

**INDIVIDUAL - 2007
INCOME TAX RETURN
ST. BERNARD**

Due on or before April 15, 2008

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
E-mail TAX@CITYOFSTBERNARD.ORG

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

Name _____

And _____

Address _____

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 _____

Credit cannot exceed 100.0 of tax withheld up to 2.10 of income earned in each location.

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 2008

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

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).....			_____ %