## 2024 BROOK PARK INCOME TAX RETURN

FOR CALENDAR YEAR 2024 OR FISCAL PERIOD TO

## CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2025 FISCAL FILERS FILE WITHIN 105 DAYS OF PERIOD END

## FILING REQUIRED EVEN IF NO TAX IS DUE

Mail To: City of Brook Park Tax Department 6161 Engle Road Brook Park, OH 44142

TELEPHONE NUMBER

PH:216-433-1533 TAXPAYER(S) NAME AND ADDRESS PHONE: FAX: 216-433-0822 IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2024, NAME: COMPLETE THE FOLLOWING: ADDRESS: Date moved into Brook Park \_ Previous Address ADDRESS 2: Date moved out of Brook Park STATE: ZIP: CITY: Primary Taxpayer Date of Birth \_\_\_\_/\_\_\_/ Secondary Taxpayer Date of Birth / / VALID EMAIL ADDRESS: SOCIAL SECURITY # OR FEDERAL ID # SPOUSE SOCIAL SECURITY # W-2/W-2G WORKSHEET CREDIT ALLOWED FOR QUALIFYING WAGES Date wages were OTHER CITY TAX OTHER CITIES ON W-2/W-2G Earned (Month/Day) PRINT EMPLOYER'S NAME CITY WHERE EMPLOYED WITHHEI D (Max - 2.0% of Wages) (greater of box 5 or 18) **BROOK PARK TAX WITHHELD** W-2/W2G **COPIES** MUST BE **ATTACHED** TOTALS ATTACH A COPY OF 1040, ALL APPLICABLE W-2s/W-2Gs, FEDERAL SCHEDULES, EXPLANATIONS ETC... If you want Brook Park to calculate your tax - STOP, check the box, sign and date the return. Submit with W-2s/W-2Gs INCOME \$ TAX TAX WITHHELD. **PAYMENTS** 8. Credit for taxes withheld to other cities from column 5 and 10B......8 | \$ AND CREDITS **BALANCE** DUE, **REFUND** 14. **OVERPAYMENT.** If line 4 is less than line 9, enter overpayment here.....14 |\$ 0R 15. AMOUNT FROM LINE 14 TO BE REFUNDED (no refund if \$10.00 or less)...15 \$ **CREDIT** 16. AMOUNT FROM LINE 14 TO BE **CREDITED** TO NEXT YEAR (no credit if \$10.00 or less) 16 \$ DECLARATION OF ESTIMATED TAX - Taxpayers owing more than \$200.00 are required by law to set up and pay **ESTIMATE** 17. Total estimated income subject to tax \$\_\_\_ \_\_\_\_\_ Multiply by tax rate of 2.0% (0.02) ......17 \$ FOR. NEXT YEAR 23. Enter balance due from line 13 above (No tax due if \$10.00 or less) ......23 **TAX DUE** If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return. The undersigned declares under penalty of perjury 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 adjusted to Municipal Income Tax Ordinances. SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER DATE

TELEPHONE NUMBER

SIGNATURE OF SPOUSE (IF JOINT RETURN)

NAME AND ADDRESS OF PREPARER (PLEASE PRINT)

## SCHEDULE OF INCOME FROM OTHER THAN WAGES

RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES C AND E, FORMS 1120, 1120S, FORM 1065 WHEN APPLICABLE. MUST INCLUDE ALL PAGES, SCHEDULES & STATEMENTS

	FORM OR SCHEDULE		INCOME OR LOSS FROM FEDERAL SCHEDULE	TAX CREDIT ALLOWED FOR TAX PAID TO OTHER CITIES (LIMITED TO 2.0% OF INCOME)		
1.	SCHEDULE C – BUSINESS INCOME (Attach copy of form and any referenced schedules)					
2.	SCHEDULE E – RENTAL INCOME (Residents enter profit/loss from all properties Nonresidents enter only profit/loss from Brook Park properties.					
3.	SCHEDULE F - FARM INCOME (Attach copy of form and any referenced schedules)					
4.	SCHEDULE K-1 (Residents enter profit/loss from entities that do not pay Brook Petax on entire distributive share.) (Attach copy of K-1)					
5.	FORM 1120, 1120S, 1065, 1041 (Attach copy of form and any referenced schedules)					
6.	6. TOTAL OF LINES 1 THRU 5					
7.	Previous Year Net losses (Limited to 5 years @ 100%) See instructions - schedule must be attached					
8.	. SUBTRACT LINE 7 from Line 6					
9.	MISCELLANEOUS INCOME – 1099 MISC, ETC. (Attach copy of supporting document)					
10.	TOTAL INCOME (LOSS) (Combine Lines 8 & 9 and enter amount from 10A on Line 25 below and amount from 10B on Line 8 on page 1.		10A	10B		
SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (NOT FOR INDIVIDUAL NON-BUSINESS USE)						
c. Taxes based on income (Including Franchise Tax)			ITEMS NOT TAXABLE  (Excluding Ordinary Gains)  ne  Deduction		\$	DEDUCT
-			tions (enter on Line 26b)		\$	
SCHEDULE Y BUSINESS ALLOCATION FORMULA						
301	a. LOCA EVERYW		b. LOCATED IN c. PERCE BROOK PARK (b ÷			
STEP	Avg. Original Cost of Real & Tang. personal property  Gross annual rentals paid multiplied by 8  Total Step1			%		
STEP STEP	Wages, salaries, and other compensation paid			% %		
STEP			Carry to I	_ine 27b belov	v	%
25. Total from Schedule of Income From Other Than Wages above (Line 10A)					\$	
26. a. Items Not Deductible						
	b. Items Not Taxable				\$	
27.	a. Adjusted Net Income (Line 25 plus or minus 26C)					

28. Amount subject to Brook Park Income Tax (Carry to Page 1 Line 2).....\$