

**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

FILE BY APRIL 15TH
FOR THE CALENDAR YEAR

IF FISCAL PERIOD GIVE DATES
THRU

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