#### VILLAGE OF BELLAIRE INCOME TAX DEPARTMENT 3197 BELMONT STREET BELLAIRE, OH 43906

ON OR BEFORE 4/15/21

## 2020 — BELLAIRE INCOME TAX RETURN — 2020

## FILING IS REQUIRED WHETHER OR NOT A TAX IS DUE

FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS OR OTHER

TAXABLE PERIOD BEGINNING \_\_\_\_\_ 20 \_\_\_\_ AND ENDING \_\_\_\_ 20 \_\_\_

INCOME TAX DEPARTMENT (740) 676-2710 (740) 671-6055 FAX

Email: bellaireictax@yahoo.com

TAXPAYER'S NAME, ADDRESS, ACCOUNT

SOCIAL SECURITY NO. / FED. I.D. NO. SPOUSE SOCIAL SECURITY NO. PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_ DATE MOVED IN OR OUT OF BELLAIRE: IN \_\_\_\_\_ OUT \_\_\_

CORRECT NAME AND ADDRESS ABOVE IF INCORRECT

## SECTION A - INCOME

| 1. | ENTER TOTAL GROSS WAGES, SALARIES, BONUSES, COMMISSIONS AND OTHER COMPENSATION RECEIVED BEFORE PAYROLL DEDUCTIONS: AND |
|----|--|
|    | REFORE INCOME IS DEFERRED (BOX 5 OF W-2 OR BOX 18 IF LARGER)   |

