

**INDIVIDUAL - 2020
INCOME TAX RETURN
ST. BERNARD**

Due Date 04/15/2021

Attach all:

- W-2's (highest of box 5 or 18 is used in line 1)
- Federal Form 1040 (page 1-2)
- 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.

Name _____

And _____

Address _____

Filing Status

Single

Married filing joint

Married filing separate

RESIDENT

NON-RESIDENT

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO _____ / _____ / _____

OUT OF _____ / _____ / _____

IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION

NAME _____

ADDRESS _____

Income

1 Wages, salaries, tips, etc. _____

2 Other taxable income _____

3 Total taxable income (add lines 1 and 2) _____

Tax and Credits

4 St. Bernard tax due before credits (2.100% of line 3) _____

5 Estimated tax payments made to St. Bernard _____

6 Taxes withheld and paid to St. Bernard _____

7 Overpayment from prior year(s) _____

8 Total credits (add lines 5 through 7) _____

Refund (Issued if greater than 10.00)

9 If line 8 is greater than line 4, subtract line 4 from line 8. This is the amount you overpaid _____

10 Amount of line 9 to be credited to next years estimate _____

11 Amount of line 9 to be refunded _____

Tax Due (if greater than 10.00)

12 If line 4 is more than line 8, subtract line 8 from 4, this is the tax amount you owe _____

13 Penalties and interest Late File _____ Late Pay _____ Late Estimate _____ Interest _____

Declaration of Estimate For 2021

14 Estimated income _____

15 Estimated tax due. Multiply line 14 by 2.100% _____

16 Taxes to be withheld and paid to St. Bernard _____

17 Prior credit applied to estimated tax payments (From line 10) _____

18 Net estimated tax due (subtract line 16 and 17 from 15) _____

19 Minimum amount due for first quarter (multiply line 18 by .25) _____

Amount You Owe

20 Total amount due (add lines 12, 13 and 19) _____

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.

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

___ W-2's _____ Payment Enclosed

___ Federal 1040 _____ Refund

___ Schedule C _____ Estimate Declaration

___ 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

AMERICAN EXPRESS	DISCOVER	MasterCard	VISA
------------------	----------	------------	------

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