

Form BR File With  
**LEESBURG INCOME TAX**  
 P.O. Box 305  
 57 South Fairfield St.  
 Leesburg, OH 45135  
 Phone (937) 780-6380  
 Fax (937) 780-6012

**LEESBURG INCOME TAX RETURN**

FILING REQUIRED EVEN IF NO TAX DUE  
 DUE ON OR BEFORE APRIL 18  
 www.leesburgohio.org

Fiscal Years Fill in Dates  
 Beginning 20  
 Ending 20  
 And File Within 4 Months  
 of Ending Date

LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND A MINIMUM PENALTY OF \$25.00

TAXPAYER'S NAME, ADDRESS \_\_\_\_\_

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

Filing Status (Check one)

- C - Corporation
- S - Corporation
- LLC
- Partnership / association
- Fiduciary (Trusts and Estates)
- Other \_\_\_\_\_

Amended Return  
 Tax Year \_\_\_\_\_

**Part A TAX CALCULATION**

1.	Adjusted Federal Taxable Income (Attach Copy of Federal Return) From Form _____ Line _____	\$
2.	Adjustments (From Line L, Schedule X)	\$
3.	Taxable income before apportionment (Line 1 plus/minus Line 2)	\$
4.	Apportionment percentage (From Step 5, Schedule Y) _____ %	
5.	Leesburg taxable income (Multiply Line 3 by Line 4)	\$
6.	Less allowable loss on previous tax returns, limited to 5 years (Attach loss schedule)	\$
7.	Amount subject to Leesburg income tax (Line 5 plus/minus Line 6)	\$
8.	Leesburg income tax (Multiply Line 7 by 1%)	\$
9 a.	Estimates paid on this year's liability	\$
9 b.	Credits applied to this year's liability	\$
10.	Total payments and credits (Lines 9a + 9b)	\$
11.	Tax due (Subtract Line 10 from Line 8)	\$
	A. PENALTY \$ _____ INTEREST \$ _____	\$
	B. TOTAL AMOUNT DUE	\$
12.	Overpayment (Line 10 greater than Line 8)	\$
13.	Amount to be refunded (Amounts less than \$1.00 will not be refunded) (By law, all refunds & credits in excess of \$10.00 are being reported to the IRS)	\$
14.	Credit to next year	\$

**Part B DECLARATION OF ESTIMATED TAX FOR YEAR**

15.	Total estimated income subject to tax	\$
16.	Leesburg income tax declared (Multiply Line 15 by 1%)	\$
17.	Tax due before credits (at least 25% of Line 18)	\$
18.	Less credits (from Line 14 above)	\$
19.	Net estimated tax due if Line 17 minus Line 18 is greater than zero	\$
20.	<b>TOTAL AMOUNT DUE</b> - Combine Line 11 above with Line 19 (Make checks payable to the Leesburg Income Tax)	\$

Check here to give us permission to contact your paid tax practitioner directly if we have questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and understands that this information may be released to the Internal Revenue Service.

Signature of Person Preparing Return \_\_\_\_\_ Date \_\_\_\_\_ Signature of Officer or Agent \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Preparing Return \_\_\_\_\_ Phone Number \_\_\_\_\_ Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec. 1221 or 1231 included)	\$ _____	H. Capital Gains .....	\$ _____
B. Taxes on or measured by net income	_____	I. Intangible Income .....	_____
C. Guaranteed Payments to partners, retired partners, members or other owners.	_____	J. Other income exempt (Explain) .....	_____
D. Expenses attributable to non-taxable income (5% of Line I.)	_____		_____
E. Real Estate Investment Trust distributions .....	_____		_____
F. Other .....	_____		_____
	_____		_____
G. Total Additions .....	\$ _____	K. Total deductions .....	\$ _____

L. Combine Lines G and K and enter net on Part A, Line 2 \_\_\_\_\_

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

	a. Located Everywhere	b. Located in Leesburg	c. Percentage (b / a)
STEP 1. Original Cost of Real and Tangible Personal Property .....	_____	_____	
Gross Annual Rentals Paid Multiplied by 8 .....	_____	_____	
TOTAL STEP 1 .....	_____	_____	%
STEP 2 Wages, Salaries, and Other Compensation Paid .....	_____	_____	%
*See Schedule Y - 1			
STEP 3. Gross Receipts from Sales Made and/or Work or Services Performed .....	_____	_____	%
STEP 4 Total Percentages (Add percentages from Steps 1-3)			%
STEP 5. Average Percentage (Divide total percentage by number of percentages used - Carry to Part A, Line 4)			%

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

Total wages allocated to Leesburg (from Federal Return or apportionment formula) .....	\$ _____
Total wages shown on Form W-3 (Withholding Reconciliation) .....	\$ _____

Please explain any difference:

\_\_\_\_\_

\_\_\_\_\_

Do you subcontract labor to perform work in this city?  
 NO     YES, Copies of 1099's must be submitted by February 28th.

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 \_\_\_\_\_

**EXTENSION POLICY:** Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.