

DIVISION OF TAXATION  
631 PERRY ST.  
DEFIANCE, OH 43512  
TEL (419) 784-2117  
FAX (419) 784-4858  
www.cityofdefiance.com  
MONDAY-FRIDAY 8:00AM-4:30PM

FORM BR

**CITY OF DEFIANCE, OHIO  
BUSINESS INCOME TAX RETURN**

FOR THE CALENDAR YEAR 2024 DUE ON OR BEFORE APRIL 15, 2025  
FOR FISCAL YEAR BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_  
DUE THE 15TH DAY OF THE 4TH MONTH AFTER YEAR END  
FILING IS REQUIRED EVEN IF NO TAX IS DUE

NAME AND ADDRESS

City file # \_\_\_\_\_

TAX DEPARTMENT USE ONLY

Total Paid..... \$ \_\_\_\_\_

Return..... \$ \_\_\_\_\_

Estimate ..... \$ \_\_\_\_\_

Refund..... \$ \_\_\_\_\_

CASH CK MO CC

Initials \_\_\_\_\_

**BUSINESS ENTITY:**

CORPORATION  PROFESSIONAL  NON RESIDENT  
 OTHER  RESIDENT  PARTNERSHIP  
 PROPRIETOR

**SOCIAL SECURITY  
NUMBER/EIN:**

**Note: All filings require attachment of schedules to substantiate income, deductions and credits.**

|   |   |           |                    |
|---|---|-----------|--------------------|
| 1   | Adjusted Federal Taxable Income per attached return (Form 1120, Line 28; Form 1120S, Schedule K, Line 18; Form 1120A, Line 24; Form 1065 "Analysis of Net Income/Loss", Line 1; Form 1041, Line 17; Form 990 T, Line 30; REIT Line 20)..... | 1         | \$ _____           |
| 2   | Adjustment (From Page 2, Schedule X Line P).....  | 2         | \$ _____           |
| 3   | Taxable Income before apportionment (Line 1 plus or minus Line 2; if net loss, enter 0).....  | 3         | \$ _____           |
| 4   | Apportionment percentage (100% or % from Page 2, Schedule Y, Line 5)..... %   | 4         | \$ _____           |
| 4 a   | Loss carried forward up to 3 years, if applicable. ....   | 4a        | \$ _____           |
| 5   | Defiance Taxable Income (Subtract line 4 a from line 4).....  | 5         | \$ _____           |
| 6   | Defiance Tax Due (Multiply Line 5 by 1.8% or (.018)).....   | 6         | \$ _____           |
| 7   | Estimated Tax payments and Prior Year Credit Carryforward.....  | 7         | \$ _____           |
| 8   | Other Credits ( Explain and document fully) .....   | 8         | \$ _____           |
| 9   | Total Credits (Add Lines 7 and 8) .....   | 9         | \$ _____           |
| 10  | Tax Due (Subtract Line 9 from Line 6).....  | 10        | \$ _____           |
| 11 a  | Penalty for late payment (1.5% of Line 10) per month or fraction thereof .....  | 11a       | \$ _____           |
| 11 b  | Interest (.5% per month or fraction thereof) of line 10.....  | 11b       | \$ _____           |
| 11 c  | <b>Failure to File by Due Date \$25.00</b> .....  | 11c       | \$ _____           |
| 11  | Total Penalty and Interest ( Line 11a plus Line 11b plus Line 11c).....   | 11        | \$ _____           |
| 12  | Total Due (Line 10 plus Line 11) (no tax due if less than \$10.00) .....  | 12        | \$ _____           |
| 13  | Overpayment (Line 9 greater than Line 6) Overpayments will be carried forward to next year unless otherwise indicated..   | Refund 13 | \$ _____           |
| <b>Amounts under \$10.00 are not due nor refundable nor credited to next tax year</b> |   |           | Credit 13 \$ _____ |

**DECLARATION OF ESTIMATED TAX FOR YEAR 2025**

|    |   |    |          |
|----|---|----|----------|
| 14 | Total estimated income subject to tax .....   | 14 | \$ _____ |
| 15 | Multiply Line 14 by 1.8% or (.018) Defiance Income Tax declared .....                                 | 15 | \$ _____ |
| 16 | Tax due before credits ( enter at least 22.5% of Line 15).....  | 16 | \$ _____ |
| 17 | Less credits (from Line 13 above) .....   | 17 | \$ _____ |
| 18 | Net estimated tax due if Line 16 minus Line 17 is greater than zero .....                             | 18 | \$ _____ |
| 19 | Total Amount Due – Add Line 12 above with Line 18 ( Make checks payable to the City of Defiance)..... | 19 | \$ _____ |

