

**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.

PAID WITH THIS RETURN

\$ _____

CK # or C.C. # _____

DATE _____

AUDIT _____

MANDATORY FILING

FILING REQUIRED EVEN IF NO TAX DUE

FILE BY APRIL 15TH _____
FOR THE CALENDAR YEAR _____

IF FISCAL PERIOD GIVE DATES
_____ THRU _____

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 FEDERAL RETURN OR SCHEDULES, WHERE APPLICABLE, (EXCEPT, WHEN SCHEDULE Y ON BACK OF FORM, LINE 5B IS USED).

- 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. _____ 12.
- PAY IN FULL WITH RETURN (\$1.00 or Less is Not Payable or Refunded)
- 13. If Payments (line 11) are larger than tax (line 7) ENTER OVERPAYMENT _____ 13.
- Credit to _____ Estimate To Be Refunded
- 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 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