


**QUARTERLY STATEMENT
OF ESTIMATED INCOME TAX DUE
D-1/B**

 VISA/MasterCard/Am Exp Accepted
Account # _____
Expiration Date _____
Signature _____

MAKE REMITTANCE PAYABLE TO: CITY OF BELLEFONTAINE
SEND TO: **CITY OF BELLEFONTAINE INCOME TAX**
135 N. DETROIT ST.
BELLEFONTAINE, OH 43311-1462

**Note: For declaration of
estimated taxes, you will
receive no further notice.**

**VOUCHER 2
(CALENDAR YEAR-DUE JUNE 15)**

If fiscal year taxpayer, see instruction


<p>A. Estimated tax (or amended estimated tax) for the year ending _____ (month and year) \$ _____</p>	<p>B. Overpayment for last year credited to estimated tax for this year. \$ _____</p>
<p>1. Amount of this installment ▶ \$ _____</p>	<p>2. Amount of unused overpayment credit if any applied to this installment ▶ \$ _____</p>
<p>3. Amount of this installment payment (line 1 less line 2) ▶ \$ _____</p>	<p>3. Amount of this installment payment (line 1 less line 2) ▶ \$ _____</p>

NOTE: DO NOT SEND CASH THROUGH U.S. MAIL

2nd QUARTER PAYMENT DUE JUN. 15

BE SURE YOUR NAME, FEDERAL I.D. NUMBER AND TAX ACCOUNT NUMBER APPEARS ON EACH VOUCHER BEFORE MAILING TO: CITY OF BELLEFONTAINE, INCOME TAX DEPT, 135 N. DETROIT ST, BELLEFONTAINE OH 43311

**QUARTERLY STATEMENT
OF ESTIMATED INCOME TAX DUE
D-1/B**

 VISA/MasterCard/Am Exp Accepted
Account # _____
Expiration Date _____
Signature _____

MAKE REMITTANCE PAYABLE TO: CITY OF BELLEFONTAINE
SEND TO: **CITY OF BELLEFONTAINE INCOME TAX**
135 N. DETROIT ST.
BELLEFONTAINE, OH 43311-1462

**Note: For declaration of
estimated taxes, you will
receive no further notice.**

**VOUCHER 3
(CALENDAR YEAR-DUE SEPTEMBER 15)**

If fiscal year taxpayer, see instruction


<p>A. Estimated tax (or amended estimated tax) for the year ending _____ (month and year) \$ _____</p>	<p>B. Overpayment for last year credited to estimated tax for this year. \$ _____</p>
<p>1. Amount of this installment ▶ \$ _____</p>	<p>2. Amount of unused overpayment credit if any applied to this installment ▶ \$ _____</p>
<p>3. Amount of this installment payment (line 1 less line 2) ▶ \$ _____</p>	<p>3. Amount of this installment payment (line 1 less line 2) ▶ \$ _____</p>

NOTE: DO NOT SEND CASH THROUGH U.S. MAIL

3rd QUARTER PAYMENT DUE SEPT. 15

BE SURE YOUR NAME, FEDERAL I.D. NUMBER AND TAX ACCOUNT NUMBER APPEARS ON EACH VOUCHER BEFORE MAILING TO: CITY OF BELLEFONTAINE, INCOME TAX DEPT, 135 N. DETROIT ST, BELLEFONTAINE OH 43311

**QUARTERLY STATEMENT
OF ESTIMATED INCOME TAX DUE
D-1/B**

 VISA/MasterCard/Am Exp Accepted
Account # _____
Expiration Date _____
Signature _____

MAKE REMITTANCE PAYABLE TO: CITY OF BELLEFONTAINE
SEND TO: **CITY OF BELLEFONTAINE INCOME TAX**
135 N. DETROIT ST.
BELLEFONTAINE, OH 43311-1462

**Note: For declaration of
estimated taxes, you will
receive no further notice.**

**VOUCHER 4
(CALENDAR YEAR-DUE DECEMBER 15)**

If fiscal year taxpayer, see instruction

<p>A. Estimated tax (or amended estimated tax) for the year ending _____ (month and year) \$ _____</p>	<p>B. Overpayment for last year credited to estimated tax for this year. \$ _____</p>
<p>1. Amount of this installment ▶ \$ _____</p>	<p>2. Amount of unused overpayment credit if any applied to this installment ▶ \$ _____</p>
<p>3. Amount of this installment payment (line 1 less line 2) ▶ \$ _____</p>	<p>3. Amount of this installment payment (line 1 less line 2) ▶ \$ _____</p>

NOTE: DO NOT SEND CASH THROUGH U.S. MAIL

4th QUARTER PAYMENT DUE DEC. 15

BE SURE YOUR NAME, FEDERAL I.D. NUMBER AND TAX ACCOUNT NUMBER APPEARS ON EACH VOUCHER BEFORE MAILING TO: CITY OF BELLEFONTAINE, INCOME TAX DEPT, 135 N. DETROIT ST, BELLEFONTAINE OH 43311

GENERAL INSTRUCTIONS

Note: For Declaration of Estimated Taxes, You Will Receive No Further Notice.

