

# BUSINESS - 2016 INCOME TAX RETURN ST. BERNARD

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF ST. BERNARD

110 WASHINGTON AVE.  
ST. BERNARD OH 45217-1318

Voice 513-242-7710 Fax 513-242-5402  
tax@cityofstbernard.org

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

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

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
- 2 Adjustments (See Schedule X)
- 3 Taxable income before allocation (Line 1 plus/minus lines 2 )
- 4 Allocation percentage (See Schedule Y)
- 5 Adjusted Net Income (Multiply line 3 by line 4)
- 6 Allocable Net Loss Carry Forward
- 7 St. Bernard Taxable income (Line 5 minus Line 6)
- 8 St. Bernard income tax (Multiply line 7 by 2.100%)
- 9 Credits applied from previous year(s) to this year's liability
- 10 Estimates paid on this year's liability
- 11 Other credits
- 12 Total credits (Total line 9, 10 and 11)
- 13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than 10.00
- 14 Penalty
- 15 Interest
- 16 Total due (Total line 13, 14 and 15)
- 17 Overpayment ( Issued if greater than 10.00 )
- 18 Amount to be refunded
- 19 Amount to be credited to next year

1	
2	
3	
4	%
5	
6	
7	
8	
9	
10	
11	

12	
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16	
17	

14	
15	
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19	

## Declaration of Estimate For 2017

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

20	
23	

21	
22	
24	

## Amount You Owe

- 25 Total amount due (add lines 16 and 24)

25	
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The undersigned declares 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.

**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**

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

Date \_\_\_\_\_

Tax Preparer's Signature  
(If other than taxpayer)

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

### CREDIT CARD INFORMATION FOR PAYMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCOUNT NUMBER																
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SECURITY PIN			CARD EXPIRATION																
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AMOUNT		CARD HOLDER SIGNATURE - SIGN HERE																	

May VILLAGE OF ST. BERNARD discuss this return with the preparer shown above \_\_\_\_ Yes \_\_\_\_ No