|                          | E INCOME IS DEFERRED. (BOX 5 OF W-2 C   | CITY/VILLAGE WHERE    | TAX WITHHELD        | TAX WITHHELD                            | TOTAL WAGES PER                              |  |  |  |  |
|--------------------------|---|-----------------------|---------------------|---|--|--|--|--|--|
|                          | EMPLOYER'S NAME   | EMPLOYED              | FOR BELLAIRE        | FOR OTHER CITIES                        | W-2'S, 1099'S, ATTACHED<br>FED 1040 (PAGE 1) |  |  |  |  |
| W-2'S, (BOX 5)           | )   |                       |                     |   |  |  |  |  |  |
| 1099 MISC.               |   |                       |                     |   |  |  |  |  |  |
| & 1040<br>(PG.1)         |   |                       |                     |   |  |  |  |  |  |
| MUST                     |   |                       |                     |   |  |  |  |  |  |
| BE                       |   |                       |                     |   |  |  |  |  |  |
| ATTACHED                 |   |                       |                     |   |  |  |  |  |  |
| 1a. (IF THIS             | 1a.   |                       |                     |   |  |  |  |  |  |
|                          | (LOSSES FROM PAGE 2 MA  |                       |                     |   |  |  |  |  |  |
| 2. PAGE 2                | INCOME - SCHEDULES C, E, H (SCHEDUL   | LES MUST BE ATTACHED) |                     |   | 2  |  |  |  |  |
| <ol><li>INCOME</li></ol> | E SUBJECT TO BELLAIRE TAX   |                       |                     |   | 3  |  |  |  |  |
| 4. BELLAI                | RE INCOME TAX - 1% OF LINE 3  |                       |                     |   | 4  |  |  |  |  |
| SECTIO                   | N B - CREDITS   |                       |                     |   |  |  |  |  |  |
|                          | valuetes and restricted actions and control of the state |                       |                     |   |  |  |  |  |  |
| 5. 2020 ES               | STIMATED TAX PAID TO BELLAIRE   |                       |                     | 5                                       |  |  |  |  |  |
| 6. BELLAII               | RE TAX WITHHELD   |                       |                     | 6                                       | 1  |  |  |  |  |
| 7. LOCAL                 | CITY INCOME TAX PAID TO CITY/VILLAGE  | OF                    |                     | 7                                       | 7  |  |  |  |  |
|                          | EXCEED 1%) W2'S MUST BE ATTACHED  |                       |                     | *************************************** | 7  |  |  |  |  |
|                          |   |                       |                     | (INDIVIDUALS ONLY)                      |  |  |  |  |  |
|                          | CREDITS (ADD LINES 5, 6 AND 7)  |                       |                     |   |  |  |  |  |  |
| 9. IF LINE               | 4 IS GREATER THAN LINE 8, ENTER DIFFE   | ERENCE. BALANCE DUE   |                     |   | 9  |  |  |  |  |
|                          | ST (.042% PER MONTH)  |                       |                     |   |  |  |  |  |  |
| 11. ASSESS               | SED LATE FILERS FEE, \$25.00 per month up   | to \$150.00           |                     | if past April 1                         | 5 11   |  |  |  |  |
| 12. TOTAL I              | . TOTAL DUE - MAKE CHECK PAYABLE TO BELLAIRE INCOME TAX (PAYMENTS OF \$10.00 OR LESS ARE NOT REQUIRED)  |                       |                     |   |  |  |  |  |  |
| 13. IF LINE              | 8 IS GREATER THAN LINE 4 RESULTING IF   | NOVERPAYMENT, PLEASE  | INDICATE IF YOU DES | SIRE                                    |  |  |  |  |  |
| REFUN                    | D \$ OR CREDIT TO 2021  | TAX \$                |                     |   |  |  |  |  |  |
| (OVERF                   | PAYMENT OF \$10.00 OR LESS ARE NOT RE   | FUNDED NOR CARRIED FO | ORWARD)             |   |  |  |  |  |  |
| CECT/O                   | N.C. DEGLABATION OF FOTI  | MATER TAY FOR O       | VALUE TAY BUT       | - 10 OV-0 4000 00\                      | 1  |  |  |  |  |
| SECTION                  | N C - DECLARATION OF ESTI   | MATEU TAX FOR 20      | IZI (IF IAX DUE     | 15 OVER \$200.00)                       |  |  |  |  |  |
| 14. TOTAL I              | NCOME SUBECT TO TAX \$  | MULTIPLY BY TAX F     | RATE OF 1%          |   | 14   |  |  |  |  |
| 15. TAX WI               | THHELD BY EMPLOYER (DO NOT EXCEED   | 1%)                   |                     |   | 15   |  |  |  |  |
| 16. 2021 NE              | ET TAX DUE (LINE 14 LESS 15)  |                       |                     |   | 16   |  |  |  |  |
| 17. DIVIDE               | LINE 16 BY 4  |                       |                     |   | 17   |  |  |  |  |
| 18. CARRY                | OVER FROM PRIOR YEAR. (LINE 13 IF CAI   | RRYOVER INDICATED)    |                     |   | 18   |  |  |  |  |
| 19. SUBTRA               | ACT LINE 18 FROM LINE 17  |                       |                     |   | 19   |  |  |  |  |
| 20. TOTAL I              | PAYMENT (ADD LINES 12 AND 19) (at least   | 22.5% of line 19)     |                     |   | 20   |  |  |  |  |
| THE UNDERS               | SIGNED DECLARES THAT THIS RETURN IS   | TRUE, CORRECT AND (IN | CLUDING ACCOMPAN    | YING SCHEDULES) COMPL                   | ETE FOR TAX YEAR 2020                        |  |  |  |  |
| TAX PREPAR               | RER'S SIGNATURE   | DATE                  | YOUR SIGNATURE      |   | DATE   |  |  |  |  |
|                          |   | DAIL                  |                     |   |  |  |  |  |  |
| SOCIAL SEC               | URITY NUMBER (I.D. NUMBER)  |                       | SPOUSE SIGNATU      | RE                                      | DATE   |  |  |  |  |

# DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES, AND YOU ARE NOT ENTITLED TO DEDUCT BUSINESS EXPENSES FROM SUCH WAGES.

