2023 BROOK PARK INCOME TAX RETURN FOR CALENDAR YEAR 2023 OR FISCAL PERIOD CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2024 FISCAL FILERS FILE WITHIN 105 DAYS OF PERIOD END Mail To: City of Brook Park ☐ DECLARING EXEMPTION: Please fill out exemption **Tax Department** FILING REQUIRED EVEN IF NO TAX IS DUE certificate on page 2 and sign on this page 6161 Engle Road Brook Park, OH 44142 PH:216-433-1533 TAXPAYER(S) NAME AND ADDRESS PHONE: FAX: 216-433-0822 IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2023, NAME: COMPLETE THE FOLLOWING: ADDRESS: Date moved into Brook Park _ Previous Address ADDRESS 2: Date moved out of Brook Park ____ STATE: ZIP: CITY: Primary Taxpayer Date of Birth ____/___/ VALID EMAIL ADDRESS: Secondary Taxpayer Date of Birth ___/__/ SOCIAL SECURITY # OR FEDERAL ID # SPOUSE SOCIAL SECURITY

W-2/W-2G WORKSHEET CREDIT ALLOWED FOR QUALIFYING WAGES Date wages were 3 OTHER CITY TAX OTHER CITIES ON W-2/W-2G Earned (Month/Day) PRINT EMPLOYER'S NAME WITHHELD CITY WHERE EMPLOYED (Max - 2.0% of Wages) (greater of box 5 or 18) W-2/W2G From **BROOK PARK** TAX WITHHELD **COPIES** MUST

ii you want	Brook Park to calculate your tax - STOP, check the box, sign and date the return.	Submit v	/ILII VV-28	3/VV-2GS
ICOME	Total W-2/W-2G wages from column 6		\$	
	2. Income from other than wages (from line 28)			
W	3. TOTAL BROOK PARK INCOME. ADD LINES 1 AND 2			
X	4. BROOK PARK INCOME TAX. MULTIPLY LINE 3 BY 2.0% (0.02)	4	\$	
X	5. BROOK PARK income tax withheld from column 3			
THHELD,	6. Prior year credits			
YMENTS	7. Estimated payments			
D CREDITS	8. Credit for taxes withheld to other cities from column 5 and 10B			
DOMEDITO	9. TOTAL PAYMENTS AND CREDITS. ADD LINES 5 THROUGH 8	9	\$	
	10. BALANCE DUE. If line 4 is more than 9, enter balance due here	10	\$	
LANCE	11. Late filing and late payment penalty (see instructions)	11	\$	
Ε,	12. Interest (see instructions)	12	\$	
FUND	13. TOTAL DUE. Add lines 10 through 12. Carry to line 23 below (No tax due if \$10.00 or less)	13	\$	
	14. OVERPAYMENT. If line 4 is less than line 9, enter overpayment here14 \$			
EDIT	15. AMOUNT FROM LINE 14 TO BE REFUNDED (no refund if \$10.00 or less)15			
	16. AMOUNT FROM LINE 14 TO BE CREDITED TO NEXT YEAR (no credit if \$10.00 or less) 16 \$			
	DECLARATION OF ESTIMATED TAX – Taxpayers owing more than \$200.00 are required	by law to	set up and	pay
TIMATE	17. Total estimated income subject to tax \$ Multiply by tax rate of 2.0% (0.02)	17	\$	•
R	18. Subtract any estimated income tax to be withheld or paid to other cities	18	\$	
NEXT	19. Balance of city income tax declared. Subtract line 18 from line 17	19	\$	
AR	20. Tax due before credits. Enter at least 25% of line 19	20	\$	
AIII	21. Less credits. Enter line 16 from above	21	\$	
	22. Net estimated tax due. Subtract line 20 from line 21	22	\$	
X DUE	23. Enter balance due from line 13 above (No tax due if \$10.00 or less)	23	\$	
IAX DOL	24. TOTAL TAX DUE. ADD LINES 22 & 23. PLEASE MAKE CHECKS PAYABLE TO CITY OF BROOK PARK	24	\$	

NAME AND ADDRESS OF PREPARER (PLEASE PRINT)	TELEPHONE NUMBER	SIGNATURE OF SPOUSE (IF JOINT RETURN)	TELEPHONE NUMBER

SIGNATURE OF TAXPAYER

DATE

DATE

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

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)			
SCHEDULE C – BUSINESS INCOME (Attach copy of form and any referenced schedules)					
SCHEDULE E – RENTAL INCOME (Residents enter profit/loss from all properties) Nonresidents enter only profit/loss from Brook Park properties.					
SCHEDULE F - FARM INCOME (Attach copy of form and any referenced schedules)					
 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)					
 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			
c. Taxes based on income (Including Franchise Tax)	ns (Excluding Ordinary Gains)ome				
SCHEDULE Y BUSINESS ALLOCATION FORMULA					
a. LOCATED EVERYWHERE 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 Wages, salaries, and other compensation paid STEP 4 Total percentages STEP 5 Average percentage (Divide Total Percentages by Number of Percentages Used)	b. LOCATED IN c. PERCE BROOK PARK (b ÷				
25. Total from Schedule of Income From Other Than Wages above (Line 10A) 26. a. Items Not Deductible	ADD \$	\$ \$ \$			
EXEMPTION CERTIFICATE (Signature is		······································			

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 licese)
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.)

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