Form BR

Principal Business Activity Code: _

TAX PRACTITIONER AKRON ID #

PLEASE ENTER THE CODE REPORTED ON YOUR FEDERAL TAX RETURN

AKRON INCOME TAX BUSINESS RETURN	Tax rate is 2.50% effective	e 1/1/2018	ACCOUN	IT NUMBER		TAX YEA	R	
FOR TAX OFFICE USE ONLY	FEDERAL EIN							
TOX TOX STEEL SOLL SILL!	I EBLINE LIN		DUE	ву	DA	TIME PHON	IE NUMBER	
	Fiscal period to							
Check the appropriate box for: REFUND (If no amount shows on Line 12	Fiscal period to FISCAL YEAR IS YEAR WHEN FISCAL	TERM ENDS	Name & A				nissing, ple	
this will not be considered a valid request.)	DATE MOVED IN OR OUT (print or typ	e the corr	ect inforn	nation in t	he space b	pelow
Filing Status – check only one:	☐ IN ☐ OUT DATE_							
C Corp (attach Form 1120 complete)								
S Corp (attach Form 1120S complete)	PLEASE NOTE: Sole prop	prietors.						
Partnership - (attach Form 1065 complete)	individuals who own rental pro LLCs filing as disregarded enti	perties, or						
Other(attach Federal return)	use Akron Form IR .	nico, muot						
	1	If your mailing a	ddroce ic c	thor than	Akron or	is a post o	office box	
Attach a copy of your federal ta	· • • • • • • • • • • • • • • • • • • •	enter your Akro						vity:
supporting schedules, to the	e back of this form.							
Enter City Net Profit (Line 6 fro	om Worksheet X) – If a los	s, enter zero			1	-		
	 Enter City Net Profit (Line 6 from Worksheet X) – If a loss, enter zero				2			
					1 2	B.		
· · · · · · · · · · · · · · · · · · ·						٠.		
4. Adjusted Net Income subject to Akron tax (subtract Line 3 from Line 2)						j.		
5. Akron Income Tax - 2.50% of Line 4						j		†
6. Estimated payments made for this					7			
7. Amount of prior year credits) <u>.</u>		
8. Total credits allowable (add Lir9. Balance due (subtract Line 8 fi)_		1
	necks payable to: CITY OF		ETOKN II GI	eater than \$	10.00	-		
Mail to: INCOME TAX DIVISION		SUITE 100 / AKRO	N, OH 443	08-1161				
	<u> </u>				<u> 10</u>	O.		
If Line 8 is greater than Line 5, enter the difference here Disburse as follows: 11. CREDIT APPLIED TO NEXT YEAR					4.	1.		1
					11			
 REFUND (CHECK REFUND BOX ABOVE & C Please reduce my CREDIT (Lir 	ne 11) or REFUND (Line 12) by				w. F			+
POLICE EQUIPMENT	FIRE & EMS EQUIPMENT	PARKS &	RECREATION	EQUIPMENT				+
\$	\$	\$			7	<u> </u>		1
If reducing refu	und by donations, no refund chec	ck will be issued for \$1	10.00 or less			<u> </u>		
If you used the services of a tax prepare	er, the Income Tax Division ma	ay need to discuss y	our tax retu	rn, estima	ed payme	ents and fe	ederal sche	dules
with him or her.	/OLLWING TO ALL OW US TO F	NOOLIOO VOLID ALCO	ON TAX DE	T. 101114/1T				
CHECK THE FOLLOWING BOX IF Y	YOU WISH TO ALLOW US TO L	DISCUSS YOUR AKR	ON TAX RE	TURN WITH	1 YOUR P	KEPAKEK	·	
Under penalties of perjury, the undersigned taxable period stated, and that the figures of						income tax	x return for t	:he
taxable period stated, and that the lightes c	are accompanying scricules are					WARD CA	LCULATIO	N
		WORKSHEE		(Three	year limit for	losses used on 20	020 return)	
SIGNATURE OF OFFICER	DATE	(See Instructions)	3 YRS PRIOR 50% Limit per	2 YRS PRIOR	1 YR PRIOR	TAX YR r OF	TOTA	Δ I
PRINT NAME OF OFFICER		,	ORC 718	50% Limit per ORC 718	50 % Limit pe ORC 718	FILING	1017	<u> </u>
PAID PREPARER - PRINT OR TYPE NAME	PHONE # DATE	Unused Loss Carryforward						
PREPARER SS#/FEDID# PREPARER ADDRESS		Loss Used THIS YEAR, per ORC 718 Limitations (Enter Total on Line 3 above)						

