

**INCOME TAX RETURN
FORM BR & IR**

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

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

FILE BY APRIL 15TH _____
FOR THE CALENDAR YEAR _____

IF FISCAL PERIOD GIVE DATES
_____ THRU _____

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

PAID WITH THIS RETURN
\$ _____

CK # or C.C. # _____
DATE _____
AUDIT _____

MANDATORY FILING
FILING REQUIRED EVEN IF NO TAX DUE

If Name or Address is Incorrect, Make Necessary Changes

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 id Other than Taxpayer _____ Date _____
Signature of Spouse _____ Address or Name 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