

2018 BROOK PARK INCOME TAX RETURN

FOR CALENDAR YEAR 2018 OR FISCAL PERIOD TO

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2019 FISCAL FILERS FILE WITHIN 105 DAYS OF PERIOD END

DECLARING EXEMPTION: Please fill out exemption certificate on page 2 and sign on this page

FILING REQUIRED EVEN IF NO TAX IS DUE

Mail To: City of Brook Park Tax Department 6161 Engle Road Brook Park, OH 44142 PH:216-433-1533 FAX: 216-433-0822

TAXPAYER(S) NAME AND ADDRESS PHONE:

NAME:

ADDRESS:

ADDRESS 2:

CITY: STATE: ZIP:

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2018, COMPLETE THE FOLLOWING:

Date moved into Brook Park

Previous Address

Date moved out of Brook Park

If name change, give previous name

SOCIAL SECURITY # OR FEDERAL ID # SPOUSE SOCIAL SECURITY #

W-2/W-2G WORKSHEET

W-2/W2G COPIES MUST BE ATTACHED

Table with 6 columns: Date wages were Earned (Month/Day) From To, 1 PRINT EMPLOYER'S NAME, 2 CITY WHERE EMPLOYED, 3 BROOK PARK TAX WITHHELD, 4 OTHER CITY TAX WITHHELD, 5 CREDIT ALLOWED FOR OTHER CITIES (Max - 2.0% of Wages), 6 QUALIFYING WAGES ON W-2/W-2G (greater of box 5 or 18). Includes a TOTALS row.

ATTACH A COPY OF 1040, ALL APPLICABLE W-2s/W-2Gs, FEDERAL SCHEDULES, EXPLANATIONS ETC...

If you want Brook Park to calculate your tax - STOP, check the box, sign and date the return. Submit with W-2s/W-2Gs

Income and Tax calculation table with lines 1-16. Includes sections for INCOME, TAX, TAX WITHHELD, PAYMENTS AND CREDITS, BALANCE DUE, REFUND OR CREDIT.

DECLARATION OF ESTIMATED TAX - Taxpayers owing more than \$200.00 are required by law to set up and pay

Table for estimated tax with lines 17-24. Includes sections for ESTIMATE FOR NEXT YEAR and TAX DUE.

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return. The undersigned declares under penalty of perjury that this return (and accompanying schedules) is a 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 adjusted to Municipal Income Tax Ordinances.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER

DATE

NAME AND ADDRESS OF PREPARER (PLEASE PRINT)

TELEPHONE NUMBER

SIGNATURE OF SPOUSE (IF JOINT RETURN)

TELEPHONE NUMBER

SCHEDULE OF INCOME FROM OTHER THAN WAGES

RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES C AND E, FORMS 1120, 1120S, FORM 1065 WHEN APPLICABLE. MUST INCLUDE ALL PAGES, SCHEDULES & STATEMENTS

FORM OR SCHEDULE	INCOME OR LOSS FROM FEDERAL SCHEDULE	TAX CREDIT ALLOWED FOR TAX PAID TO OTHER CITIES (LIMITED TO 2.0% OF INCOME)
1. SCHEDULE C – BUSINESS INCOME (Attach copy of form and any referenced schedules)		
2. SCHEDULE E – RENTAL INCOME (Residents enter profit/loss from all properties) Nonresidents enter only profit/loss from Brook Park properties.		
3. SCHEDULE F - FARM INCOME (Attach copy of form and any referenced schedules)		
4. SCHEDULE K-1 (Residents enter profit/loss from entities that do not pay Brook Park tax on entire distributive share.) (Attach copy of K-1)		
5. FORM 1120, 1120S, 1065, 1041 (Attach copy of form and any referenced schedules)		
6. TOTAL OF LINES 1 THRU 5		
7. Previous Year Net Losses (Limited to 5 years 2013 to 2016 @ 100% 2017@ 50%) - schedule must be attached		
8. SUBTRACT LINE 7 from Line 6		
9. MISCELLANEOUS INCOME – 1099 MISC, ETC. (Attach copy of supporting document)		
10. TOTAL INCOME (LOSS) (Combine Lines 8 & 9 and enter amount from 10A on Line 25 below and amount from 10B on Line 8 on page 1.	10A	10B

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (NOT FOR INDIVIDUAL NON-BUSINESS USE)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses).....	\$ _____	k. Capital gains (Excluding Ordinary Gains).....	\$ _____
b. Expenses incurred in the production of non-taxable income ...	_____	l. Interest Income.....	_____
c. Taxes based on income (Including Franchise Tax).....	_____	m. Dividend Income.....	_____
d. Net operating loss carry forward from Federal Return.....	_____	n. Section 179 Deduction.....	_____
e. Amounts paid or accrued on behalf of owners/partners for qualified self employed retirement plans, health insurance and/or life insurance.....	_____	o. Other (explain).....	_____
f. Officers Compensation not included in W-2/W-2G wages.....	_____	_____
g. Other expenses not deductible (explain).....	_____	_____
h. Total additions (enter on Line 26a).....	\$ _____	p. Total Deductions (enter on Line 26b).....	\$ _____

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN BROOK PARK	c. PERCENTAGE (b ÷ a)
STEP 1 Avg. Original Cost of Real & Tang. personal property	_____	_____	
Gross annual rentals paid multiplied by 8	_____	_____	
Total Step1	_____	_____	_____ %
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 27b below _____ %

25. Total from Schedule of Income From Other Than Wages above (Line 10A).....	\$ _____
26. a. Items Not Deductible.....	ADD \$ _____
b. Items Not Taxable.....	DEDUCT \$ _____
c. Enter excess of Line 26A or 26B.....	\$ _____
27. a. Adjusted Net Income (Line 25 plus or minus 26C).....	\$ _____
b. Amount allocable to Brook Park. If Schedule Y is used then, 100.00000000 % of Line 27a.....	\$ _____
28. Amount subject to Brook Park Income Tax (Carry to Page 1 Line 2).....	\$ _____

EXEMPTION CERTIFICATE (Signature is required on page 1)

I have no taxable income because of the reason indicated below:

- RETIRED – I received only pension, Social Security and/or interest or dividend income for the entire year.
- UNDER 18 for the entire year of _____. My date of birth is ___ / ___ / _____. (Attach copy of birth certificate or driver's license)
- ACTIVE MEMBER OF THE U.S. ARMED FORCES for the entire year of _____.
- NO EARNED INCOME for the entire year of _____. (Public assistance, SSI, Unemployment, etc. is not considered earned income.)