

Form BR

AKRON INCOME TAX BUSINESS RETURN

--- FOR TAX OFFICE USE ONLY ---

Check the appropriate box for:
REFUND (If no amount shows on Line 12
 this will not be considered a valid request.)
EXTENSION ATTACHED

Filing Status – check only one:

C Corp (attach Form 1120 complete)
 S Corp (attach Form 1120S complete)
 Partnership - (attach Form 1065 complete)
 Other _____ (attach Federal return)

FEDERAL EIN _____

Fiscal period _____ to _____
 FISCAL YEAR IS YEAR WHEN FISCAL TERM ENDS

DATE MOVED IN OR OUT OF AKRON
 IN OUT DATE _____

ACCOUNT NUMBER _____ TAX YEAR _____

DUE BY _____ DAYTIME PHONE NUMBER _____

Name & Address: If incorrect or missing, please print or type the correct information in the space below.

PLEASE NOTE: Sole proprietors, individuals who own rental properties, or LLCs filing as disregarded entities, must use Akron **Form IR**.

Attach a copy of your federal tax return, including all supporting schedules, to the back of this form.

If your mailing address is other than Akron or is a post office box, enter your Akron street address or location of Akron business activity:

1. Enter City Net Profit (Line 6 from <u>Worksheet X</u>) – If a loss, enter zero.....	1.		
2. Amount allocable to Akron [_____ %] (Enter <u>Worksheet Y</u> Line 6 or Line 1 above)	2.		
3. Net Loss Carryforward from <u>Worksheet F</u> (figure cannot exceed amount on Line 2).....	3.		
4. Adjusted Net Income subject to Akron tax (subtract Line 3 from Line 2)	4.		
5. Akron Income Tax - 2.25% of Line 4	5.		
6. Estimated payments made for this tax year (do not include penalty & interest payments)	6.		
7. Amount of prior year credits	7.		
8. Total credits allowable (add Lines 6 & 7)	8.		
9. Balance due (subtract Line 8 from Line 5) ... PAYMENT IS REQUIRED WITH RETURN	9.		
<i>Make checks payable to: CITY OF AKRON, OHIO</i> Mail to: INCOME TAX DIVISION / 1 CASCADE PLAZA - 11TH FLOOR / AKRON, OH 44308-1100 No taxes, refunds or credits of \$1.00 or less will be collected, refunded or allowed.			
10. If Line 8 is greater than Line 5, enter the difference here.....	10.		
Disburse as follows: 11. CREDIT APPLIED TO NEXT YEAR.....	11.		
12. REFUND (PLEASE CHECK REFUND BOX ABOVE & ON RETURN ENVELOPE)	12.		
Please reduce my CREDIT (Line 11) or REFUND (Line 12) by the following amounts I wish to donate:	P		
<input type="checkbox"/> POLICE EQUIPMENT	I		
<input type="checkbox"/> FIRE & EMS EQUIPMENT	*		
<input type="checkbox"/> PARKS & RECREATION EQUIPMENT			
\$ _____			
\$ _____			
\$ _____			

If you used the services of a tax preparer, the Income Tax Division may need to discuss your tax return, estimated payments and federal schedules with him or her.

CHECK THE FOLLOWING BOX IF YOU WISH TO ALLOW US TO DISCUSS YOUR AKRON TAX RETURN WITH YOUR PREPARER.

Under penalties of perjury, the undersigned declares that this return (and accompanying schedules) is a true, correct and complete income tax return for the taxable period stated, and that the figures on accompanying schedules are the same as used for Federal income tax purposes.

