

FOR CALENDAR YEAR 2023 OR FISCAL PERIOD TO

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

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

SOCIAL SECURITY # OR FEDERAL ID # SPOUSE SOCIAL SECURITY #

Secondary Taxpayer Date of Birth / /

## 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 @ 100%) See instructions - 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.)