| TYPE OF BUS                       | SINESS: CORPOR   | ATION S CORPORA  | ATION P         | ARTNER                 | SHIP SO  | OLE PROP                                  | RIETORSHIP  |  |   |
|-----------------------------------|--|--|-----------------|------------------------|--|---|---|--|---|
| SCHEDU                            | JLE C BUSINES  | SINCOME  |                 |                        |  |   |   |  |   |
|                                   |  |  | DDOCIT CDOA     | LOCUED                 | LU CCV   |   |   | A  |   |
|                                   | ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL PROFIT FROM SCHEDULES) |  |                 |                        |  |   |   |  |   |
|                                   |  |  |                 |                        |  |   |   |  |   |
| ı                                 |  |  |                 |                        |  |   |   |  |   |
| 1                                 | 3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED)  |  |                 |                        |  |   |   |  |   |
|                                   | OUNT OF LINE ABOVE AL  |  |                 |                        |  |   |   |  |   |
|                                   | EAR OPERATING LOSS F   |  |                 |                        |  |   |   |  |   |
|                                   | ISINESS INCOME   |  |                 |                        |  |   |   |  |   |
|                                   |  |  |                 |                        |  |   |   | <u></u>  |   |
| SCHEDL                            | II E E WOOME E   | ON DENTO (ATTAON)  |                 |                        |  |   |   |  |   |
| STATE STATE OF STREET             | ADDRESS OF PROPERTY  | 2. RENT AMOUNT   | 3. DEPRECIA     | - Provide presentation | THE RESIDENCE OF THE PARTY OF T | ACCOUNT OF THE PARTY OF                   | Apparent and a service of payment of the service of |  |   |
| 1. KIND & A                       | ADDRESS OF PROPERTY  | 2. HENT AWOUNT   | 3. DEPRECIA     | HON                    | 4. REPA  | NH5                                       | 5. OTHER EXPENSES                                   | 6. NET   | INCOME (LOSS)                           |
|                                   |  |  |                 |                        |  |   |   |  |   |
| NET INCOM                         | E (OR LOSS) SCHEDULE I   | F  |                 |                        | L  |   | •   |  |   |
| 1121 11100111                     | E (ON EGGG) GONEBULE   |  |                 |                        |  |   |   |  |   |
| SCHEDU                            | JLE H OTHER INCO   | OME NOT INCLUDED IN S  | SCH E FROM P    | ARTNE                  | SHIPS, S CO  | RPORATIO                                  | ONS, SCH F, ESTATES.                                | TRUSTS   | S. FEES. ETC.                           |
| See the property of the second of | RECEIVED FR  |  |                 | alos established       | FOR (DE  | NAME OF TAXABLE PARTY.                    |   | Section 1 in column 2 in colum | AMOUNT                                  |
|                                   |  |  |                 |                        |  |   |   |  |   |
|                                   |  |  |                 |                        |  |   |   |  |   |
| TOTAL INCO                        | ME SCHEDULE H  |  |                 |                        |  |   | \$  |  |   |
|                                   |  |  |                 |                        |  |   |   | <u> </u>   | *************************************** |
| ADD TOTALS                        | S OF SCHEDULES C, E & I  | H. ENTER HERE AND ON I   | LINE 2, PAGE 1. |                        |  |   | \$  |  |   |
| SCHEDU                            | ILE X RECONCIL   | LIATION WITH FEDER   | RAL INCOME      | TAX F                  | RETURN   |   |   |  |   |
|                                   | ITEMS NOT  | DEDUCTIBLE   | ADD             |                        |  | ITE                                       | MS NOT TAXABLE                                      |  | DEDUCT                                  |
| A. CAPITAL LO                     | OSSES (INCLUDING IRC 122   | 1 & 1231 PROPERTY) \$  |                 | N. CA                  | PITAL GAINS I  | FROM SAL                                  | LE, EXCHANGE OR OT                                  | HER  |   |
