

INCOME TAX DEPARTMENT

Municipal Building • P.O. Box 277
Beach City, Ohio 44608
(330) 756-1200

DATE MOVED IN _____

OUT _____

SOCIAL SECURITY NUMBERS

Yours			
Spouse			
Phone ()			

- Filing Jointly or
- Filing Single

MAKE CHECK OR MONEY ORDER

PAYABLE TO:

Beach City Income Tax

CHECK OR MONEY ORDER # _____

AMOUNT RECEIVED

\$ _____

PROCESSED BY _____

- CASH
- Check
- M.O.
- Office Use Only

W-2 COPIES MUST BE ATTACHED

THIS FORM MUST BE FILED EVEN THOUGH THERE IS NO TAX OWED

1. GROSS WAGES, SALARIES, TIPS, BONUSES, COMMISSIONS & OTHER COMPENSATION RECEIVED BEFORE PAYROLL DEDUCTIONS \$ _____
2. OTHER TAXABLE INCOME:
 - A. BUSINESS PROFIT (Attach Federal Forms) \$ _____
 - B. RENTAL INCOME (Attach Federal Forms) \$ _____
 - C. TOTAL OTHER TAXABLE INCOME (Line A Plus Line B) Not less than zero \$ _____
- NOTE: Business or rental losses may not be used to offset wages
3. DEDUCT EMPLOYEE BUSINESS EXPENSE (Attach Fed. 2106 Form) \$ _____
4. TAXABLE INCOME (Line 1 Plus Line 2C Less Line 3) \$ _____
5. TAX DUE 1% OF LINE 4 \$ _____

6. CREDITS

- A. BEACH CITY INCOME TAX WITHHELD \$ _____
- B. INCOME TAX PAID OTHER CITIES (Not To Exceed 1/2% Each W-2 Separately) \$ _____
- C. OVERPAYMENT FROM PRIOR YEAR \$ _____
- D. ESTIMATED TAX PAYMENTS \$ _____
- E. TOTAL CREDITS (Add Lines A, B, C, D) \$ _____
7. BALANCE TAX DUE, IF LINE 5 IS GREATER THAN LINE 6E (Payment in full must accompany return) \$ _____
8. A PENALTY \$ _____ INTEREST \$ _____
9. TOTAL AMOUNT DUE PAYABLE TO VILLAGE OF BEACH CITY (LINE 7 PLUS 8A AND 8B) \$ _____
10. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE.

NOTE: No taxes or refunds of less than \$1.00 shall be collected or refunded. Tax due at time of filing must be paid in full.

* PENALTY & INTEREST

1. A fine of \$25 will be charged for late filing after April 15.
2. 6% interest will be charged on any Declaration that is not at least 80% of final tax owed.
3. A tax payer may be subject to one or both Penalty and Interest.
4. A \$50.00 penalty or 10% of tax due for not paying quarterly, whichever is greater.

DECLARATION OF ESTIMATED TAX FOR YEAR _____

* Estimate must be at least 80% of final tax due.

1. Total income subject to Beach City tax \$ _____ times 1% \$ _____
2. Less credits (a) Overpayment on previous year's return \$ _____
(b) Paid to other municipality limited to 1/2% \$ _____
Total Credits \$ _____
3. Net Tax due (line 2 less total of line 1) \$ _____
4. Amount paid with this return (not less than 1/4 of line 3) \$ _____
5. Balance of Tax \$ _____

Make remittance Payable to: Beach City Income Tax, Beach City, Ohio

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Name _____

Address _____ Phone _____

Signature of Person Preparing If Other than Taxpayer _____ Date _____

Signature _____ Date _____

Signature _____ Date _____