Website: www.AkronOhio.gov/1040 Telephone number: 330-375-2539

1. EEDERAL TAXABLE INCOME: before not operating losses and special deductions per statemed Federal return (Form 1120, Line 28, Form 1120, Schedule (K. P. page 5 - Line 18, Form 1041, Line 17, Form 1991 T. Line 29). 2. Sterns not deduction (Form Line 2) to bloom 3. Sterns not discussible (from Line 3 bb bollow). 3. Sterns not discussible (from Line 3 bb bollow). 4. Subtract Line 3 stern Line 2 and enter the results here	WORKSHEET X Reconciliation w	ith Federal Income Tax	Retu	urn Per Ohio Rev	ised	l Code 718.
4. Subtract Line 3 from Line 2 and enter the result here	Line 28; Form 1120S, Schedule K, Page 4- Line 18; Form	1120-RĖIT, Line 20; Form 1065, Sc	chedule	K - Analysis of Net	1	
4. Subtract Line 3 from Line 2 and enter the result here	Items not deductible (from Line 7J below)					
5. Other City taxable income that is not shown on Federal return	3. Items not taxable (from Line 8D below)			3		
6. Adjusted net income (lotal Lines 1, 4 and 5). If result is greater than zero, enter on Line 1 of Page 1. If result is a negative number, rindri in Worksheet F on Page 1, "TAX YR OF FILING column (II allocation is required, complete Worksheet Y below). Fig. 1 7. A. Capital Losses (including Section 1221 and 1231 assets). Enter as a positive number. 7. B. 5% of Line 88 (If Section 1221 asset was disposed of in current tax year, See Instructions). 7. B. 5% of Line 88 (If Section 1221 asset was disposed of in current tax year, See Instructions). 7. C. Guaranteet gayments to partners, relief patients, members or other comers (only include payments). 7. C. Guaranteet gayments to partners, relief patients, members or other comers (only include payments). 8. D. Taxes based on income (such a state and local income taxes). 9. Taxes based on income (such a state and local income taxes). 9. C. Control of a Cooperation, amounts poid or secreted to a qualified eafer-polyage stemenest gan, past to or correct or for freath manamora, and past to or scrotlends or for fulls insurance, (See instructions). 9. C. A797 "Racovery of Depreciation' from sale or exchange of Sections 1245 or 1250 property 9. C. Corte payments to partners and control of full insurance. (See instructions). 10. Chief expenses not deductable (attach documentation and/or explanation). 11. TOTAL ADDITIONS (enter here and on Line 2 above). 12. TOTAL ADDITIONS (enter here and on Line 2 above). 13. TOTAL DEDUCTIONS - (enter here and on Line 3 above). 14. There is a management of the current and the past of the components of the current and the past of the components of the current and the past of the current and the	4. Subtract Line 3 from Line 2 and enter the result here				4	
number, enter in Worksheet F on Page 1, "TAX YR OF FILINIO" column (If allocation is required, complete Worksheet Y below) Total	5. Other City taxable income that is not shown on Federal re	eturn			5	
7. A. Capital Losses (including Section 1221 and 1231 assetts) - Enter as a positive number					6	
B. S. Sk of Line 8B (if Section 1221 asset was disposed of in current tax year. See Instructions). C. Guaranteed payments to partners, setted partners, members or other owners (only include payments to partners, setted partners, members or other owners). D. Taxes based on income (such as state and local income taxes). D. Taxes based on income (such as state and local income taxes). C. E. Except for a C-Corposition, amounts paid or accrued to a qualified self-employed retriement plan, paid to or accrued to of the file insurance. See restrictions). F. C. Charitable contributions in excess of 10% (Soe instructions). F. C. Haritable contributions in excess of 10% (Soe instructions). F. C. Haritable contributions in excess of 10% (Soe instructions). G. 4797 *Recovery of Depreciation' from sale or exchange of Sections 1245 or 1250 property (See instructions). J. TOTAL ADDITIONS (enter here and on Line 2 above). FIEMS NOT TAXABLE 8. A. Capital gains (including Section 1221 and 1231 assets). B. Intangible income (interest, dividends, patents, etc.). Business Allocation D. TOTAL DEDUCTIONS - (enter here and on Line 3 above). Business Allocation A. LOCATED EVERYWHERE B. LOCATED IN ARRON C. PECENTAGE (8-A) 1. Average original cost of real and tangelile property. S. S		ITEMS NOT DEDUCTIBLE	<u>E</u>			
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H. REIT'S and RIC's — Real estate investment trusts and regulated investment companies must add back all dividends, distinitions or amount set aside for the benefit of investors. J. TOTAL ADDITIONS (enter here and on Line 2 above)				7G		
