

**INDIVIDUAL - 2017  
INCOME TAX RETURN**

**ST. BERNARD**

**Due Date 04/17/2018**

**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 Ext      Fax 513-242-5402  
tax@cityofstbernard.org

Name \_\_\_\_\_  
And \_\_\_\_\_  
Address \_\_\_\_\_

<b>Filing Status</b>		<input type="checkbox"/> RESIDENT		IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
<input type="checkbox"/> Single	<input type="checkbox"/> Married filing joint	<input type="checkbox"/> NON-RESIDENT	INTO      / /		
<input type="checkbox"/> Married filing separate			OUT OF      / /		
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION					
NAME _____					
ADDRESS _____					

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. _____

**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 2018**

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.

<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

GARD HOLDER SIGNATURE - SIGN HERE \_\_\_\_\_

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