City of Brunswick Income Tax Return TAXABLE PERIOD JANUARY 1 to DECEMBER 31

2017

or fiscal year _

Please attach all W-2s, wage statements, and Federal form 1040/1040A/1040EZ

READ GENERAL INSTRUCTIONS: Failure to File This Return and/or Pay Tax By April 15 Will Result in a Penalty and/or Interest FXTFNSION.

		By April 15 Will Result in a	Penanty and/or inte			
ENTER	R NAME AND ADDRESS BE	LOW			IG THE YEAR, THIS MUS	
				Old Address		
				New Address		
				New Address		
				Date Moved In Brunswi	ck	
					nswick	
ILING	STATUS: Individual J	pint Retired Business			andlord	
oc. Se	c#	Spouse Soc. Sec#				
ed ID#		Day Phone #				
PTION	: For help determining amount fo	r Col. E, go to the worksheet on Pag	je 3 to determine if Tax	was withheld on entire wage	, or only withheld on a portion o	of wage.
	Α	В	С	D	E	F
Lis	st Each City Where the Wages were earned.	Enter the Total GROSS Wages (See Instructions)	Enter Amount of tax withheld for Brunswick	Enter other Local tax withheld	Enter 1% of taxed wages earned in other cities or Enter result from Col. 5 Pg. 3 Worksheet.	Enter the Lower Amount of Column D or E
art II: come: 1 2 3 redits: 4 THE is ba						
	Totals					
come		3 by .0185 (1.85%) Enter result	here		1	
		tax from Part VIII on page 2 (if				
		result here				
redits						
		swick (total col. C)				
		mn F. Proof of tax paid to another runswick on declaration of estim				
		dit from prior year				
	e. TOTAL CREDITS (ad	d 4a,b,c & d)			4e	
		ESS than the amount on line 3,				
		REATER than amount on line 3				
	7 Add I ATE FILING PEN	kt Year Estimate 6b ALTY of \$25 for each month (up	Amount to to \$150) filed after A	Refund 60 nril 15	(under \$10.01 will no	it be retunded)
		ENALTY of 15% of unpaid tax d				
		er annum (0.50% per month) of				
		dd lines 5, 7, 8 & 9. If balance d				
		structions)				
		imate in full, subtract credit if any minus amount on Line 6 (if not				
		return, LINE 10 PLUS LINE 12.				
	<u> </u>					
	Make check or money orde	r payable to Brunswick City Ir	ncome Tax. Mail to	City of Brunswick, P.O.	Box 0816, Brunswick, Oh	io 44212-0816
т	HE UNDERSIGNED DECLARE	ES THAT THIS RETURN IS TRUE	CORRECT AND CO	MPI FTF FOR THIS TAX N	FAR Declaration of prepare	er (other than taxnaver
		ich the has any knowledge. I autho				
		. •		•	· ·	
ian I	YOUR SIGNATURE		DATE		ED'S SIGNATURE (Other the	an taypayar\
ere	TOUR SIGNATURE		DATE	PKEPAR	ER'S SIGNATURE (Other tha	ııı taxpayer)
	Spouse's signature (if filing jo	intly, BOTH must sign)			PREPARER'S ADDRESS	
	- 0.5 (11 1111119]0	. ,, =				

PART III. SCHEDULE A

_	RT III. SCHEDULE A						
	Taxable Non-Wage Income	Column 1 Earned in	Column 2 Earned in	Column 3 Earned in	Column 4 Earned in	Column 5 Earned in	Column 6
1	Municipality where earned	Lameum	Lameum	Lameum	Lameum	Lameum	Column
2	Net Operating Loss (NOL) Carryforward from previous year						
<u></u>	Current Year - 2						
H	Current Year - 3						
\vdash	Current Year - 4						
	Current Year - 5						
3.	Federal Schedule C Income (Loss)						
	Federal Schedule E Income (Loss)						
	Federal Schedule E pg 2, K-1 Income (Loss)						
4.	Taxable non-wage Income						
5.	Amounts greater than \$0 from Line above						
6.	Total of positive net profits						
7.	Percentage of total positive net profits						
8.	Prior year NOL and current net (loss) totals						
9.	If (loss) exceeds profit, STOP and enter 0						
10.	Allowable (loss) based on percentage calculation						
11.	Net profit after (loss) application						
12.							
13.	Enter amount of taxes paid to other municipality (Proof of taxes paid must be attached to return)						
14.	Credit of 1% for taxes paid to other municipality						
15.	Tax due						
16.	Total tax due after credit calculation, enter on Line 1, Part VIII						

^{*} NOTE: To determine the carry forward amount to the next tax year, deduct the amount in Current Year – 5 from the total loss in line 9. Treatment of losses is subject to change as directed by ORC 718.