1. Other expenses not deductible (attach documentation and/or explanation) 71 73 74 75 75 75 75 75 75 75	H. REIT's and RIC's – Real estate investment trusts and rec	gulated investment companies must ac	ld	7H		
Section Sect				71		
Business Allocation 1. A Capital gains (including Section 1221 and 1231 assets) 2. Total DEDUCTIONS - (enter here and on Line 3 above) 3. A LOCATED EVERYWHERE 3. A LOCATED EVERYWHERE 4. LOCATED EVERYWHERE 5. LOCATED IN AKRON 6. LOCATED IN AKRON 7. Totals. 7. Secretary Secreta	,	· ,			71	
8. A. Capital gains (including Section 1221 and 1231 assets) B. Intangible income (Interest, dividends, patents, etc.) C. Other exempt income (attach documentation and/or explanation) D. TOTAL DEDUCTIONS - (enter here and on Line 3 above) 8D WORKSHEET Y Business Allocation Machine 1 Machine 2	J. TOTAL ADDITIONS (effect field and off Line 2 abov	·			73	_
8. A. Capital gains (including Section 1221 and 1231 assets) B. Intangible income (Interest, dividends, patents, etc.) C. Other exempt income (attach documentation and/or explanation) D. TOTAL DEDUCTIONS - (enter here and on Line 3 above) Business Allocation		ITEMS NOT TAXABLE				
C. Other exempt income (attach documentation and/or explanation)	8. A. Capital gains (including Section 1221 and 1231 assets)					
C. Other exempt income (attach documentation and/or explanation). D. TOTAL DEDUCTIONS - (enter here and on Line 3 above)	B. Intangible income (Interest dividends patents etc.)					
D. TOTAL DEDUCTIONS - (enter here and on Line 3 above)				8C		
Susiness Allocation A. LOCATED EVERYWHERE B. LOCATED IN AKRON C. PERCENTAGE (B-A)	C. Other exempt income (attach documentation and/or expl	anation)				
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Allocation A. LOCATED EVERYWHERE B. LOCATED IN AKRON C. PERCENTAGE (B;A) 1. Average original cost of real and tangible property S. S	WORKSHEET V Business	If there is business activity both insi		de and outside of Akron ι	use this 3-factor formula.	
Gross annual rentals multiplied by 8	WOTHISTIEET	A. LOCATED EVERYWHERE	B.	LOCATED IN AKRON	C. F	PERCENTAGE (B÷A)
Gross annual rentals multiplied by 8	Average original cost of real and tangible property	\$	\$			
Totals	Gross annual rentals multiplied by 8	\$	\$		1	%
paid to all employees		. \$	\$			
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$	\$			%
5. Average percentage (Divide total percentages by number of percentages used.) Also enter between brackets on Line 2, Page 1	·	\$	\$			%
6. Multiply Line 5 times Line 6 of Worksheet X, and enter the result here. If the result is greater than zero, also enter the amount on Line 2 of Page 1. If the result is a negative number, enter the negative onWorksheet F, Page 1, in the "TAX YR OF FILING" column and enter zero on Page 1, Line 2. WORKSHEET W Reconciling Wages, Salaries & Other Compensation (Complete if you had Akron employees) 1. Total wages allocated to Akron (from Federal Return or Business Allocation, Worksheet Y above, Line 2, Column B)	4. Total of percentages	4	%			
WORKSHEET W Reconciling Wages, Salaries & Other Compensation (Complete if you had Akron employees) 1. Total wages allocated to Akron (from Federal Return or Business Allocation, Worksheet Y above, Line 2, Column B)	5. Average percentage (Divide total percentages by number of percentages used.) Also enter between brackets on Line 2, Page 1					%
Reconciling Wages, Salaries & Other Compensation (Complete if you had Akron employees) 1. Total wages allocated to Akron (from Federal Return or Business Allocation, Worksheet Y above, Line 2, Column B)						
1. Total wages allocated to Akron (from Federal Return or Business Allocation, Worksheet Y above, Line 2, Column B)	Pagenciling Wage	a Salariaa 9 Othar Ca	m 10 0 1	acation (c		
2. Total Akron wages shown on Form AW-3 (Withholding Reconciliation), line 3. Akron Withholding Account # 1 = Explain any difference: Were there any employees that you leased during the year covered by this return? YES NO If YES, how many?		·			ou ha	d Akron employees)
Explain any difference: Were there any employees that you leased during the year covered by this return?YESNOIf YES, how many?						
Were there any employees that you leased during the year covered by this return?YESNOIf YES, how many?						
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NAME OF LEASING COMPANY MAILING ADDRESS FEDERAL EIN	Were there any employees that you leased during the year	covered by this return?	YES .	NO If YES,	how	many?
	NAME OF LEASING COMPANY MAILING ADDRESS					FEDERAL EIN