST  
FILE A TAX RETURN  
UNLESS THEY ARE  
RETIRED WITH NO  
TAXABLE INCOME.**

This return must comply with Ordinance 10-14-684, as amended, and with its supplemental regulations.

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES  
(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

Taxpayer Social security No. \_\_\_\_\_  
Spouse Social Security Number \_\_\_\_\_  
If you moved:        Into Bradner on \_\_\_\_\_  
  From Bradner         \_\_\_\_\_  
List any year that IRS changed your taxable income \_\_\_\_\_  
Will you have taxable income for 2018? No  Yes

**SCHEDULE A**

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31 from each employer or source. INCLUDE SICK PAY that is paid by employer and amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation. (ROUND TO NEAREST DOLLAR)

(A1) Name of Employer	(A2) City or Twp. Where Employed	(A3) Bradner Tax Withheld	(A4) Total Wages
		\$ .00	.00
		.00	.00
		.00	.00
		.00	.00
		.00	.00
<b>**STAPLE FORMS W-2 ACROSS TOP, REAR.**</b>		<b>TOTAL</b>	<b>\$ .00</b>

1. Total Wages .....	(1)	\$	.00
2. Other Income (Lottery & Gambling winnings) and (from page 2 of Federal Income Schedules attached) .....	(2)	\$	.00
3. Total Income .....	(3)	\$	.00
4. Bradner Income Tax, 1% of line 3 .....	(4)	\$	.00
5. Tax Credits:			
(a) Bradner Tax Withheld.....	(4)	\$	.00
(b) Prior Year Credit.....	(4)	\$	.00
(c) Estimates Paid.....	(4)	\$	.00
(d) Prior Year Credit.....	(4)	\$	.00
Total Credit (5a + 5b + 5c).....	(5)	\$	.00
6. Line 4 less Line 5 (If minus figures, enter on Line 9 and mark disposition).....	(6)	\$	.00
7. Additional Charges:(a) Interest (6.0% per month of Line 6) .....			
(b) Penalty (15% per month of Line 6) .....	(7)	\$	.00
(c) Late Filing Penalty (\$25.00 per month in addition to lines 7a & 7b if files late) .....	(7)	\$	.00
(d) Total of Lines (7a, 7b, & 7c).....	(7)	\$	.00
8. TOTAL DUE: (Line 6 plus Line 7) - Make check payable to BRADNER VILLAGE INCOME TAX, DUE WITH RETURN.....	(8)	\$	.00
9. Overpayment: Credit on next year's return: Estimate: \$ _____ Refund \$ _____ .....	(9)	\$	.00
No tax due or refunds on amount less then \$10.00			

**FILE THIS RETURN WITH INCOME TAX DEPARTMENT, 130 N. MAIN ST., P.O. BOX 599, BRADNER, OHIO 43406 ON OR BEFORE APRIL 17, 2019**

**IF RENT IS PAID OR RECEIVED, STATE TO OR FROM WHOM:**

The undersigned declares that this return(and accompanying schedules) is 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, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

X  
\_\_\_\_\_  
Signature (Title) (Date)

XX  
\_\_\_\_\_  
Name and Address of Firm or Employer (Signature) (Telephone)

**SCHEDULE C Profit (Loss) from Business or Profession (Attach copy of Federal Schedule C)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_

- 1. Total Receipts, less Allowances, rebates and Returns..... \$ \_\_\_\_\_
- 2. Less (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable  
 (Indicate labor charges included) .....
- 3. Gross Profits from Sales, etc., (Line 1 less line 2).....
- 4. Dividends \$ \_\_\_\_\_; Interest \$ \_\_\_\_\_; Royalties \$ \_\_\_\_\_
- 5. Rents Received, if connected with Trade or Business.....
- 6. Other Business Income (Specify).....
- 7. Total Business Income Before Deductions..... \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- |  |  |
|--|--|
| 8. Compensation of Officers..... \$ _____      | 19. Other.....   |
| 9. Salaries and Wages Not Deducted.....        | 20. ....   |
| Elsewhere.....                                 | 21. ....   |
| 10. Rents.....                                 | 22. ....   |
| 11. Interest or Business Indebtedness.....     | 23. ....   |
| 12. City Income Taxes on Business.....         | 24. ....   |
| 13. Other Business Taxes.....                  | 25. ....   |
| 14. Bad Debts.....                             | 26. ....   |
| 15. Depreciation, Amortization, Depletion..... | 27. ....   |
| 16. Repairs.....                               | 28. ....   |
| 17. Commissions (Attach 1099).....             | 29. ....   |
| 18. Subcontracts (Attach List).....            | 30. ....   |
|  | 31. Total Business Deduction (total of Lines 8 to 30) \$ _____ |
|  | 32. Net profit (Loss)..... \$ _____                            |

\*Landlord's Name and Address \_\_\_\_\_

**SCHEDULE D Total from Federal Schedule (Attach copy)** \$ \_\_\_\_\_

**SCHEDULE E Rental and Other Income (Attach copy of Federal Schedule E)**

Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Totals.....	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Other Income - Partnerships, Commissions, Fees, Tips, Etc. (Do not include interest or dividends.)

Received From	For (describe)		
_____	_____	\$ _____	
_____	_____	\$ _____	\$ _____

**SCHEDULE F Farm Income (Attach copy of Federal Schedule F or 4835)**

Location of Farm \_\_\_\_\_ Total Income (or Loss) Schedule F \$ \_\_\_\_\_

**TOTALS Schedules C, D, E & F.....** \$ \_\_\_\_\_

**SCHEDULE Y Business Allocation Formula**

	a. Located Everywhere	b. Located This Municipality	c. Percentage (b ÷ a)
STEP 1. Average Value of Real & Tangible Personal Property.....	_____	_____	_____ %
Gross Amount Rentals Paid Multiplied by 8.....	_____	_____	_____ %
TOTAL STEP 1.....	_____	_____	_____ %
STEP 2. Gross Receipts From Sales Made and/or Work or Services Performed (see instruction).....	_____	_____	_____ %
STEP 3. Wages, Salaries, and other Compensation Paid.....	_____	_____	_____ %
STEP 4. Total Percentages.....	_____	_____	_____ %
STEP 5. Average Percentage (Divide Total Percentages by Number of Percentages Used).....			_____ %

**SCHEDULE Z Partnership Entity - Taxable Income Fed. Form 1065 including Schedules must be provided.** \$ \_\_\_\_\_