

FORM BR  
 FILE WITH  
**N.C.H. INCOME TAX DEPT.**  
**1704 W. GALBRAITH RD.**  
**NORTH COLLEGE HILL**  
**OHIO 45239**  
 DUE ON  
 OR BEFORE APRIL 15, 2009

**2008**

**INCOME TAX RETURN FOR**  
**NORTH COLLEGE HILL OHIO**  
 (N.C.H)  
**FILING REQUIRED EVEN IF NO TAX DUE\***  
 TAX OFFICE PHONE: 513-931-1159  
 FAX 513-521-1596  
**www.northcollegehill.org**

**2008**

MAKE CHECK OR MONEY ORDER  
 PAYABLE TO:  
 CITY OF  
 NORTH COLLEGE HILL

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

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

TAXPAYERS NAME AND CURRENT MAILING ADDRESS

LOCAL BUSINESS NAME \_\_\_\_\_

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

LOCAL ADDRESS (IF DIFFERENT) \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO N.C.H. \_\_\_\_\_ OR OUT OF N.C.H. \_\_\_\_\_

**You must obtain a North College Hill extension if a Federal extension has been requested. This extension must be requested prior to the due date of your return.**

<b>INCOME</b>	1. TOTAL INCOME FROM PAGE 2 - OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES	.....	\$ _____	
	2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (FROM PAGE 2))	..... ADD \$ _____		
	b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X (FROM PAGE 2))	..... DEDUCT \$ _____		
	c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -)	.....	\$ _____	
	<b>ADJUST- MENTS</b>	3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)	.....	\$ _____
		b. AMOUNT OF LINE 3a ALLOCABLE ( _____ % FROM LINE 5 SCHEDULE Y)	.....	\$ _____
		c. LESS ALLOCABLE LOSS PER PVIOUS INCOME TAX RETURN (ATTACH SCHEDULE) (LOSSES MAY BE CARRIED FORWARD FOR 3 YEARS)	.....	\$ _____
	<b>TO INCOME</b>	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c)	.....	\$ _____
		5. NORTH COLLEGE HILL TAX 1.5% OF LINE 4	.....	\$ _____
	<b>TAX</b>	6. CREDITS:		
(a) PAYMENTS AND CREDITS ON <b>2008</b> DECLARATION OF ESTIMATED TAX		.....	\$ _____	
(b) PRIOR YEAR OVERPAYMENT		.....	\$ _____	
	(x) TOTAL CREDITS ALLOWABLE	.....	\$ _____	
	7. IF LINE 5 GREATER THAN LINE 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:	TAX DUE	\$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>	

**A. PENALTY \$ \_\_\_\_\_, INTEREST \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_**  
**B. TOTAL AMOUNT DUE (INCLUDING LINE 7A) \$ \_\_\_\_\_**

**8. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR'S ESTIMATE**

**DECLARATION OF ESTIMATED TAX FOR YEAR 2009**

9. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF \$ \_\_\_\_\_  
 10. LESS EXPECTED TAX CREDITS

A. OVERPAYMENT FROM PRIOR YEAR \$ \_\_\_\_\_

11. NET TAX DUE (LINE 9 LESS LINE 10 A) \$ \_\_\_\_\_  
 12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11) \$ \_\_\_\_\_

13. AMOUNT ENCLOSED: (LINE 7) \$ \_\_\_\_\_ + (LINE 12) \$ \_\_\_\_\_ **AMOUNT DUE**

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 \_\_\_\_\_ Title, If Signing for a Business \_\_\_\_\_

<b>SECTION A</b>	<b>Profit (or Loss) from Business or Profession</b>	NET INCOME SECTION A .....	\$ _____
<b>SECTION B</b>	<b>Total from Federal Schedule D, Form 4797.</b>	NET INCOME SECTION B .....	\$ _____
<b>SECTION C</b>	<b>Income from Rents - from Federal Schedule E</b>	NET INCOME SECTION C .....	\$ _____

**SECTION C. INCOME from RENTS** — This schedule to be used ONLY by taxpayers not required to file federal income tax return.

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C .....

<b>SECTION D</b>	<b>All other Taxable Income</b>	NET INCOME SECTION D .....	\$ _____
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INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS

<b>TOTAL</b>	<b>From Sections A, B, C &amp; D</b>	Enter on Page 1, Line 1 .....	\$ _____
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A MUNICIPALITY DOES NOT NECESSARILY TAX ALL ITEMS OF INCOME, NOR DOES IT NECESSARILY ALLOW CERTAIN ITEMS AS DEDUCTIONS IN THE SAME MANNER AS THE STATE AND FEDERAL GOVERNMENT. IT IS THEREFORE REQUIRED THAT SCHEDULE "X" BELOW BE COMPLETED AND ALL RELATED FEDERAL SCHEDULES BE ATTACHED.

**SCHEDULE X Reconciliation with Federal Income Tax Return**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a.	Capital Losses (Excluding Ordinary Losses) .....	\$ _____	n.	Capital gains (Excluding Ordinary Gains) .....	\$ _____
b.	Expenses incurred in the production of non-taxable Income (at least 5% of Line Z) .....	\$ _____	o.	Interest income .....	\$ _____
c.	Taxes based on income (State) .....	\$ _____	p.	Dividends .....	\$ _____
d.	Taxes based on income (City) .....	\$ _____	q.	Other (Explain) .....	\$ _____
e.	Net operating loss deduction per Federal Return .....	\$ _____			
f.	Payments to partners .....	\$ _____			
g.	Contributions .....	\$ _____			
h.	Other expenses not deductible (Explain) .....	\$ _____			
m.	(Enter Line 2a Other Side) .....	TOTAL \$ _____	z.	(Enter Line 2b Other Side) .....	TOTAL \$ _____

<b>SCHEDULE Y</b>	<b>Business Allocation Formula</b>	a. LOCATED EVERYWHERE	b. LOCATED IN N.C.H.	c. PERCENTAGE (b ÷ a)
<b>STEP 1:</b>	AVG. VALUE OF REAL & TANG. 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>STEP 4:</b>	TOTAL PERCENTAGES	_____	_____	_____ %
<b>STEP 5:</b>	AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).	_____	_____	_____ %
				Carry to Line 3b, Page 1 _____ %

<b>SCHEDULE Z</b>	<b>PARTNER'S SHARE OF INCOME</b>	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER		Yes	No	Percent	Amount	\$ _____	_____ %	\$ _____
<b>TOTAL From Section A and Section D Above</b>				100	\$ _____			

**EXTENSION POLICY:**

IF FILING DATE CANNOT BE MET, A WRITTEN REQUEST FOR EXTENSION OR A COPY OF YOUR FEDERAL EXTENSION REQUEST MUST BE FILED WITH THE NCH TAX DEPARTMENT BEFORE THE FILING DATE.

**FILING IS REQUIRED EVEN IF NO TAX IS DUE!**

**DECLARATION AND RETURN PAYMENT CALENDAR**

APRIL 15,  
File Declaration  
with 1/4 payment

JULY 31,  
Make 2nd  
quarterly payment

OCT. 31,  
Make 3rd  
quarterly payment

JAN. 31,  
Make the 4th  
quarterly payment

APRIL 15,  
File return.  
Pay quarterly payment