PART IV. SCHEDULE B

PR	OFIT OR (LOSS) ON FORM 1120, 1120-S, SCHEDULE C, E, & F FILERS FROM BUSINESS OR PROFESSION (SE	E INSTRUCTIONS)
1.	Net profit of loss per Federal Income Tax Return	1. \$
2.	Add items not deductible under Brunswick Tax ordinance from Schedule X below. Add 2. \$	_
3.	Deduct items not taxable under Brunswick Tax ordinance from Schedule X below. Deduct 3. \$	_
4.	Adjusted Net Profit (Line 1 plus Line 2 less Line 3)	4. \$
5.	Amount Allocable to Brunswick (per Business Allocation formulas, Schedule Y below) % of Line 4	5. \$
5a.	Less allocable Net Loss per previous Brunswick City Income Tax Returns (Submit Schedule)	5a. \$
6.	Amount Subject to Brunswick Income Tax (line 4 or 5 less Line 5a)	6. \$
7.	BRUNSWICK INCOME TAX (Multiply taxable Income by .0185 (1.85% of Line 6))	7. \$
	If no credits are applicable, carry tax due from Line 7 to Line 9.	
CR	EDITS: TO BE COMPLETED BY RESIDENT ENTITIES OF BRUNSWICK ONLY	
8.	Enter 1% of taxed income. (Submit proof)	8. \$
9.	TAX DUE BRUNSWICK from Schedule C (Line 7 less Line 8) Carry to Line 1, Part VIII	9. \$

PART V. SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN — BUSINESS FILERS ONLY									
	ITEMS NOT DEDUCTIBLE	ADD		ITEMS NOT TAXABLE	DEDUCT				
a.	Capital loss, From Fed. Schedule	\$	F.	Capital Gain From Fed. Schedule\$_					
b.	Interest and/or other Expense incurred		G	. Interest earned or accrued\$ _					
	in production on non-taxable income	\$	Н	Dividends\$ _					
C.	All income taxes, paid or accrued	\$	I.	TOTAL DEDUCTIONS — Enter Line 3, Sch. B\$ _					
d.	Payment to partners (Fed. form 1065)	\$							
е	TOTAL ADDITIONS — Enter Line 2 Sch. B.	\$							

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PART VI. SCHEDULE Y BUSINESS ALLOCATION FORMULA —	Α.	Located Everywhere	B.	Located in Brunswick	C.	Percentage (B ÷ A)	
Step 1. Average value of real and tangible personal property						XXX	
Gross annual rentals multiplied by 8						XXX	
Total Step 1						%	
Step 2. Gross receipts from sales made and work or services performed						%	
Step 3. Total wages, salaries, commissions and other compensation							
of all employees						%	
Step 4. Total percentages						%	
Step 5. Average percentage (Divide total percentages by number of percentages)	enta	ages used — ca	arry to	o Line 5 Schedu	le		%

PAI	RT VII. ALL OTHER TAXABLE INCOME: See Ins	structions		
1.	RECEIVED FROM	2. FOR (DESCRIBE)	3. AMOUNT	4. CITY TAX 1.85%
5.	Total Tax — Total Col. 4			5. \$
	EDITS: TO BE COMPLETED BY RESIDENTS OF			
6.	Enter 1% of taxed income. (Submit proof)			6. \$
		t VIII		

PART VIII. BRUNSWICK NET INCOME TAX LIABILITIES ON OTHER INCOMES FROM SCHEDULES A, B AND Part VII.

1. TAX DUE: Add Line 16 of Schedule A, Line 9 of Schedule B, and Line 7 of Part VII.

***ATTACH APPLICABLE FEDERAL SCHEDULES ***

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WORKSHEET

PLEASE USE THIS WORKSHEET BELOW TO DETERMINE IF TAX WAS WITHHELD ON ENTIRE WAGE, OR ONLY A PORTION.

USE WORKSHEET FOR WORK CITIES, OTHER THAN BRUNSWICK, WITH A 1% OR HIGHER TAX RATE. FOR CITIES WITH A RATE LOWER THAN 1%, USE ACTUAL TAX WITHHELD AND PLACE AMOUNT IN COLUMN E ON FRONT PAGE OF TAX FORM.

