

 <p>CITY OF MASON OHIO <i>more than you imagine.</i> FORM BR</p>	<p>2015 - MASON INCOME TAX RETURN - 2015</p> <p>FILING IS REQUIRED EVEN IF NO TAX IS DUE. FILE ON OR BEFORE APRIL 18, 2016 OR 105 DAYS FROM FISCAL YEAR END. LATE FILING AND/OR LATE PAYMENT OF TAX DUE SUBJECTS FILER TO A MINIMUM \$20 PENALTY.</p> <p>90% OF THE TAX MUST BE PAID BY THE END OF THE MONTH AFTER YEAR END TO AVOID PENALTY AND INTEREST</p>	<p>CITY OF MASON TAX OFFICE 6000 Mason-Montgomery Road Mason, Ohio 45040 (513) 229-8535 Fax: (513) 229-8531 www.imagemason.org</p>
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TAXPAYER'S NAME AND ADDRESS _____	ACCT # _____	FEDERAL I.D. #: _____
		FISCAL YEAR DATES From: _____
		To: _____
		<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership/Assoc
		<input type="checkbox"/> Other _____
		Contact Information: _____
		Should your account be inactive? <input type="checkbox"/> No <input type="checkbox"/> Yes
		If yes explain: _____

1. ADJUSTED FEDERAL TAXABLE INCOME (ATTACH COPY OF FEDERAL RETURN)	1. \$ _____
FROM FEDERAL FORM NUMBER: _____ PAGE NUMBER ON FEDERAL FORM: _____ LINE NUMBER ON FEDERAL FORM: _____	
2. a. ITEMS NOT DEDUCTIBLE (From Line H, Schedule X on Page 2)	ADD..... 2a. \$ _____
b. ITEMS NOT TAXABLE (From Line Z, Schedule X on Page 2)	DEDUCT 2b. \$ _____
c. ADJUSTED NET INCOME/LOSS (Line 1 plus Line 2a less Line 2b)	2c. \$ _____
3. a. AMOUNT OF LINE 2c ALLOCABLE TO MASON (Multiply 2c by _____ % from Line 5 on Schedule Y)	3a. \$ _____
b. LESS ALLOCABLE LOSS FROM PREVIOUS YEARS' INCOME TAX RETURN (Complete Schedule Y-2).....	3b. \$ _____
c. AMOUNT SUBJECT TO MASON INCOME TAX (Line 3a Less Line 3b)	3c. \$ _____
4. MASON TAX DUE (Multiply Line 3c by 1.12%)	4. \$ _____
5. a. PAYMENTS ON 2015 DECLARATION OF ESTIMATED TAX	5a. \$ _____
b. PRIOR YEAR'S OVERPAYMENT CREDITED TO THIS YEAR	5b. \$ _____
c. TOTAL CREDITS ALLOWABLE (Add Lines 5a and 5b)	5c. \$ _____
6. NET TAX	
a. TAX DUE (If Line 4 is greater than Line 5c, subtract Line 5c from Line 4)	6a. \$ _____
b. OVERPAYMENT (If Line 4 is less than Line 5c, subtract Line 4 from Line 5c)	6b. \$ _____
c. PENALTY \$ _____ INTEREST \$ _____ TOTAL PENALTY AND INTEREST	6c. \$ _____
7. BALANCE DUE (Add Line 6a and Line 6c OR subtract Line 6c from Line 6b)(enter 0 if less than \$3.00).....	7. \$ _____
8. a. OVERPAYMENT CREDIT TO NEXT YEAR'S ESTIMATE \$ _____	8b. REFUND \$ _____
(NO CARRY OVER OR REFUND IF LESS THAN \$3.00)	

DECLARATION OF ESTIMATED TAX FOR 2016 - REQUIRED IF ESTIMATED TAX IS \$200 OR GREATER

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.12% FOR GROSS TAX OF	9. \$ _____
10. LESS OVERPAYMENT FROM PRIOR YEAR (From Line 8a above)	10. \$ _____
11. NET TAX DUE (Line 9 less Line 10) NOTE: 90% of tax liability due by 15th day of the 12th month)	11. \$ _____
12. AMOUNT PAID WITH THIS DECLARATION (Not less than 22½% of Line 11)	12. \$ _____

