

Form BR File With
VILLAGE OF OAK HARBOR
 INCOME TAX DEPARTMENT
 146 CHURCH STREET
 P.O. BOX 232
 OAK HARBOR, OH 43449
 Phone: (419) 898-1611
 Fax: (419) 898-3502

BUSINESS
OAK HARBOR EARNINGS TAX RETURN
 DUE ON OR BEFORE APRIL 15, OR 4 MONTHS AFTER FISCAL YEAR END
 LATE FILING FEE OF \$25.00
FILING REQUIRED EVEN IF NO TAX DUE

FISCAL YEAR

From _____
 TO _____

TAXPAYER'S NAME, ADDRESS _____

PRINCIPAL BUSINESS ACTIVITY _____
 CORPORATION PARTNERSHIP SOLE PROPRIETOR
HAVE YOU HAD A FEDERAL AUDIT IN THE LAST 3 YEARS WHICH RESULTED IN A CHANGE IN YOUR TAX LIABILITY?
 IF SO, GIVE TAX YEAR _____
 FEDERAL ID# _____
 PHONE # _____
 IF MOVED DURING CURRENT YEAR PLEASE GIVE DATE.
 MOVED IN _____ MOVED OUT _____

INCOME 1. TOTAL INCOME FROM PAGE 2 (ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES)..... \$ _____
 2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X ON PAGE 2) ADD \$ _____
ADJUST- b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2)..... DEDUCT \$ _____
MENTS c. DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -) \$ _____
TO 3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)..... \$ _____
INCOME 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 VILLAGE OF OAK HARBOR TAX (LINE 3a OR 3b LESS LINE 3c) \$ _____
TAX 5. TAX: 1% 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** \$

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE
 (If Line 6X is greater than Line 5) No taxes or refunds of less than \$5.00 shall be collected or refunded.

By Law, all Refunds & Credits in excess of \$10.00 are being reported to I.R.S.

DECLARATION OF ESTIMATED TAX FOR YEAR _____

9. TOTAL INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF \$ _____
 10. a. OVERPAYMENT FROM PRIOR YEAR(S)..... \$ _____
 b. TOTAL CREDIT \$ _____
 11. NET ESTIMATED TAX DUE FOR ____ (LINE 8 LESS LINE 10b) \$ _____
 12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11)..... \$
 13. TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 12) \$
MAKE CHECKS PAYABLE TO VILLAGE OF OAK HARBOR

FOR TAX OFFICE USE ONLY

Tax \$ _____ Penalty \$ _____ Interest \$ _____
 Late _____ Months TOTAL DUE (Tax & Assessments)..... \$ _____

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 _____ Telephone Number _____ Title if Signing for a Business _____

YOU MUST ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

SECTION A	Profit (or Loss) from Business or Profession	NET INCOME SECTION A... \$ _____
SECTION B	Total from Federal Schedule D, Form 4797	NET INCOME SECTION B... \$ _____
SECTION C	Income from Rents – from Federal Schedule E	NET INCOME SECTION C... \$ _____
SECTION D	All other Taxable Income	NET INCOME SECTION D... \$ _____

INCOME FROM PARTNERSHIPS, ESTATES, & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS

TOTAL	From Sections A, B, C & D Enter on page 1, Line 1	\$ _____
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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" BELOW 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	\$ _____		
h. Other expenses not deductible (Explain)	\$ _____		
m. (Enter on Line 2a, Other Side)	TOTAL \$ _____	z. Enter on Line 2b, Other Side	TOTAL \$ _____

SCHEDULE Y Business Allocation Formula

	a. LOCATED EVERYWHERE	B. LOCATED IN OAK HARBOR	c. PERCENTAGE (b ÷ a)
STEP 1. AVERAGE 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	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).			Carry to Line 3b, Page 1 _____ %

SECTION Z Partner's Share of Income	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
1. NAME AND MUNICIPALITY OF TOWNSHIP OF EA. PARTNER							
7. TOTAL From Section A and Section D above			100	\$			

EXTENSION POLICY: An extension request may be granted upon written request submitted not less than ten (10) days before due date, provided an I.R.S. extension has been secured. Only those requests received in duplicate with a self-addressed postpaid envelope will have a copy returned after being marked appropriately.

NOTE: Unless accompanied by copies of appropriate Federal Schedules and by payment of the balance of Tax Declared Due (Line 7) and, if required, at least 1/4 of the Estimated Tax (Line 12), this form is not a legal final return or declaration.

DECLARATION PAYMENT CALENDAR

APRIL 30 File Declaration with 1/4th payment.	JUNE 30 Make 2nd quarterly payment.	SEPTEMBER 30 Make 3rd quarterly payment.	DECEMBER 31 Make 4th quarterly payment.	APRIL 30 File return. Pay quarterly payment.
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FAILURE TO FILE A REQUIRED RETURN AND/OR TO PAY TAXES BY DUE DATE SUBJECT YOU TO IMPOSITION OF A \$25.00 LATE FILING FEE IN ADDITION TO PENALTIES AND INTEREST.