WHO MUST MAKE A DECLARATION:

Every business entity, such as corporations, partnerships, fiduciary of active trusts, unincorporated businesses or professional entities located in, conducting activities in or producing income from within the City of Bellefontaine.

WHEN AND WHERE TO FILE DECLARATION:

File on or before April 15 of the tax year with the Department of Taxation, 135 N. Detroit St., Bellefontaine, Ohio 43311

PAYMENT OF ESTIMATED TAX:

See Declaration and Return Payments Calendar below.

FISCAL YEAR DUE DATE:

Fiscal year end tax returns and Declarations are due before the fifteenth (15th) day of the fourth (4th) month following the end of such fiscal year. The remaining three quarters are due by the fifteenth (15th) day of the sixth, ninth and twelfth months after the beginning of the fiscal year.

ALL BUSINESSES AND/OR CORPORATIONS SUBJECT TO BELLEFONTAINE TAX MUST FILE A DECLARATION OF ESTIMATED TAX. FAILURE TO COMPLY WITH THIS REGULATION WILL RESULT IN PENALTY AND INTEREST CHARGES.

INSTRUCTIONS FOR PREPARING D-1

1. Enter total amount of estimated income subject to Bellefontaine City tax.
2. Multiply taxable income (Line 1) by 1.333% and enter this amount.
3. Enter the amount carried forward from the previous year's tax return.
4. Subtract Line 3 from Line 2.
5. Enter the amount you are paying with this Declaration which must be at least $\frac{1}{4}$ of Line 4.
6. If you are not paying in full, enter balance left to pay.

DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15TH
File Declaration
with payment.

JUNE 15TH
Make 2nd
quarterly payment.

SEPT. 15TH
Make 3rd
quarterly payment.

DEC. 15TH
Make 4th
quarterly payment.

APRIL 15TH
File return. Pay
any balance due.

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

If Name or Address is incorrect, Make Necessary Changes

Federal I.D. No.

Is this a final return? [] Yes [] No
Explain: _____

NOTE: TAX RATE 1.333%

Tax return for (Check One)
[] Corporation [] S-Corporation [] Estate
[] Partnership [] Fiduciary [] Trust

Did you file a city return last year?
[] Yes [] No

Has a return been previously filed using this number?
[] Yes [] No

ALL FEDERAL SCHEDULES MUST BE INCLUDED

Table with 2 columns: Description and Amount. Rows include: 1. Taxable Income from Federal Return, 2. Adjustments, 3. Taxable Income before allocation, 4. Allocation Percentage, 5. Bellefontaine Taxable Income, 6. Multiply Taxable Income by 1.333%, 7. Credits (A, B), 7(C) TOTAL CREDITS, 8. Balance Due, 9. Add Interest of 18%, 10. Add Late Filing Fee, 11. Total amount due, 12. Overpayment Claimed.

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. Enter amount of taxable income from your Federal return. ATTACH COPIES OF ALL APPLICABLE FEDERAL FORMS.
2. Adjustments from attached Schedule X.
3. Taxable income to Bellefontaine before allocation. Subtract or add Line 2, as applicable from Line 1 to determine taxable income.
4. Allocation Percentage from attached Schedule Y used to determine the percentage of income generated within and/or outside the City of Bellefontaine.
5. Bellefontaine taxable income: Line 3 multiplied by Line 4.
6. Bellefontaine income tax due. Multiply Line 5 by 1.333%.
7. (a) Payments made on Declaration of Estimated Tax
(b) Other Credits (explain)
(c) Total Credit
8. Balance due: Line 6 minus Line 7(c)
9. Add Interest and Penalty, if applicable
10. Add Late Filing Fee, if applicable
11. Total Amount due.
12. Overpayment Claimed if Line 7(c) exceeds Line 6. Indicate choice of disposition of overpayment. No refund or carry-over will be made under \$5.00.

Bellefontaine does not allow Net Operating Losses to be carried forward.

EXTENSIONS WILL BE GRANTED ONLY IF A COPY OF THE FEDERAL EXTENSION IS RECEIVED BY THE DUE DATE OF THE TAX RETURN.

NOTE: UNLESS THIS TAX RETURN IS SIGNED, DATED AND ACCOMPANIED BY ALL APPLICABLE SCHEDULES AND PAYMENT IN FULL, IT IS NOT CONSIDERED A LEGAL TAX RETURN.