UNDER PENALTIES OF PERJURY, I DECLARE 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. DECLARATION OF PREPARER (OTHER THAN TAXPAYER) IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

Signature of Officer

Date

Title

Phone#

Preparer's Signature

Date

Preparer name and address

Phone#

FILE WITH THE CITY OF DEFIANCE  
DIVISION OF TAXATION  
P.O. BOX 669  
DEFIANCE, OHIO 43512

## SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

| ITEMS NOT DEDUCTIBLE   | ADD      | ITEMS NOT TAXABLE  | DEDUCT   |
|--|----------|--|----------|
| A Federally deducted losses from IRC 1221 or 1231 property dispositions (excluding ordinary losses).....   | \$ _____ | I Federally reported income/gains from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250 (excluding ordinary gains) ..... | \$ _____ |
| B All income taxes or excise taxes based on income, paid or accrued (City & State).....  | \$ _____ | J Interest, Dividends, Patents and Copyright Income..  | \$ _____ |
| C 5% of amount deducted as intangible income .....   | \$ _____ | K Amount of Federal tax credits to the extent they have reduced corresponding operating expenses....   | \$ _____ |
| D Guaranteed payments or accruals to, or for, current or former partners or members .....  | \$ _____ | L IRC Section 179 Expenses (not previously deducted) \$ _____  |          |
| E Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax..... | \$ _____ | M Charitable contributions of Partnerships, S Corps, LLC's. .....  | \$ _____ |
| F Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors .....                  | \$ _____ | N Other (explain and document) .....   | \$ _____ |
| G Other (explain and document).....  | \$ _____ | O TOTAL DEDUCTIONS (Lines I thru N).....   | \$ _____ |
| H TOTAL ADDITIONS (Lines A thru G) .....   | \$ _____ |  |          |
| P Calculate difference between Line H and Line O, carry to page 1, Line 2.....   | \$ _____ |  |          |

## SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

|  | A. Located Everywhere | B. Located In Defiance | C. Percentage (B ÷ A) |
|--|-----------------------|------------------------|-----------------------|
| STEP 1 Average original cost of real & tangible personal property .....            | \$ _____              | \$ _____               |                       |
| Gross annual rentals multiplied by 8 .....   | \$ _____              | \$ _____               |                       |
| TOTAL STEP 1 .....   | \$ _____              | \$ _____               | 1 _____ %             |
| STEP 2 Gross receipts from sales made and/or work or services performed .....      | \$ _____              | \$ _____               | 2 _____ %             |
| STEP 3 Total wages, salaries, commissions & other compensation paid .....          | \$ _____              | \$ _____               | 3 _____ %             |
| STEP 4 Total Percentages .....   |                       |                        | 4 _____ %             |
| STEP 5 Average Percentage (divide total percentages by number of percentages used) |                       |                        |                       |
| Carry average percentage to page 1, Line 4.....                                    |                       |                        | 5 _____ %             |

## SCHEDULE Z – PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME (INCLUDE COPIES OF ALL K-1'S)

| Name and address of each partner                               | FID or SSN | Amount | EIN of Payor |
|--|------------|--------|--------------|
| a  |            |        |              |
| b  |            |        |              |
| c  |            |        |              |
| d  |            |        |              |
| This amount should be the same as that shown on Page 1, Line 1 |            |        |              |

## BUSINESS QUESTIONNAIRE: (QUESTIONS MUST BE ANSWERED TO BE CONSIDERED A COMPLETED RETURN.)

1. Date of Incorporation or inception .....
2. Date City business commenced .....
3. Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return? .....  Yes  No  
If Yes, provide the EIN(s) # reported under .....  
If NO, explain on an attached statement.
4. 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.....
5. Gross City wages paid were .....\$ .....  
City tax in the amount of .....\$ .....  
was withheld from wages and paid to .....  
6. Were 1099-Misc forms issued? .....  Yes  No  
If YES, attach copies to this return.