

**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

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 _____	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

There is a 3% service charge fee for credit card payments

• CIRCLE ONE: MASTERCARD VISA DISCOVER

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

• Amount to be paid: \$ _____ CCV: _____

• Signature _____

SEND THIS COPY TO CITY OF DEER PARK