

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 _____

PAID WITH THIS RETURN

\$ _____
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