

**INDIVIDUAL - 2018  
INCOME TAX RETURN  
ST. BERNARD**

**Due Date 04/15/2019**

**The following is requested:**

- 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:**  
VILLAGE 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 10.00 )

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 10.00 )

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 2019**

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

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.

<b>Tax Office Use Only : Tax Office Use Only : Tax Office Use Only</b>	
<input type="checkbox"/> W-2's	<input type="checkbox"/> Payment Enclosed
<input type="checkbox"/> Federal 1040	<input type="checkbox"/> Refund
<input type="checkbox"/> Schedule C	<input type="checkbox"/> Estimate Declaration
<input type="checkbox"/> Schedule E	




\_\_\_\_\_  
Taxpayer's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Spouse's Signature Date \_\_\_\_\_

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

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

**CREDIT CARD INFORMATION FOR PAYMENT**

ACCOUNT NUMBER

SECURITY PIN  CARD EXPIRATION

AMOUNT

CARD HOLDER SIGNATURE - SIGN HERE

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