

ST. BERNARD, OHIO

FILING REQUIRED EVEN IF NO TAX DUE
FILE ON OR BEFORE APRIL 15, 2005
OR 3 1/2 MONTHS AFTER FISCAL YEAR-END.

FILE WITH
ST BERNARD TAX DEPT.
110 WASHINGTON AVE.
ST. BERNARD, OH 45217
PHONE: (513) 242-7710
www.city-of-stbernard.org/stbtax.htm

MAKE CHECK OR MONEY ORDER
PAYABLE TO
ST. BERNARD
TAX DEPT.

FISCAL/YEAR DATE _____ TO _____

ACCOUNT NUMBER

PRINCIPAL BUSINESS ACTIVITY _____

TAXPAYER'S NAME AND ADDRESS

CORPORATION [] PARTNERSHIP [] SOLE PROPRIETOR []

IF OTHER, EXPLAIN: _____

BUSINESS TELEPHONE: _____

FEDERAL ID#: _____

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE

MOVED: INTO CITY _____ OR OUT OF _____

ARE YOU A RESIDENT OF ST. BERNARD? YES [] NO []
HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES [] NO []
DID YOU FILE A PREVIOUS YEAR RETURN? YES [] NO [] IF SO, HAS AN AMENDED CITY OF ST. BERNARD INCOME TAX RETURN BEEN FILED? YES [] NO []

All payments due with Return. Extension for filing of forms should be obtained if a Federal extension has been requested. Extension request due prior to the filing date.

INCOME 1. ADJUSTED FEDERAL TAXABLE INCOME (SECTION A, PAGE 2) ATTACH COPIES OF FEDERAL RETURN & SCHEDULES. \$ _____
2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X, PAGE 2) ADD \$ _____
ADJUST- b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X, PAGE 2) DEDUCT \$ _____
MENTS c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -) \$ _____
TO 3a. ADJUSTED NET PROFIT/LOSS (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) \$ _____
INCOME b. AMOUNT OF LINE 3a APPORTIONED (_____% FROM LINE 5 SCHEDULE Y, PAGE 2) \$ _____
c. LESS ALLOCABLE LOSS PER PREVIOUS FILED INCOME TAX RETURN (ATTACH SCHEDULE) \$ _____
(LLOSSES MAY BE CARRIED FORWARD FOR 5 YEARS)
4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c) \$ _____
TAX 5. ST. BERNARD TAX 2% OF LINE 4 \$ _____
6. CREDITS
(a) PAYMENTS AND CREDITS ON _____ DECLARATION OF ESTIMATED TAX FOR YEAR _____ \$ _____
(b) PRIOR YEAR OVERPAYMENT \$ _____
(x) TOTAL CREDITS ALLOWABLE \$ _____
7. IF LINE 5 GREATER THAN LINE 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. _____ TAX DUE \$ _____

A. PENALTY \$ _____, INTEREST \$ _____
B. TOTAL AMOUNT DUE (INCLUDING LINE 7) \$ _____
THIS SPACE FOR TAX OFFICE ONLY

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE (ENTER ON LINE 10B)

DECLARATION OF ESTIMATED TAX FOR YEAR _____

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 2% FOR GROSS TAX OF \$ _____
10. LESS EXPECTED TAX CREDITS
A. OPERATING LOSS CARRY FORWARD (ATTACHED SCHEDULE) \$ _____
B. OVERPAYMENT FROM PRIOR YEAR \$ _____
C. TOTAL CREDITS \$ _____
11. NET TAX DUE (LINE 9 LESS LINE 10C) \$ _____
12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11) \$ _____
13. BALANCE OF TAX FOR YEAR \$ _____
14. AMOUNT ENCLOSED FOR _____ TAX: (LINE 7) \$ _____ + _____ DECLARATION (LINE 12) \$ _____ = TOTAL DUE _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

May we discuss this return with the preparer show to the left? [] Yes [] No

Signature of Person Preparing, if Other than Taxpayer _____ Date _____

Signature of Taxpayer or Agent (Required) _____ Date _____

Address _____ and _____ Telephone Number _____

SECTION A	Adjusted Federal Taxable Income	
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Ordinary Income for 1120 (Line 28)		\$ _____
Ordinary Income for 1120S (Line 21) or 1065 (Line 22)		\$ _____
Add Income/Losses reported to shareholders on Schedule K:		
Net Income from Rental (Real Estate or Other)	\$ _____	
Interest	\$ _____	
Dividends	\$ _____	
Royalties	\$ _____	
Capital Gain/(Loss)	\$ _____	
Other Income/(Loss)	\$ _____	
Total Additions		\$ _____
Less Deductions reported to shareholders on Schedule K:		
Charitable Contributions (Limited to 10% of Adjusted Taxable Income)	\$ _____	
Section 179 Depreciation	\$ _____	
Other Deductions	\$ _____	
Total Deductions		\$ _____
Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K)		\$ _____

SECTION B	Total from Federal Schedule D, Form 4797	\$ _____
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SECTION C	Income from rents - from Schedule E	\$ _____
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SECTION D	All Other Taxable Income	\$ _____
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TOTAL	From Sections A, B, C & D Enter on Page 1, Line 1	\$ _____
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SCHEDULE X	Reconciliation with Federal Income Tax Return as Required by IRC Section 718
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ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)	\$ _____
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	\$ _____
c. Taxes based on income (State)	\$ _____	p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	\$ _____
d. Taxes based on income (City)	\$ _____	q. Not previously deducted IRC Section 179 Expense	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or members	\$ _____	r. Other	\$ _____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____		
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities	\$ _____		
h. Charitable Contributions (up to federal allowance)	\$ _____		
i. Other	\$ _____		
m. Total (Enter Line 2a Other Side)	\$ _____	z. Total (Enter Line 2b Other Side)	\$ _____

SCHEDULE Y	Business Apportionment Formula				
		A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B + A)	
STEP 1.	ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	_____	%
	GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	_____	%
	TOTAL STEP 1.	_____	_____	_____	%
STEP 2.	GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____	%
STEP 3.	WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____	%
4.	TOTAL PERCENTAGES			_____	%
5.	AVERAGE PERCENTAGES				_____ %
		Divide Total Percentages by Number of Percentages Used Carry to Line 3b, Page 1			

Are 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 _____

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided and IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked. Extensions are to provide additional time to file. Payments are not extended.