

FILE WITH  
**City of Wilmington**  
**Income Tax Department**  
 P.O. Box 786  
 Wilmington, Ohio 45177  
 www.wilmingtonoh.org  
 citytax@wilmingtonoh.org  
 ON OR BEFORE 4-15-2020

**INCOME TAX RETURN FOR 2019**

**CITY OF WILMINGTON**  
 FILING REQUIRED EVEN IF NO TAX DUE

**TAX OFFICE PHONE: (937) 382-1880**

MAKE CHECK OR MONEY ORDER  
 PAYABLE TO

**CITY OF  
 WILMINGTON**

FISCAL YEAR DATE \_\_\_\_\_ TO \_\_\_\_\_

S-CORP     TRUST     ESTATE     LLC     CORPORATION     PARTNERSHIP     SOLE PROPRIETOR

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_

TAXPAYER'S NAME AND ADDRESS

FEDERAL ID # \_\_\_\_\_

\_\_\_\_\_

BUS. PHONE \_\_\_\_\_

THIS SPACE FOR TAX OFFICE ONLY

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:  
 INTO CITY \_\_\_\_\_ OR OUT OF \_\_\_\_\_

<b>INCOME</b>	1. ADJUSTED FEDERAL TAXABLE INCOME (SEE SECTION A, PAGE 2) OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES..... \$ _____
	2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (FROM PAGE 2))..... ADD \$ _____
<b>ADJUST- MENTS</b>	b. ITEMS NOT TAXABLE (FROM LINE 2 SCHEDULE X (FROM PAGE 2))..... DEDUCT \$ _____
	c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -)..... \$ _____
	3a. NEXT ADJUSTED FEDERAL TAXABLE INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)..... \$ _____
<b>TO</b>	b. AMOUNT OF LINE 3a ALLOCABLE ( _____%FROM LINE 5 SCHEDULE Y)..... \$ _____
	c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE)..... \$ _____
<b>INCOME</b>	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3 a OR 3b LESS LINE 3c)..... \$ _____
	5. TAX CALCULATION: 1.5%(TIMES) LINE 4..... \$ _____
<b>TAX</b>	6. CREDITS:
	(a) PAYMENTS AND CREDITS UPON DECLARATION OF ESTIMATED TAX..... \$ _____ <i>(THIS AMOUNT MAY NOT INCLUDE YOUR 4TH QUARTER PAYMENT)</i>
	(b) PRIOR YEAR OVERPAYMENT..... \$ _____
	(x) TOTAL CREDITS ALLOWABLE..... \$ _____
	7. IF LINE 5 IS GREATER THEN LINE 6 PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: TAX DUE..... \$ <span style="border: 1px solid black; padding: 2px;"> </span>

A. PENALTY \$ _____, INTEREST \$ _____	.....TOTAL \$ _____
B. TOTAL AMOUNT DUE (INCLUDING LINE 7A)	\$ <span style="border: 1px solid black; padding: 2px;"> </span>

8. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR'S ESTIMATE    NOTICE: By law, all refunds and credits in excess of \$10.00 are being reported to IRS.

**DECLARATION OF ESTIMATED TAX FOR THE YEAR 2020**

9. TOTAL INCOME SUBJECT TO TAX \$ _____	MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF	\$ _____
10. LESS EXPECTED TAX CREDITS		
A. OPERATING LOSS CARRY FORWARD (ATTACH SCHEDULE).....		\$ _____
B. OVERPAYMENT FROM PRIOR YEAR.....		\$ _____
C. TOTAL CREDITS.....		\$ _____
11. NET TAX DUE (LINE 9 LESS LINE 10C).....		\$ <span style="border: 1px solid black; padding: 2px;"> </span>
12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 22.5% OF LINE 11).....		\$ <span style="border: 1px solid black; padding: 2px;"> </span>
13. AMOUNT ENCLOSED _____ (LINE 7) \$ _____	(LINE 12) \$ _____	AMOUNT DUE \$ <span style="border: 1px solid black; padding: 2px;"> </span>

