

# BUSINESS - 2025 INCOME TAX RETURN ST. BERNARD

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD

110 WASHINGTON AVE.  
ST. BERNARD OH 45217-1318

Voice 513-242-7710 Ext      Fax 513-242-5402  
tax@cityofstbernard.org

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

DUE DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ATTACH Copy of Federal Tax Return and all  
Applicable Schedules and Forms.**

Federal ID#

BusinessTelephone No.

Principal  
Business  
Activity  
NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO    /    /                      OUT OF    /    /

CHECK ONE

- ☐ CORPORATION                      ☐ ESTATE  
☐ SOLE PROPRIETOR                      ☐ TRUST  
☐ PARTNERSHIP                      ☐ FIDUCIARY  
☐ S-CORPORATION  
☐ OTHER \_\_\_\_\_

Name

And

Address

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

1	
2	
3	
4	%
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**Declaration of Estimate For 2026**

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

20	
21	
22	
23	
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  
(If other than taxpayer)

Date

Phone No. \_\_\_\_\_

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