

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 2025
BRADNER, OHIO INCOME TAX
FOR THE CALENDAR YEAR 2025

FOR FISCAL YEAR BEGINNING _____, ENDING _____

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

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 2024? No C Yes C

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 Box 5 Wages
		\$.00	.00
		.00	.00
		.00	.00
		.00	.00
		.00	.00
STAPLE FORMS W-2 ACROSS TOP REAR	TOTAL	\$.00	\$.00

****STAPLE FORMS W-2 ACROSS TOP, REAR.****

TOTAL	\$.00	\$.00
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FILE THIS RETURN WITH INCOME TAX DEPARTMENT, 130 N. MAIN ST., P.O. BOX 599, BRADNER, OHIO 43406 ON OR BEFORE APRIL 15, 2026

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.

C. CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPABER

X

Signature of person preparing this return other than taxpayer

Taxpayer Signature

(Date)

XX

Name and Address of Firm or Employer

Taxpayer 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..... \$ _____
9. Salaries and Wages Not Deducted.....
Elsewhere.....
10. Rents.....
11. Interest or Business Indebtedness.....
12. City Income Taxes on Business.....
13. Other Business Taxes.....
14. Bad Debts.....
15. Depreciation, Amortization, Depletion.....
16. Repairs.....
17. Commissions (Attach 1099).....
18. Subcontracts (Attach List).....
19. Other.....
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
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)
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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.

\$ _____