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 PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_    Signature of Taxpayer or Agent (Required) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ and \_\_\_\_\_ Telephone Number \_\_\_\_\_

**MAY WE DISCUSS THIS RETURN WITH PREPARER SHOWN TO THE LEFT?**  YES  NO

<b>SECTION A</b>	<b>Adjusted Federal Taxable Income for S-Corporations and Partnerships</b>
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Ordinary Income for 1120 (Line 21) .....\$ \_\_\_\_\_

Ordinary Income for 1120S (Line 21) or 1065 (Line 22) .....\$ \_\_\_\_\_

Add Income/Losses reported to shareholders on Schedule K:

Net Income from Rental (Real Estate or Other).....\$ \_\_\_\_\_

Interest .....\$ \_\_\_\_\_

Dividends.....\$ \_\_\_\_\_

Royalties.....\$ \_\_\_\_\_

Capital Gain/(Loss) .....\$ \_\_\_\_\_

Other Income/(Loss).....\$ \_\_\_\_\_

Total Additions.....\$ \_\_\_\_\_

Less Deductions reported to shareholders on Schedule K:

Charitable Contributions (Limited to 10% of Adjusted Taxable Income) .....\$ \_\_\_\_\_

Section 179 Depreciation .....\$ \_\_\_\_\_

Other Deductions .....\$ \_\_\_\_\_

Total Deductions.....\$ \_\_\_\_\_

Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K) .....\$ \_\_\_\_\_

<b>SECTION B</b>	<b>Total from Federal Schedule D, Form 4797.</b>	<b>\$ _____</b>
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<b>SECTION C</b>	<b>Income from Rents- from Federal Schedule E.</b>	<b>\$ _____</b>
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<b>SECTION D</b>	<b>All other Taxable Income</b>	<b>\$ _____</b>
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<b>TOTAL</b>	<b>From Sections A, B, C &amp; D, Enter on Page 1, Line 1</b>	<b>_____</b>
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<b>SCHEDULE X</b>	<b>Reconciliation with Federal Income Tax Return as Required by ORC Section 718</b>
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ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital losses Including sections 1221 and 1231 assets ..... \$ _____ property dispositions	_____	n. Capital gains (IRC 1221 or 1231).....\$ _____ property dispositions except to the extent the income and gains apply to those described in IRC 1248 or 1250)	_____
b. Five percent of intangible income reported in letter O except that from IRC 1221 property dispositions..... \$ _____	_____	o. Federally reported intangible income such as, but not.....\$ _____ limited to interest, dividends, and patent and copyright income.	_____
c. Taxes based on income (State)..... \$ _____	_____	p. Amount of Federal Tax Credit to the extent they have.....\$ _____ reduced corresponding operating expenses	_____
d. Taxes based on income (City)..... \$ _____	_____	q. Not previously deducted IRC Section 179 Expense.....\$ _____	_____
e. Guaranteed payments or accruals to or for current or ..... \$ _____ former partners or members	_____	r. Partnership, S corp, LLC charitable contributions	_____
f. Federally deducted dividends, distributions, or amounts .... \$ _____ set aside for, credited to, or distributed to REFT or RIC Investors	_____	s. Other.....\$ _____	_____
g. Federally deducted amounts paid or accrued to or for ..... \$ _____ qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner- employees of non-C corp entities	_____	z. Total (Enter Line 2b Other Side).....\$ _____	_____
h. Rental activities by partnership, S corp or LLC Trusts ..... \$ _____	_____		
i. Other ..... \$ _____	_____		
m. Total (Enter Line 2a Other Side) ..... \$ _____	_____		

<b>SCHEDULE Y</b>	<b>Business Apportionment Formula</b>	<b>a. LOCATED EVERYWHERE</b>	<b>b. LOCATED IN THIS CITY</b>	<b>c. PERCENTAGE (b + a)</b>
<b>STEP 1.</b>	ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	_____ %
	GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	_____ %
	TOTAL STEP 1.	_____	_____	_____ %
<b>STEP 2.</b>	GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
<b>STEP 3.</b>	WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
<b>4.</b>	TOTAL PERCENTAGES	_____	_____	_____ %
<b>5.</b>	AVERAGE PERCENTAGES	Divide Total Percentages by Number of Percentages Used Carry to line 3b, Page 1 _____ %		

