

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



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 JULY 31st)**

<p>A. Estimated tax (or amended estimated tax) for the year ending _____ (month and year)</p> <p style="text-align: right;">\$ _____</p>	<p>B. Overpayment for last year credited to estimated tax for this year.</p> <p style="text-align: right;">\$ _____</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 style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p>

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

**2nd QUARTER PAYMENT DUE JULY 31**

BE SURE YOUR NAME, SOCIAL SECURITY 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/I



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 OCTOBER 31st)**

<p>A. Estimated tax (or amended estimated tax) for the year ending _____ (month and year)</p> <p style="text-align: right;">\$ _____</p>	<p>B. Overpayment for last year credited to estimated tax for this year.</p> <p style="text-align: right;">\$ _____</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 style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p>

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

**3rd QUARTER PAYMENT DUE OCT. 31**

BE SURE YOUR NAME, SOCIAL SECURITY 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/I



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 JANUARY 31st)**

<p>A. Estimated tax (or amended estimated tax) for the year ending _____ (month and year)</p> <p style="text-align: right;">\$ _____</p>	<p>B. Overpayment for last year credited to estimated tax for this year.</p> <p style="text-align: right;">\$ _____</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 style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p>

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

**4th QUARTER PAYMENT DUE JAN. 31**

BE SURE YOUR NAME, SOCIAL SECURITY 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.**

## 1. WHO MUST MAKE A DECLARATION:

- a. Every resident of the City of Bellefontaine who expects to receive taxable income, from employer or business which is not subject to local withholding and/or has income taxed at a rate of less than 1.333%.
- b. Every non-resident of the City of Bellefontaine who expects to receive taxable income, earned or derived from within the City from which the City of Bellefontaine Income Tax will not be withheld.
- c. Every business entity, such as corporations, partnerships, fiduciary of active trusts, unincorporated businesses or professional entities conducting activities or producing income from within the City.

## 2. WHEN AND WHERE TO FILE DECLARATION:

File on or before April 15 of the tax year, with the Dept. of Taxation, Municipal Building, Bellefontaine, Ohio. All wage earners must file on a calendar year basis.

## 3. PAYMENT OF ESTIMATED TAX:

See Declaration and Return Payment Calendar below.

## 4. NON-TAXABLE INCOME - The following shall not be considered taxable income:

Capital gains

Welfare benefits

Unemployment Insurance benefits

Retirement Income

Social Security & similar payments received from local, state or federal governments or charitable & religious organizations

Interest & dividends

Military pay

Income received as royalties from patents & copyrights

Income from dues, contributions and similar payments received by charitable, religious or educational organizations or by labor unions, trade associations, lodges & similar organizations

Workmen's compensation awards

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**ALL RESIDENTS AND INDIVIDUALS SUBJECT TO BELLEFONTAINE TAX MUST FILE A DECLARATION OF ESTIMATED TAX IF 90% OF THE BELLEFONTAINE TAX DUE HAS NOT BEEN WITHHELD OR PAID TO ANOTHER CITY. FAILURE TO COMPLY WITH THIS REGULATION WILL RESULT IN PENALTY AND INTEREST CHARGES.**

## INSTRUCTIONS FOR PREPARING D-1

- 1. Enter the estimated taxable income, such as salaries, wages, commissions, etc, before any payroll deductions.
- 2. Net income from business, profession, rental and other sources.
- 3. Enter Total estimated income.
- 4. Enter estimated Bellefontaine Tax which is 1.333% of Line 3.
- 5. a. List amount of tax withheld for Bellefontaine.  
b. 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.  
c. Total of 5a & 5b
- 6. Subtract Line 5c from Line 4. This is your tax due.
  - a. If you have an overpayment from previous years, enter the amount of the overpayment here.
- 7. This is your net tax due after any overpayment.
- 8. Enter amount you are paying with the filing of your Declaration which must be at least 1/4 of Line 7.
- 9. If you are not paying in full, enter the balance payable on Line 9.

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## DECLARATION AND RETURN PAYMENT CALENDAR

**APRIL 15TH**  
File Declaration  
with payment.

**JULY 31ST**  
Make 2nd  
quarterly payment.

**OCTOBER 31ST**  
Make 3rd  
quarterly payment.

**JANUARY 31ST**  
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 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.