TO EXPEDITE PROCESSING, LEASE DO NOT STAPLE HIS SPACE IS FOR OFFICIAL USE ONLY

BUSINESS TAX RETURN

2024 OR

FISCAL YEAR _____TO__

Due on or before April 15, 2025

Bellaire Income Tax 3197 Belmont St

Bellaire, OH 43906

Phone: (740) 676-2710 Fax: 740-671-6055 Email: bellaireictax@yahoo.com

Website: https://villageofbellaire.o

Did you file a Local return last year?	s this a combined corporate return?	Should this account be inac If YES, please explain:	ctivated?
ACCOUNT NUMBER:	FID #	1	Filing Status (Check one) C-Corporation S Corporation LLC Partnership/Association Fiduciary
			Amended Return Refund (Amount must be entered on Line 13 to be a valid refund request)
art A: 2024 TAX CALCULATION			Enterto de a valid letana l'espassiy
ADJUSTED FEDERAL TAXABLE INC	OME (Enclose Copy of Federal Return)	From Form Line	1.
ADJUSTMENTS (From Line L, Schedul	e X)		2
TAXABLE INCOME BEFORE APPORT	IONMENT (Line 1 plus/minus Line 2)		3
APPORTIONMENT PERCENTAGE (Fro	om Step 5, Schedule Y)	%	4.
BELLAIRE TAXABLE INCOME (Multiply			5.
OTHER SEPARATELY STATED ITEMS deducted from adjusted federal taxable AMOUNT SUBJECT TO BELLAIRE IN	Net operating loss carryforward clain income and Bellaire rental income or (In	ned, stock options oss)	6. 7.
VILLAGE OF BELLAIRE INCOME TAX	(Line 7 multiplied 1,00%)		8.
a. ESTIMATES MADE ON THIS YEAR'S L	.IAB'LITY 9 a		
. CREDITS APPLIED TO THIS YEAR'S L			
. TOTAL PAYMENTS AND CREDITS (Ad	dd Lines 9a and 9b)		10
PENALTY: 15% INTERES			11.
. TAX DUE (Subtract Line 10 from Line 8			12.
. OVERPAYMENT (Line 10 greater then	Line 8) 13		FEDERAL EXTENSION FILE
AMOUNT TO BE REFUNDED (Amoun be refunded) CREDIT TO NEXT YEAR	ts less than \$10.00 will not 14		If yes, attach copy PES D NO
rt B: DECLARATION OF ESTIMATI	ED TAX FOR 2025	-	
. TOTAL ESTIMATED INCOME SUBJECT	CT TO TAX		16.
. VILLAGE OF BELLAIRE ESTIMATED I	NCOME TAX DUE (Multiply Line 15 by	0.01)	17.
FIRST QUARTER ESTIMATED TAX DI	JE BEFORE CREDITS (At least 25% o	f Line 16)	18.
LESS PRIOR YEAR CREDIT (Line 14)	APPLIED TO FIRST QUARTERLY PA	YMENT	19.
BALANCE OF FIRST QUARTER PAYN	IENT DUE (Line 17 minus Line 18)		20.
. TOTAL AMOUNT DUE (Add Lines 11 a Make check or money order payable to B	and 19).		21.
e undersigned declares that this return (and acc same as used for Federal Income Tax purpose	companying schedules) is a true correct, an	nd complete return for the taxable per which affects tax liability shown on th	iod stated and that the figures used herein his return, an amended return will be filed
nature Title	Date	Preparer's Signature	(other than taxpayer) Date
Mail Address:	A date	race of Dronous (Ott. Co.)	The state of the state of
bsile Address:	AOUI	ess of Preparer (City, State, Zip)	Phone Number

BUSINESS INCOME TAX RETURN - Bellaire

Questions regarding Schedule X and Schedule Y: Refer to Ohio Revised Code Section 718 for assistance. In preparing your Bellaire Business Income Tax Return, you must arrive at "Adjusted Federal Taxable Income" as outlined in ORC 718.01. Refer to ORC 718.02 for instructions regarding Business Apportionment Formula.

SCHEDULE X -	RECONCILIATION WITH	FEDERAL	INCOME TAX RETURN
OCHED CDD A	THE CONCIDENTALION WILLIAM	T BURN BURNE SEL	THE COURSE THE PARTY OF THE PARTY

	ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
b. In n c. T d. G e. N f. P li g. D	Capital Losses and 1231 losses	n. o. p. q.	Capital gains (Do not include ordinary gains from Federal Form 4797)	
	OTAL ADDITIONS			
The bus	contact the second of the net profits which is attributable to the Bellaire Tax.	A. LOCATED EVERYWHER		C. PERCENTAGE (B/A)
STEP 1. STEP 3. STEP 4.	Gross annual rents multiplied by 8 TOTAL STEP I Gross receipts from sales and work or services performed Total wages, salaries, commissions, and other compensation of all employee	\$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	% % % %

WORKSHEET B - BUSINESS INCOME OR LOSS

**Enclose copies of all Federal Forms and Schedules used to compute your local income.*

Schedules	Column A Income / (Loss) from Federal Schedules	Column B Bellaire Percentage	Column C Bellaire Taxable Income (Column A x Column B for lines 1 -
Schedule C - Business Income (A separate allocation schedule is required for each Schedule C)	\$		\$
Schedule E - Rental Income (Residents enter profit/loss from all properties. Nonresidents enter only profits/loss from Bellaire properties)	\$		\$
Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold Bellaire ax on entire distributive share)	\$		s
Miscellaneous Income - Other Income including 1099-MISC, W-2G & Schedule F	\$		\$
Allowable Net Operating Loss Deduction (Enter the amount claim Also enclose a worksheet showing prior years losses for up to 5 years this amount in Column C.	ned as a deduction in Colo s and amounts previously cl	umn C) laimed. Do not enter	s