

BUSINESS - 2025
INCOME TAX RETURN
ST. BERNARD

MAKE CHECK OR MONEY ORDER TO:

CITY OF ST. BERNARD

110 WASHINGTON AVE.
ST. BERNARD OH 45217-1318Voice 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.

Name

And

Address

| | |
|---|------------------------------------|
| 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 _____ | |

| | |
|---|----------|
| 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 |

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| 19 Amount to be credited to next year | 19 |

Declaration of Estimate For 2026

| | |
|---|----|
| 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 |

| | |
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| 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 |
|---|----|

| | |
|---|--|
| Tax Office Use Only : Tax Office Use Only : Tax Office Use Only | |
| | |

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