

**INDIVIDUAL - 2009
INCOME TAX RETURN**

ST. BERNARD

Due Date 04/15/2010

**ATTACH: - All W-2's
- Federal Form 1040 (First Page Only)
- All Applicable Federal Schedules (C, E,
K-1, and 1099 MISC)**

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

Taxpayer's Social Security No.	
Home Telephone No.	Business Telephone No.
Spouse's Social Security No.	
Spouse's Name	
Home Telephone No.	Business Telephone No.
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Name _____
And _____
Address _____

Filing Status

Single
 Married filing joint
 Married filing separate

RESIDENT
 NON-RESIDENT

Income

1 Wages, salaries, tips, etc. 1

2 Other taxable income 2

3 Total taxable income (add lines 1 and 2) 3

Tax and Credits

4 St. Bernard tax due before credits (2.100% of line 3) 4

5 Estimated tax payments made to St. Bernard 5

6 Taxes withheld and paid to St. Bernard 6

7 Overpayment from prior year(s) 7

8 Taxes withheld and paid to other localities 8

Include only taxes paid - up to 2.1 percent of income earned - for each municipality.

9 Total credits (add lines 5 through 8) 9

Refund (Issued if greater than 5.00)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10

11 Amount of line 10 to be credited to next years estimate 11

12 Amount of line 10 to be refunded 12

Tax Due (if greater than 5.00)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13

14 Penalties and interest **Late File** _____ **Late Pay** _____ **Late Estimate** _____ **Interest** _____ 14

Declaration of Estimate For 2010

15 Estimated income 15

16 Estimated tax due. Multiply line 15 by 2.100% 16

17 Taxes to be withheld and paid to St. Bernard and other localities 17

18 Prior credit applied to estimated tax payments (From line 11) 18

19 Net estimated tax due (subtract line 17 and 18 from 16) 19

20 Minimum amount due for first quarter (multiply line 19 by 25%) 20

Amount You Owe

21 Total amount due (add lines 13, 14 and 20) 21

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only	
___ W-2's	___ Payment Enclosed
___ Federal 1040	___ Refund
___ Schedule C	___ Estimate Declaration
___ Schedule E	

Taxpayer's Signature Date

Spouse's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer) Phone No. _____

May CITY OF ST. BERNARD discuss this return with the preparer shown above ___Yes ___No

WORKSHEET A - SALARIES, WAGES, TIPS, AND OTHER COMPENSATION

(To be completed by taxpayers who receive W-2 income from more than one source)

****Attach copies of all W-2s used to compute your local income to this Return**
Duplicate Worksheet As Necessary**

Employer	City Where Employed	Qualifying Wages	St. Bernard Tax Withheld	Other City Tax Withheld
Totals (Enter Total Qualifying Wages on Line 1, Page 1)				

WORKSHEET B – BUSINESS/MISCELLANEOUS INCOME or LOSS

****Attach copies of all Federal Forms and Schedules used to compute your local income to this Return****

	Schedules	Column A Income / (Loss) from Federal Schedules	Column B St. Bernard Percentage	St. Bernard Taxable Income (Column A x Column B)
1.	Schedule C - Business Income (Combine the net income or (loss) of all Schedules C)	\$	(From Step 5 of Schedule Y) %	\$
2.	Schedule E - Rental Income (Residents enter profit/loss from all properties. Nonresidents enter only profit/loss from St. Bernard properties)	\$	100 %	\$
3.	Schedule K-1 - Partnership Income NOTE: S Corp Distributive Share is NOT Taxable (Residents enter profit/loss from entities that do not withhold St. Bernard tax on entire distributive share)	\$	100 %	\$
4.	Miscellaneous Income – 1099-MISC, Schedule F, etc.	\$	(From Step 5 of Schedule Y) %	\$
5.	Employment Expense Deduction-Expenses included in line 1 that are allocable to St. Bernard (Attach Schedule 2106 and enter as a deduction)			\$
6.	NOL Carry Forward – Limited to 5 years (Attach worksheet and enter as a (loss))			\$
7.	Total Income / (Loss) (Combine Lines 1 through 5 and enter this amount on Page 1, Line 2)			\$

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

(To be completed by all nonresidents who earn a portion of their net profits in St. Bernard.)

	a. Located Everywhere	b. Located in St. Bernard	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.....	_____	_____	_____ %
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. Apportionment Percentage (Divide Total Percentage by Number of Percentages Used).....			_____ %