

**BUSINESS - 2023  
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:**  
CITY OF ST. BERNARD  
  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217-1318  
  
Voice 513-242-7710 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 2024**

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. \_\_\_\_\_

May VILLAGE OF ST. BERNARD discuss this return with the preparer shown above \_\_\_Yes \_\_\_No