Are any employees leased in the year covered by this return? ___ YES ___ NO _____ If YES, please provide the name, address and FID number of the leasing company _____ _____
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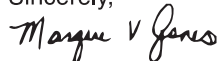
Dear Business Owner,

You will find your 2019 Wilmington Income Tax Return (Form BR). The due date for filing your 2019 tax return is **April 15, 2020**, or 3 1/2 months from the end of your fiscal year. Any balance from 2019 plus the first quarterly payment for 2020 are due at that time. Your check or money order should be made payable to "**City of Wilmington**". Your tax return must be accompanied by supporting federal schedules.

If for some reason you do not have any taxable income for either 2019 or 2020, please return the form with an explanation. If you do not respond, your account will be considered delinquent. To avoid penalties and interest your tax return and payment must be **postmarked** or **hand delivered** no later than **April 15, 2020** or 3 1/2 months from the end of your fiscal year.

Extensions request for filing **must** be made in **writing** by the due date. No verbal extensions will be honored. No extension requests received after the due date will be granted. A federal extension does not automatically apply to Wilmington.

Sincerely,



Tax Commissioner

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**WILMINGTON INCOME TAX RETURN  
GENERAL INFORMATION  
FORM BR**

1. **Who Must File:** A return must be filed by partnerships, corporations and any other entity having income taxable by the City of Wilmington.
2. **When and Where to File Return:** Taxpayers who end their taxable year on December 31 must file on or before the following **April 15th**. Taxpayers on a fiscal or partial year basis must file within 3 1/2 months following the end of such period.

**Extension request for filing must be made in writing** by the due date. No verbal extensions will be honored. No extension request received after the due date will be granted.

The Return is to be filed (including all applicable federal schedules) with the Wilmington Income Tax Bureau, 69 N. South Street, Wilmington, Ohio 45177. Total amount due must be paid when the Return is filed. Checks or money orders should be made payable to "City of Wilmington."

3. **Taxable Income:** Wilmington income tax is levied on the following:
  - (A) On the net profit of all unincorporated businesses, professions, rentals or other activities conducted by residents of the City of Wilmington.
  - (B) On the net profit of all unincorporated businesses, professions, rentals or other activities conducted by non-residents within the City of Wilmington.
  - (C) On the net profits of all corporations derived from work done or services performed or rendered, from business and other activities conducted within the City of Wilmington.
4. **What Constitutes Net Profits:** Net profit is the income from the operation of a business, profession or enterprise and from the use of property, after the provision for all ordinary and necessary expense, except contributions, either paid or accrued, in accordance with the accounting system used by the taxpayer for Federal Income Tax purposes, adjusted to the requirements of the Wilmington Income Tax Ordinance, and in the case of an association, without deduction of salaries paid to partners or other owners. Note that city, federal or state taxes, based on income, are not deductible in determining net profit.
5. **Allocation of Profits:** The business allocation percentage formula is to be used by corporations or non-resident business entities doing business within and outside of Wilmington if actual records of their Wilmington profits are not maintained.

Determine the ratio of Wilmington portion of:

- (1) Average Value of real and tangible property;
- (2) Total sales regardless of where made;
- (3) Total compensation paid to all employees.

Add the ratios obtained and divide by the number of ratios to obtain business allocation percentage. A ratio shall not be excluded from the computation because it is allocable entirely within or outside of Wilmington. This computation is to be reported on Schedule Y, page 2 Form BR.

6. **Change in Tax Liability:** An amended Wilmington Return is required within three months of the final determination of any changed tax liability resulting from audit, judicial decision, or other circumstances.
7. **Penalties and Interest:** Penalty and Interest for late filing and failure to file shall be imposed as provided by the Wilmington Tax Ordinance.