Bellaire Income Tax 3197 Belmont St Bellaire, OH 43906 (740) 676-2710

2024 INDIVIDUAL INCOME TAX RETURN

Due on or before April 15, 2025

ACCOUNT NUMBER

740-671-6055 (fax) Email: bellaireictax@yahoo.com https://villageofbellaire.org/tax (information and forms)		YOUR SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER				
nttps://viliageorbellaire.		RESIDENT NON RESIDENT SOLE PROPRIETOR CITY OF RESIDENCE PHONE #: E-MAIL: IF RENTING A RESIDENCE,	DATE MOVED IN DATE MOVED OUT FORMER ADDRESS: NAME AND ADDRESS OF OW	NER:		
□ Marri	ed Filing Joint Return (even if only one had incomed Filing Separate Return. Enter Spouse's social			Separate		
1. TOTAL W-2 INCO	ME (Box 5 or box 18, if larger)		1.			
2. INCOME OTHER	THAN WAGES from worksheets. (Attach Federal	1040 including Schedules, W2, V	W2-G and 1099.) 2.	Name of the last o		
	(Add box 1 Plus box 2)		3.			
4. TAX LIABILITY	Multiply box 3 by 1.00%		4.			
5. CREDITS	A. Bellaire tax withheld	5A.		CONTRACTOR OF THE PARTY OF THE		
	B. Credit for other local tax withheld	5B.				
	C. 2024 Estimated tax payments	5C				
	D. Prior year credit carried forward	5D.				
	E. Total of credits. Add 5A through 5D and enter	er here.	5E.			
6. If box 4 is greater to	6.	Contract of the second				
7. If box 5E is greater		THE WATER WATER				
	JNDED \$ or CREDITED					
	1501					
9. BALANCE DUE FO	8.	MANUFACTOR OF THE PARTY OF				
	•	interest · Late r ming r coy	-			
第四世帝王皇 皇	2025 DECLARATION OF ESTIMATED TAX DU	E - Complete this section if 202	24 tax due exceeds \$200			
10. Total estimated for	r tax year 2025 (gross taxable income multiplied	by 1.00%)	10.	THE REAL PROPERTY.		
	ling tax anticipated to be withheld from employer	,	AND THE REAL PROPERTY OF	10 1 5 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N		
	x year 2025 estimated tax		12.			
13. Amount paid with th	The second secon	The second second				
14. TOTAL DUE. ADD I	14.					
certify that I have examined	this return including accompanying Federal 1040 paget. If my return was prepared by a tax practitioner. I h	ge one, W-2's, schedules and statem ave indicated whether or not you ma	ents, and to the best of my ki	nowledge and belief, it is y concerning the preparation Date		
Strand L	CARLES ESSENCE LACT					
Spouse signature (if filing	Mark to got	Date				
	preparer (if not prepared by taxpayer)	The Carlo	White Bandlak			
PHONE NUMBER OF PR	EPARER: E-MA	VIL:	Date:	TO STATE OF THE PARTY		

1. REQUIRED ATTA	CHMENTS: ALL	W-2'S, FRONT	PAGE OF FORM	1040, ALL REFERI	ENCED SCHEDULES
Employer's Na	ıme	ocality Name Box 20	Resident Tax Withheld	Other City Tax W/H	Medicare Wages Box 5 of W-2
R. C. State Control of the Control o					
	A COLUMN TO THE REAL PROPERTY.				
Harris and the same					
			all miles		
		TOTAL			
ORKSHEET 1 - INCOM	IE OTHER THAN	WAGES		PER REINE STATE	
medule E line 21	ULE Corted on Schedule small business is any other property	e C to the IRS are taxable. This wor	e taxable to the city	. This worksheet w	ill assist in making the
ou have employees, go to	our website and de	ownload Schedule	Υ.		
duct or service provided:	August 1		Date began		a market of
ll of your work performed beed on. If your answer is	at your home site?	this worksheet.	f yes, record your ne	et income or loss on v	vorksheet 1 and
rk must be performed insi ch you were paid for jobs i	de the city limits of nside different sitie	a city before you as and list them he	are taxable to that c	ity. Organize your wo	ork and determine how
City	Amount received before expenses	Total gross receip from Schedule 0	ots %	Net Profit or Lo from Schedule	
	+	Maria Commercial	-	×	=
The state of the s	÷	danil to Title	=	x	
UDENTS: Pagard 100%	<u> </u>		=	×	=

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ESIDENTS: Record 100% of line 31 of Schedule C on Worksheet 1. Attach Worksheet 1, Schedule C, and copies of the city eturns for tax credit. List this tax credit on line 1, box 4.

ONRESIDENTS: Use the amount shown to be taxable to the city for which you are filing and list on Worksheet 1. Do not take redit for taxes paid to other cities.