

MAKE CHECK OR MONEY ORDER TO: CITY OF ST. BERNARD 110 WASHINGTON AVENUE ST. BERNARD, OH 45217-1318	2024 INDIVIDUAL INCOME TAX RETURN ST. BERNARD OR FISCAL PERIOD _____ TO _____ o Amended Return o Final Return DUE on or before April 15, 2025	St. Bernard Tax Office Phone: (513) 242-7710 Fax: (513) 242-5402 Email: tax@cityofstbernard.org Website: www.cityofstbernard.org <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
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Name And Address	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate	Taxpayer's SSN: _____ Spouse's Name: _____ Spouse's SSN: _____ Phone #: _____ If you have moved since your last filing, give date: Into St. Bernard: _____ Out of St. Bernard: _____ Inactivate account? <input type="checkbox"/> YES Reason: _____
		IF YOU RENT, PLEASE GIVE LANDLORD'S INFORMATION NAME _____ ADDRESS _____

Part A Tax Calculation – Attach pages 1-2 of Federal 1040, W-2's, and any other applicable Schedules (C, E, K-1, 1099-MISC)

Income	1. Total Qualifying Wages ...W-2 BOX 5 OR 18 (HIGHEST) ... (from Worksheet A on page 2) -	\$	
	2. Less Nontaxable Income for part year or non-residents only (provide calculations)	\$	
	3. Taxable Qualified Wages (Line 1 minus Line 2)	\$	
	4. a. Other Income from Federal Schedules: 1, C, E, F, K-1, 1099-MISC/ NEC(Use Worksheet B pg. 2) Attach all supporting Federal schedules 4a.	\$	
	b. Other Loss (Worksheet B) (cannot reduce qualifying wages) 4b.	\$	
	5. St. Bernard Taxable Income (Line 3 plus Line 4a.)..... 5.	\$	
Tax	6. St. Bernard Income Tax (Multiply Line 5 by 2.1% [.021])..... 6.	\$	
Credits and Pmts	7. a. St. Bernard Tax Withheld (per W-2s or see Worksheet A)..... 7a.	\$	
	b. Estimates Paid (including credit from previous year)..... 7b.	\$	
	c. Credit for Other City Taxes Withheld (Limitations apply, Wksht A)..... 7c.	\$	
	d. Credit for Other City Taxes Paid (Limitations apply, Wksht C)..... 7d.	\$	
	8. Total Payments and Credits (Lines 7a + 7b + 7c + 7d) 8.	\$	
Owe, Refund, or Credit	9. Tax Due (Subtract Line 8 from Line 6) 9.	\$	
	10. Overpayment (Line 8 greater than Line 6) 10.	\$	<input type="checkbox"/> Refund Requested
	11. Amount to be Refunded (Amounts \$10 or less will not be refunded) 11.	\$	
	12. Amount to be Credited to Next Year (Amounts \$10 or less will not be credited). 12.	\$	

Part B Declaration of Estimated Tax – Mandatory if estimated liability is \$200.00 or more

Next Year	13. Total estimated income subject to tax..... 13.	\$	
	14. St. Bernard Income Tax Declared (Multiply Line 13 by 2.1% [.021])..... 14.	\$	
	15. Estimated Local Taxes Withheld from Wages (Not to exceed 2.1% of those wages taxed)..... 15.	\$	
	16. Net Tax Due (Line 14 minus Line 15) STOP if this amount is zero..... 16.	\$	
	17. First Quarter Declaration Due (multiply line 16 by 0.25)..... 17.	\$	
	18. Less credits (from Line 12 above) 18.	\$	
	19. Net First Quarter estimated tax due if Line 17 minus Line 18 is greater than zero* 19.	\$	
Due	20. TOTAL AMOUNT DUE —Line 9 plus Line 19 (Payable to The City of St. Bernard)	\$	

TAX OFFICE USE	Tax	Penalty	Interest	Late	months	TOTAL DUE \$
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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.

Signature of Taxpayer (Required) _____ date _____

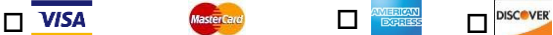
Signature of Spouse (Required if Joint Return) _____ date _____

Signature of Preparer (if other than Taxpayer) _____ date _____

Name and Address of Preparer _____

Yes, St. Bernard may contact the Preparer shown.

TO PAY BY CREDIT CARD: Enter number, CVV, Expiration



No. _____

Security Code _____ Exp (MM/YY) _____

WORKSHEET A - SALARIES, WAGES, TIPS, AND OTHER COMPENSATION PER W-2(S)

Attach copies of all: W-2s (both pages if more than one), and if applicable: Refunds from other municipalities

	COLUMN A	COLUMN B	COLUMN C	COLUMN D
Employer	City Where employed	W-2 Box 5 or 18 (whichever is higher) Medicare Wages	St. Bernard Tax Withheld	Other City Tax Withheld (Max 2.1% - see instructions)
Totals			\$	\$

enter Pg. 1, Ln. 1

enter Pg. 1, Ln. 7a

enter Pg. 1, Ln. 7c

WORKSHEET B - BUSINESS INCOME or LOSS

Attach copies of all Federal Forms and Schedules that support amounts entered below

	Schedules	COLUMN A Income / (Loss) from Federal Schedules	COLUMN B St. Bernard Percentage	COLUMN C St. Bernard Taxable Income (Column A x Column B)
B1.	Schedule C - Business Income (A separate allocation schedule is required for each Schedule C).		%	
B2.	Schedule E - Rental Income Residents enter profit/loss from all properties. Nonresidents enter only profit/loss from St. Bernard properties.		%	
B3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold St. Bernard tax on entire distributive share)		%	
B4.	Other Income – Fed. Schedule 1 (1040) Line 8, 1099-MISC, 1099-NEC, W-2G, Fed. Schedule F, Fed. 4797, etc.		%	
B5.	TOTAL TAX YEAR BUSINESS/OTHER INCOME (LOSS)			
B6.	St. Bernard losses carried forward to offset current year business income (deduction limited to 5-year carry forward).			If (Loss) STOP, enter Pg. 1, Ln. 4b.
B7.	TOTAL Taxable Income			

Income enter Pg. 1, Ln. 4a.

WORKSHEET C – CALCULATION OF CREDIT FOR TAXES PAID TO OTHER MUNICIPALITIES FOR NON-W-2 INCOME ONLY

Attach copies of all other municipal filings

Income Source	Municipality (Not St. Bernard)	Taxable Income (Attach other municipal return)	Taxed by St. Bernard	Credit for Taxes Paid to Another Municipality LIMITED, Max 2.1% - see instructions
Totals		\$	\$	\$

enter Pg. 1, Ln. 7d

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

For nonresidents who earn a portion of net profits in St. Bernard.

	a. Located Everywhere	b. Located in St. Bernard	c. Percentage (b / a)
STEP 1.			
Average Original Cost of Real and Tangible Personal Property	_____	_____	
Gross Annual Rent Paid Multiplied by 8	_____	_____	
TOTAL STEP 1	\$ _____	\$ _____	_____ %
STEP 2.			
Wages, Salaries, and Other Compensation Paid	\$ _____	\$ _____	_____ %
STEP 3.			
Gross Receipts: Sales Made and/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)			_____ %

