FORM FR 1099	BUSIN	IESS - 2019		
MAKE CHECK OR MONEY ORDER TO:	INCOME	TAX RETURN		
VILLAGE OF ST. BERNARD	ST.	BERNARD		Federal ID#
110 WASHINGTON AVE.	Fiscal Period	to		BusinessTelephone No.
ST. BERNARD OH 45217-1318				Principal
		1 1		Business Activity
Vision 540 040 7740 Fut		/ / Federal Tax Return an	d all	NAICS Code
Voice 513-242-7710 Ext Fax 513-242-5402 tax@cityofstbernard.org	Applicable Schedules and Forms		a an	IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
				INTO / / OUT OF / /
Name				CHECK ONE
And				
And				
Address				
1. Total tavable income			1	<u> </u>
<ol> <li>Total taxable income</li> <li>Adjustments (See Schedule X)</li> </ol>			$\begin{array}{c}1\\2\end{array}$	
3 Taxable income before allocation (Line 1 plu	us/minus lines 2)		3	
4 Allocation percentage (See Schedule Y)			4	%
5 Adjusted Net Income (Multiply line 3 by line	e 4)		5	
6 Allocable Net Loss Carry Forward			6	
7 St. Bernard Taxable income (Line 5 minus L			7	
8 St. Bernard income tax (Multiply line 7 by 2			8	
9 Credits applied from previous year(s) to this	year's liability		9	
<ul><li>10 Estimates paid on this year's liability</li><li>11 Other credits</li></ul>				
12 Total credits (Total line 9, 10 and 11)			11	12
13 Tax due (If line 8 is greater than line 12, sub	tract line 12 from line 8)	If greater than 10.00		12
14 Penalty	······································	-	14	
15 Interest			15	
16 Total due (Total line 13, 14 and 15)				16
17 Overpayment ( Issued if greater than 10.00 )				
18 Amount to be refunded			18	
19 Amount to be credited to next year		-	19	
Declaration of Estimate For 202	20			
20 Total estimated income subject to tax	00/ )		20	
<ul><li>21 Estimated tax due. (Multiply line 20 by 2.10</li><li>22 Less credits (from 19 above)</li></ul>	J%)			21 22
<ul><li>23 Net estimated tax due (subtract line 22 from</li></ul>	line 21)		23	
24 Minimum amount due for first quarter (Mult			25	24
Amount You Owe				
25 Total amount due (add lines 16 and 24)				25
		Tax Of	fice Use	Only : Tax Office Use Only : Tax Office Use Only
The undersigned declares that this return (and accompanying schedules)		for the taxable period		
stated and that the figures used herein are the same as used for Federal In	icome Tax purposes.			
	_			
			INFOR	RMATION FOR PAYMENT
TaxPayer's Signature	Date			ACCOUNT NUMBER
Tax Preparer's Signature	Date			SECURITY PIN CARD EXPIRATION
(If other than taxpayer)	Dure			
Phone No.	AM	10UNT	C	ARD HOLDER SIGNATURE - SIGN HERE
Mou VIII LACE OF ST. DEDNADD discuss this rat				

## 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	\$
В.	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			%
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:\_\_\_\_\_