| B. EXPENSE                        | S ATTRIBUTABLE TO NON-   | -TAXABLE INCOME\$  |                 |                        |  |   | RC 1221 & 1231 PROPER                               |  |   |
|                                   | AGE & STATE INCOME TA  |  |                 | 2000000 38400000       |  |   | CRUED   |  |   |
|                                   | ASED ON INCOMEERATING LOSS DEDUCT                                      | and the second s |                 |                        |  |   | IF (D) FACE EVEN AIN                                |  |   |
|                                   |  |  |                 | Q. OII                 | IER INTANGIB   | ILE INCOM                                 | IE (PLEASE EXPLAIN)                                 | \$_  |   |
|                                   | TS TO PARTNERS (INC  |  | =               | R. FED                 | ERAL TAX CR  | REDITS (IF                                | EXPENSE REDUCTION                                   | l) \$  |   |
|                                   | IS)S<br>S DISTRIBUTED OR SET   | and the second s |                 |                        |  |   |   |  |   |
|                                   | STORS  |  |                 | 1,000                  |  |   | FROM LOCAL TAX (PLE                                 |  |   |
|                                   | 'S DEDUCTED FOR SE<br>ENT, HEALTH AND LIFE IN                          |  |                 | EXF                    | LAIN)  |   |   | \$   |   |
|                                   | DEDUCTION (LINE 29B FF   |  |                 | Z. TO                  | AL OF LINES  | N THROL                                   | JGH S (ENTER ON LIN                                 | F 2B   |   |
|                                   | ACTIVITIES BY PARTNER  |  |                 | (982500)               |  |   | our o (cirreir oir cire                             |  |   |
|                                   |  |  |                 |                        | 5005.00.   |   |   | -  |   |
| J. OTHER EX                       | (PENSES NOT DEDUCTIBLE   |  |                 |                        |  |   |   |  |   |
| M TOTAL OF                        | LINES A THROUGH J (ENTER   | \$\$   |                 |                        |  |   |   |  |   |
| M. TOTAL OF                       | LINES A THROUGH J (ENTER   | H ON LINE 2A AT TOP)\$   |                 |                        |  |   |   |  |   |
| COLIEDU                           | HEV BUOINE   | OO ALLOOATION F  | ODMU A          |                        | PAR PROPER   | 20 ST | · · · · · · · · · · · · · · · · · · ·               | Mark 1900  |   |
| SCHEDU                            | ILE Y BUSINES  | SS ALLOCATION F  | UHMULA          |                        |  |   | <b>可以是一种企</b>                                       |  |   |
|                                   |  |  |                 |                        |  | CATED<br>WHERE                            | B. LOCATED IN<br>BELLAIRE                           | C. F   | PERCENTAGE<br>(B ÷ A)                   |
| STEP 1. A                         | VERAGE VALUE REAL ANI  | D TANGIBI E PERSONAL P   | ROPERTY         | ,                      |  | 0.000                                     |   |  | (D + A)                                 |
|                                   | ROSS ANNUAL RENTALS  |  |                 |                        |  |   |   |  |   |
|                                   | OTAL OF STEP 1   |  |                 |                        |  |   |   |  |   |
|                                   | ROSS RECEIPTS FROM S   |  |                 |                        |  |   |   |  |   |
|                                   | OTAL WAGES, SALARIES,  |  |                 |                        |  |   | · *   | _  | %                                       |
|                                   | OMPENSATION PAID TO A  |  |                 |                        | S  |   | . \$  | _  |   |
| STEP 4. TO                        | OTAL OF PERCENTAGES.   |  |                 |                        | *************  |   |   |  | %                                       |
|                                   | VERAGE PERCENTAGE (D   |  |                 |                        |  |   |   |  |   |
| EI                                | NTER HEREBY AND ON LI  | NE 3B  |                 |                        |  |   |   |  | %                                       |