(NOTE: If tax was only withheld on part of the wage, then the untaxed part is subject to the City of Brunswick's tax rate of 1.85%. The portion of the wage that tax was withheld on is eligible for the credit of up to 100% of 1%)

- Follow the directions at the top of each Column.
- When you have completed your computation on the worksheet, (listing each W-2 separately) then take each amount you have listed in Column 5, and copy it onto Column E, Page 1 of the Income Tax Form.
- Continue completing the first page of the Income Tax Form.

THE EXAMPLE SHOWN BELOW IS A RESIDENT THAT EARNED \$20,000 LAST YEAR WORKING IN CLEVELAND. HOWEVER, CLEVELAND CITY TAX WAS ONLY WITHHELD ON HALF OF THE EARNINGS, OR ON \$10,000. DO **NOT** COPY THE EXAMPLE'S \$100.00 AMOUNT ON TO COLUMN E, COPY ONLY YOUR FIGURES.

(1)	(2)	(3)	(4)	(5)
LIST WORK CITY FROM EACH W-2 SEPARATELY	LOCAL TAX WITHHELD W-2	WORK CITY TAX RATE FROM TABLE BELOW	DIVIDE THE AMOUNT IN COL. (2) BY THE PERCENTAGE IN COL. (3)	MULTIPLY COLUMN 4 BY .01 (1%). PUT THIS AMT. IN COLUMN E PAGE 1
Cleveland	\$2 <i>00.</i> °°	.02	\$10,000.00	\$1 <i>00.</i> °°
example	example	example	example	example
1.				1.
2.				2.
3.				3.
4.				4.
5.				5.

2017 WORK CITY TAX RATE TABLE

(LOCATE YOUR WORK CITY AND ITS TAX RATE BELOW.) If your work city is not listed call 330-558-6815 Tax Office.

Akron	.0225	Chardon	.02	Highland Hts.	.02	Mentor on The Lak	e .02	Peninsula	.02	Strongsville	.02
Avon	.0175	Cleveland	.025	Highland Hills	.025	Middleburg Hts.	.02	Pepper Pike	.01	Tallmadge	.02
Avon Lake	.015	Cleveland Hts.	.025	Hudson Village	.02	Middlefield	.01	Perrysville	.01	Timberlake	.01
Barberton	.0225	Columbus	.025	Independence	.02	Moreland Hills	.01	Reminderville	.015	Toronto	.02
Bay Village	.015	Creston	.01	Kent	.0225	Newburgh Hts.	.02	Richfield Village	.02	Twinsburg	.02
Beachwood	.02	Cuyahoga Falls	.02	LaGrange	.015	Northfield Village	.02	Richmond Hts.	.0225	University Hts.	.025
Bedford	.0225	Cuyahoga Hts.	.025	Lakewood	.015	North Olmsted	.02	Rocky River	.02	Valley View	.02
Bedford Hts.	.02	East Cleveland	.02	Linndale	.02	North Randall	.0275	Seven Hills	.025	Vermilion	.015
Berea	.02	Eastlake	.02	Lorain	.025	North Ridgeville	.01	Seville	.01	Wadsworth	.014
Boston Hts.	.02	Elyria	.0225	Lyndhurst	.02	North Royalton	.02	Shaker Hts.	.0225	Walton Hills	.025
Bowling Green	.02	Euclid	.0285	Macedonia	.0225	Oakwood Village	.025	Sheffield Lake	.02	Warrensville Hts.	.026
Brecksville	.02	Fairlawn	.02	Mansfield	.02	Oberlin	.025	Sheffield Village	.02	Westlake	.015
Broadview Hts.	.02	Fairview Park	.02	Maple Hts.	.025	Olmsted Falls	.015	Solon	.02	Wickliffe	.02
Brooklyn	.0250	Garfield Hts.	.02	Massillon	.02	Orange	.02	South Euclid	.02	Willoughby	.02
Brooklyn Hts.	.02	Garrettsville	.0175	Mayfield Hts.	.01	Orwell	.01	South Russell	.0125	Willoughby Hills	.02
Brook Park	.02	Gates Mills	.01	Mayfield	.02	Painesville	.02	Stow	.02	Willowick	.02
Canton	.02	Grafton	.015	Medina	.0125	Parma	.025	Streetsboro	.02	Wooster	.015
Chagrin Falls	.0185	Green	.02	Mentor	.02	Parma Hts.	.03				