

**BUSINESS - 2017
INCOME TAX RETURN
ST. BERNARD**

Fiscal Period _____ to _____

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

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

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

Declaration of Estimate For 2018

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

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

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.

Taxpayer's Signature Date _____

Tax Preparer's Signature Date _____
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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