13. AMOUNT ENCLOSED 2015 (Line 7) \$ _____ AND 2016 (Line 12) \$ _____ DUE BY APRIL 18, 2016	TOTAL \$ _____
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I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

MAY THE CITY OF MASON TAX DEPARTMENT DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? ☐ YES ☐ NO
MAY THE MASON TAX OFFICE COMMUNICATE WITH YOU VIA THE EMAIL ADDRESS? ☐ YES ☐ NO

**PLEASE MAKE CHECKS
PAYABLE TO THE
CITY OF MASON TAX OFFICE**

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED) _____	DATE _____	E-MAIL ADDRESS _____
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER _____	DATE _____	E-MAIL ADDRESS _____
PREPARER'S ADDRESS _____	TELEPHONE NUMBER _____	

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC 718

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. CAPITAL LOSSES (SEC 1221 AND 1231 INCLUDED)	\$	i. CAPITAL GAINS	\$
b. TAXES (On or measured by net income)	\$	j. INTANGIBLE INCOME (Federally reported intangible income such as, but not limited to, interest dividends, patent and copyright income)	\$
c. GUARANTEED PAYMENTS (To partners, retired partners, members or other owners)	\$	k. OTHER (Explain)	\$
d. EXPENSES ATTRIBUTABLE TO NON-TAXABLE INCOME (5% of Line j)	\$		
e. REAL ESTATE INVESTMENT TRUST (REIT'S and RIC'S – All amounts allowed as a deduction) \$			
f. OWNERS' BENEFITS (Federally deducted amounts paid or accrued to or for Qualified Self-Employment Retirement Plans, Health Insurance Plans and Life Insurance Plans for owners or owner-employees of Non-C Corporation Entities	\$		
g. OTHER (Explain)	\$		
h. TOTAL ITEMS NOT DEDUCTIBLE (Enter on 2a on the other side)	\$	z. TOTAL ITEMS NOT TAXABLE (Enter on 2b on the other side)	\$

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN MASON	C. PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	_____	_____	
VALUE OF PROPERTY RENTED (Gross Annual Rental Multiplied by 8)	_____	_____	
TOTAL STEP 1 (Cost of Property Plus Value of Property Rented)	_____	_____	_____ %
STEP 2. GROSS RECEIPTS (From Sales Made and Services Performed)	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID (See Schedule Y-1) ..	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES (Add Percentages from Steps 1-3)			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total percentage by Number of Percentages Used – Carry to Line 3a, Page 1)			_____ %

SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)

TOTAL WAGES ALLOCATED TO MASON (from Federal Return or Apportionment Formula in Schedule Y) \$

TOTAL WAGES SHOWN ON FORM W-3 (Withholding Reconciliation) Account # \$

PLEASE EXPLAIN ANY DIFFERENCE:

ARE THERE ANY EMPLOYEES LEASED IN THE YEAR COVERED BY THIS RETURN? ☐ YES ☐ NO

(If YES, please provide the name, address and FID of the leasing company)

SCHEDULE Y-2 ALLOCABLE LOSSES FROM PREVIOUS YEARS' INCOME TAX RETURNS (ENTER TOTAL ON LINE 3B, PAGE 1)

YEAR 2010 _____ + YEAR 2011 _____ + YEAR 2012 _____ + YEAR 2013 _____ + YEAR 2014 _____ = TOTAL \$

SCHEDULE Z PARTNER/OWNER DISTRIBUTIVE SHARES OF NET INCOME (FOR S-CORPORATIONS AND PARTNERSHIPS)

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTNER/OWNER ON A SEPARATE ATTACHMENT:

- 1) Individual's Name
- 2) Residency (Name of City or Township)
- 3) Distributive Share
- 4) Distributive Percentage
- 5) Other Payments
- 6) Taxable Amount
- 7) Taxable Percentage