SIGNATURE OF OFFICER _____ DATE _____

PRINT NAME OF OFFICER _____

PAID PREPARER - PRINT OR TYPE NAME _____ PHONE # _____ DATE _____

PREPARER SS# / FED ID # _____ PREPARER ADDRESS _____

Principal Business Activity Code: _____
 PLEASE ENTER THE CODE REPORTED ON YOUR FEDERAL TAX RETURN

TAX PRACTITIONER AKRON ID #

WORKSHEET F					
LOSS CARRYFORWARD CALCULATION					
(Three year limit)					
(See Instructions)	3 YRS PRIOR	2 YRS PRIOR	1 YR PRIOR	TAX YR OF FILING	TOTAL
Unused Loss Carryforward					
Loss Used THIS YEAR (Enter Total on Line 3 above)					
Loss Carried Forward to NEXT TAX YEAR					

WORKSHEET X

Reconciliation with Federal Income Tax Return Per Ohio Revised Code 718.

1. FEDERAL TAXABLE INCOME before net operating losses and special deductions per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Page 3 - Line 18; Form 1120A, Line 24; Form 1120-REIT, Line 20; Form 1065, Schedule K - Analysis of Net Income (Loss), Page 5 - Line 1; Form 1041, Line 17; Form 990 T, Line 30)	1	
2. Items not deductible (from Line 7J below)	2	
3. Items not taxable (from Line 8D below)	3	
4. Subtract Line 3 from Line 2 and enter the result here	4	
5. Other City taxable income that is not shown on Federal return	5	
6. Adjusted net income (total Lines 1, 4 and 5). If result is greater than zero, enter on Line 1 of Page 1. If result is a negative number, enter in Worksheet F on Page 1, "TAX YR OF FILING" column (If allocation is required, complete Worksheet Y below) ..	6	

ITEMS NOT DEDUCTIBLE

7. A. Capital Losses (including Section 1221 and 1231 assets) - Enter as a positive number	7A	
B. 5% of Line 8B (If Section 1221 asset was disposed of in current tax year, See Instructions)	7B	
C. Guaranteed payments to partners, retired partners, members or other owners (only include payments not already included in net profits figure shown above)	7C	
D. Taxes based on income (such as state and local income taxes)	7D	
E. Amounts paid or accrued to qualified retirement, health and life insurance plans on behalf of owners and owner employees of businesses, with the exception of C corporations	7E	
F. Charitable contributions in excess of 10% (See instructions)	7F	
G. 4797 "Recovery of Depreciation" from sale or exchange of Sections 1245 or 1250 property (See instructions)	7G	
H. REIT's and RIC's - Real estate investment trusts and regulated investment companies must add back all dividends, distributions or amounts set aside for the benefit of investors	7H	
I. Other expenses not deductible (attach documentation and/or explanation)	7I	
J. TOTAL ADDITIONS (enter here and on Line 2 above)	7J	

ITEMS NOT TAXABLE

8. A. Capital gains (including Section 1221 and 1231 assets)	8A	
B. Intangible income (Interest, dividends, patents, etc.)	8B	
C. Other exempt income (attach documentation and/or explanation)	8C	
D. TOTAL DEDUCTIONS - Do not include Schedule K-1 income (enter here and on Line 3 above)	8D	

WORKSHEET Y

Business Allocation

If there is business activity both inside and outside of Akron use this 3-factor formula.

	A. LOCATED EVERYWHERE	B. LOCATED IN AKRON	C. PERCENTAGE (B÷A)
1. Average original cost of real and tangible property	\$ _____	\$ _____	1 _____ %
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
Totals	\$ _____	\$ _____	
2. Total wages, salaries, commissions and other compensation paid to all employees	\$ _____	\$ _____	2 _____ %
3. Gross receipts from sales and work or services performed	\$ _____	\$ _____	3 _____ %
4. Total of percentages			4 _____ %
5. Average percentage (Divide total percentages by number of percentages used.)			5 _____ %
6. Multiply Line 5 times Line 6 of Worksheet X, and enter the result here. If result is greater than zero, enter this amount on Line 2 of Page 1. If result is less than zero, enter this amount in Worksheet F on Page 1 in the "TAX YR OF FILING" column. This loss may be carried forward.....			6

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)	
2. Total Akron wages shown on Form AW-3 (Withholding Reconciliation) 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? _____	
NAME OF LEASING COMPANY	FEDERAL EIN
MAILING ADDRESS	