

CITY OF BELLEFONTAINE, OHIO

135 N. DETROIT ST. BELLEFONTAINE, OHIO 43311-1463
TELEPHONE (937) 593-8362 FAX (937) 593-8372
www.ci.bellefontaine.oh.us

Check your status as a tax payer:

Resident Full Yr []
Part Yr []

INCOME TAX RETURN (FORM TR)

FILE WITH THE DEPT. OF TAXATION BY APRIL 15TH

If Moved During Year Of This Return Give Date Of Move INTO CITY OUT OF CITY

FOR THE CALENDAR YEAR _____

IF PARTIAL YEAR OR FISCAL PERIOD

GIVE DATES: _____ THRU _____

Cashier's Validation FC

If Name or Address is incorrect, Make Necessary Changes

[] Single
[] Married Filing Single Return
[] Married Filing Joint Return (Even If Only On One Income. Include Spouse Name)
Social Security No.:
Spouse Social Security No.:
Business-Give Fed. I.D. No.:
Employer:
Spouse Employer:

NOTE: TAX RATE 1.333% (ATTACH LIST IF MORE LINES NEEDED)

BIRTH DATE

SPOUSE BIRTH DATE

1. LIST TOTAL EARNED INCOME INCLUDING W-2, W-2G, SICK PAY, ALIMONY AND 1099-MISC.INCOME.

Table with 5 columns: EMPLOYER'S NAME, CITY OF EMPLOYMENT, WAGES, BELLEFONTAINE TAX WITHHELD, OTHER CITY TAX WITHHELD. Includes a red box on the right: W-2, 1099 MISC. AND ALL FEDERAL SCHEDULES MUST BE INCLUDED

1A. TOTAL: IF NO OTHER TAXABLE INCOME, COMPUTE YOUR TAX ON LINE 4.

TOTAL WAGES

2. Profit or Loss from Income other than wages including small business and/or rental income. Business and rental losses are not deductible from W-2 wages but Federal Schedules must be attached.

3. Total Taxable Income (Line 1A and 2). (Part year residents & non-residents see instruction 3)

4. Multiply Taxable Income by 1.333% TAX AMOUNT BEFORE ANY CREDITS.

5. Credits:

- (A) Bellefontaine Tax withheld by Employer(s)
(B) Payments made on Declaration of Estimated Tax (Including prior year overpayment)
(C) Credit allowed for Tax Paid Other Cities - see instructions
Tax paid to another municipality may be used as a credit, but only up to the rate of 1.333% imposed by the City of Bellefontaine

5(D) TOTAL CREDITS

6. Balance Due (Line 4 less Line 5 (D))

7. Add Interest of 18% of Line 6 AND Penalty of: \$25.00 if filed between April 16th and July 15th OR \$50.00 if filed July 16th or later

8. Add Late Filing Fee of: \$25.00 if filed between April 16th and July 15th OR \$50.00 if filed July 16th or later

9. Total amount due (Add Lines 6, 7 and 8) PAYMENT MUST ACCOMPANY THIS TAX RETURN IF LINE 6 IS \$5.00 OR MORE. MAKE CHECK PAYABLE TO: CITY OF BELLEFONTAINE. WE ACCEPT MASTERCARD, VISA AND AMERICAN EXPRESS.

10. Overpayment Claimed (If Line 5 (D) exceeds Line 4) Enter Difference Here Enter Amount of Line 10 You Want Credited to Next Year's Tax Or Refunded (Only \$5.00 or Over)

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

[] If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

SIGNATURE OF TAXPAYER DATE

SIGNATURE OF TAXPAYER DATE

NAME OF PREPARER

ADDRESS OF PREPARER

METHOD OF PAYMENT

[] Check [] VISA [] MasterCard [] American Express

\$ (Amount Authorized) CREDIT CARD EXPIRATION DATE / /

PHONE NUMBER HOME WORK

CARD HOLDER SIGNATURE

1. LIST TOTAL EARNED INCOME INCLUDING W-2, W-2G, SICK PAY, ALIMONY AND 1099-MISC INCOME. INCLUDE ALL COPIES WITH TAX RETURN.

NON-TAXABLE INCOME

1. Interest or dividend income.
2. Welfare benefits.
3. Social security.
4. Income from qualified pension plans.
5. State unemployment benefits.
6. Worker's compensation
7. Proceeds of life insurance.
8. Active duty military pay (including National Guard when on active duty)
9. Earnings of persons under 18 years of age if still in high school.
10. Capital gains.
11. Income of religious, fraternal, charitable, scientific, literary or educational institutions to the extent that such income is derived from tax-exempt real estate, tax-exempt tangible or intangible property or tax-exempt activities.
12. Patent and copyright income.
13. Royalties derived from intangible property.
14. Annuity distributions.
15. Health & welfare benefits distributed by governmental, charitable, religious or educational organizations.
16. Compensatory insurance proceeds derived from property damage or personal injury settlements.

1A. Total of all wages.

2. To be used for small business and/or rental income. No losses from business or rental Schedules are deductible from W-2 wages. All applicable Federal Schedules must accompany this return. A gain from one Schedule may be offset by a loss from another Schedule.

3. Calculation for partial year taxpayer. ALL WAGES EARNED IN BELLEFONTAINE, REGARDLESS OF WHERE YOU LIVED ARE ENTIRELY TAXABLE.

5C. For City residents only. Tax paid to another municipality may be used, but only up to the rate of 1.333%. This credit is figured separately for each municipality worked in. Proof must be attached.

5D. Total of all credits from 5A, 5B and 5C.

6. Tax due, Line 4 minus Line 5D.

7. If tax return filed after April 15th, add interest AND penalty shown on front of tax return.

8. Late Filing Fee as shown on front of tax return.

9. Total amount due is Tax on Line 6, Interest and Penalty on Line 7 and Late Filing Fee on Line 8.

10. If over paid indicate whether to credit to next year or to refund. No refund will be made under \$5.00.

NOTE: UNLESS THIS TAX FORM IS SIGNED, DATED, ACCOMPANIED BY PAYMENT IF TAX IS DUE, AND ALL SCHEDULES ARE INCLUDED, THIS IS NOT A LEGAL TAX RETURN,

EXTENSIONS WILL BE GRANTED ONLY IF A COPY OF THE
FEDERAL EXTENSION IS RECEIVED BY APRIL 15.