

**BUSINESS - 2009  
INCOME TAX RETURN  
ST. BERNARD**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**DUE DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_**  
**ATTACH Copy of Federal Tax Return and all  
Applicable Schedules and Forms.**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF ST. BERNARD  
  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217-1318  
  
Voice 513-242-7710 Fax 513-242-5402  
tax@cityofstbernard.org

Federal ID#
Business Telephone No.
Principal Business Activity
NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

1 Total taxable income	1		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2 )	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 St. Bernard Taxable income (Line 5 minus Line 6)	7		
8 St. Bernard income tax (Multiply line 7 by 2.100%)	8		
9 Credits applied from previous year(s) to this year's liability	9		
10 Estimates paid on this year's liability	10		
11 Other credits	11		
12 Total credits (Total line 9, 10 and 11)		12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than 5.00		13	
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)		16	
17 Overpayment ( Issued if greater than 5.00 )		17	
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

**Declaration of Estimate For 2010**

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 2.100%)		21	
22 Less credits (from 19 above)		22	
23 Net estimated tax due (subtract line 22 from line 21)	23		
24 Minimum amount due for first quarter (Multiply line 23 by 25%)		24	

**Amount You Owe**

25 Total amount due (add lines 16 and 24)	25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

\_\_\_\_\_  
TaxPayer's Signature Date

\_\_\_\_\_  
Tax Preparer's Signature Date

(If other than taxpayer) Phone No. \_\_\_\_\_

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

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 221 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 St. Bernard	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 St. Bernard (from Federal Return or apportionment formula).....	\$
Total wages shown on Form W-3 (Withholding Reconciliation).....	\$

Please explain any difference:

\_\_\_\_\_

\_\_\_\_\_

Are there 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.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

FID Number: \_\_\_\_\_