

INCOME TAX RETURN
Form BR & IR

CITY OF DEER PARK, OHIO
INCOME TAX DEPARTMENT • MUNICIPAL BLDG.
7777 BLUE ASH RD.
DEER PARK, OH 45236
PH (513) 794-8863 FAX (513) 794-8866

CASHIER'S VALIDATION
 CASH CHECK M.O. C.C.

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

PAID WITH THIS RETURN

FILE BY APRIL 15TH _____
FOR THE CALENDAR YEAR _____

\$ _____
CK # or C.C. # _____
DATE _____

IF FISCAL PERIOD GIVE DATES
_____ THRU _____

AUDIT _____

MANDATORY FILING

If Name or Address is Incorrect, Make Necessary Changes

FILING REQUIRED EVEN IF NO TAX DUE

Social Security No. _____

Business give Fed. I.D. No. _____

TELEPHONE NO. _____

IF RETIRED - GIVE DATE _____

TAXPAYER MUST ATTACH COPIES OF W-2'S, FEDERAL RETURNS, OR SCHEDULES, WHERE APPLICABLE

1.	TOTAL OF ALL W-2's; If no other taxable income, enter highest gross wages here and Line 6	1.	_____
2.	INCOME OTHER THAN WAGES	2.	_____
3.	TOTAL INCOME (Total of Lines 1 and 2)	3.	_____
4a.	ITEMS NOT DEDUCTIBLE • FOR BUSINESS RETURN ONLY • _____ Add	4a.	_____
4b.	ITEMS NOT TAXABLE _____ Deduct	4b.	_____
5a.	ADJUSTED NET INCOME (Line 3, plus Excess Debit or less Excess Credit from Line 4a OR 4b)	5a.	_____
5b.	AMOUNT ALLOCABLE TO DEER PARK IF SCHEDULE Y, ON BACK IS USED _____ % of Line 5a	5b.	_____
5c.	LESS ALLOCABLE NET LOSS PER PREVIOUS DEER PARK INCOME TAX RETURN	5c.	_____
6.	AMOUNT SUBJECT TO DEER PARK CITY INCOME TAX (Line 1 or 5a, or 5b)	6.	_____
7.	DEER PARK CITY INCOME TAX, Line 6 (1.5%)	7.	_____
8.	DEER PARK CITY INCOME TAX WITHHELD BY EMPLOYER(S)	8.	_____
9a.	PAYMENTS ON _____ DECLARATION OF ESTIMATED TAX	9a.	_____
9b.	CREDITS FROM PRIOR YEAR OVERPAYMENT	9b.	_____
10.	EARNED INCOME TAXES PAID TO OTHER CITIES (NOT TO EXCEED 1.5% PER W-2)	10.	_____
11.	TOTAL CREDITS (Add Lines 8, 9 and 10)	11.	_____
12.	If Payments (line 11) are less than tax (line 7) ENTER BALANCE DUE. PAY IN FULL WITH RETURN (\$10.00 or Less is Not Payable or Refunded)	12.	_____
13.	If Payments (line 11) are larger than tax (line 7) ENTER OVERPAYMENT Credit to _____ Estimate <input type="checkbox"/> To Be Refunded <input type="checkbox"/>	13.	_____
14.	PENALTY _____ INTEREST _____ LATE FILING FEE _____	14.	_____
15.	AMOUNT DUE - ATTACH CHECK OR M.O. FOR FULL AMOUNT DUE	15.	_____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Tax purposes.

Signature of Taxpayer _____ Date _____

Signature of Person Preparing, if Other than Taxpayer _____ Date _____

Signature of Spouse _____

Address or Home and Address of Firm or Employer _____

PAYING TAX DUE BY CREDIT CARD

• CIRCLE ONE: MASTERCARD VISA DISCOVER

• Account Number (16 digits) _____ Exp. Date: _____

• Amount to be paid: \$ _____

• Signature: _____

SEND THIS COPY TO CITY OF DEER PARK