

**INDIVIDUAL - 2008
INCOME TAX RETURN**

ST. BERNARD

Due Date 04/15/2009

**ATTACH: - All W-2's
- Federal Form 1040 (First Page Only)
- All Applicable Federal Schedules (C, E,
K-1, and 1099 MISC)**

MAKE CHECK OR MONEY ORDER TO:
CITY OF ST. BERNARD

110 WASHINGTON AVE.
ST. BERNARD OH 45217

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

| | |
|--|-----------------------|
| Taxpayer's Social Security No. | |
| HomeTelephone No. | BusinessTelephone No. |
| Spouse's Social Security No. | |
| Spouse's Name | |
| HomeTelephone No. | BusinessTelephone No. |
| IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES | |
| INTO / / | |
| OUT OF / / | |
| IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION | |
| NAME _____ | |
| ADDRESS _____ | |

Name _____
And _____
Address _____

Filing Status

Single
 Married filing joint
 Married filing separate

RESIDENT
 NON-RESIDENT

Income

1 Wages, salaries, tips, etc. 1 _____

2 Other taxable income 2 _____

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

Tax and Credits

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

5 Estimated tax payments made to St. Bernard 5 _____

6 Taxes withheld and paid to St. Bernard 6 _____

7 Overpayment from prior year(s) 7 _____

8 Taxes withheld and paid to other localities 8 _____
Include only taxes paid - up to 2.1 percent of income earned - for each municipality.

9 Total credits (add lines 5 through 8) 9 _____

Refund (Issued if greater than 5.00)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 _____

11 Amount of line 10 to be credited to next years estimate 11 _____

12 Amount of line 10 to be refunded 12 _____

Tax Due (if greater than 5.00)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 _____

14 Penalties and interest **Late File** _____ **Late Pay** _____ **Late Estimate** _____ **Interest** _____ 14 _____

Declaration of Estimate For 2009

15 Estimated income 15 _____

16 Estimated tax due. Multiply line 15 by 2.100% 16 _____

17 Taxes to be withheld and paid to St. Bernard and other localities 17 _____

18 Prior credit applied to estimated tax payments (From line 11) 18 _____

19 Net estimated tax due (subtract line 17 and 18 from 16) 19 _____

20 Minimum amount due for first quarter (multiply line 19 by 25%) 20 _____

Amount You Owe

21 Total amount due (add lines 13, 14 and 20) 21 _____

| | |
|--|--------------------------|
| 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. _____

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 Carryforward – 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)..... | | | _____ % |