Bellaire Income Tax 3197 Belmont St Bellaire, OH 43906 (740) 676-2710 740-671-6055 (fax)

2024 INDIVIDUAL INCOME TAX RETURN

Due on or before April 15, 2025

ACCOUNT NUMBER

YOUR SOCIAL SECURITY NUMBER

Email: bellaireictax@yahoo.com SPOUSE'S SOCIAL SECURITY NUMBER https://villageofbellaire.org/tax (information and forms) RESIDENT DATE MOVED IN ■ NON RESIDENT DATE MOVED OUT ■ SOLE PROPRIETOR FORMER ADDRESS: CITY OF RESIDENCE PHONE #: E-MAIL: IF RENTING A RESIDENCE, NAME AND ADDRESS OF OWNER: Single Married Filing Joint Return (even if only one had income) Did you file Joint or Separate last year? □ Joint □ Separate Married Filing Separate Return. Enter Spouse's social security number and full name here: TOTAL W-2 INCOME (Box 5 or box 18, if larger) INCOME OTHER THAN WAGES from worksheets. (Attach Federal 1040 including Schedules, W2, W2-G and 1099.) 2 3. TOTAL INCOME (Add box 1 Plus box 2) 3 4 TAX LIABILITY Multiply box 3 by 1.00% 5A CREDITS A. Bellaire tax withheld. B. Credit for other local tax withheld 58 5C C. 2024 Estimated tax payments 5D D. Prior year credit carried forward 5E E. Total of credits. Add 5A through 5D and enter here. 6. If box 4 is greater than box 5E, enter your BALANCE DUE here (\$10.00 or more) If box 5E is greater than box 4, enter your OVERPAYMENT here (\$10.00 or more) Amount to be REFUNDED \$ or CREDITED TO 2025 \$ INTEREST: .833% 15% PENALTY: LATE FILING FEE \$25.00 8 BALANCE DUE FOR 2024 Add box 6 and box 8 (Tax + Penalty +Interest + Late Filing Fee) 9 2025 DECLARATION OF ESTIMATED TAX DUE - Complete this section if 2024 tax due exceeds \$200 10. Total estimated for tax year 2025 (gross taxable income multiplied by 1.00%) Less credits (including tax anticipated to be withheld from employers) 12. Net tax owed for tax year 2025 estimated tax 12. Amount paid with this declaration for FIRST QUARTER ESTIMATED TAX for 2025 must be at least 22.5% of 14. TOTAL DUE. ADD BOXES 9 and 13 FOR TOTAL BALANCE DUE. 14 certify that I have examined this return including accompanying Federal 1040 page one, W-2's, schedules and statements, and to the best of my knowledge and belief, it is rue and accurate, and correct. If my return was prepared by a tax practitioner, I have indicated whether or not you may contact my preparer directly concerning the preparation of this return. ☐ YES ☐ NO (Note: Preparer must completely fill out section below regarding "Preparer.") Your signature Date Spouse signature (if filing joint return) Date Signature and address of preparer (if not prepared by taxpayer) PHONE NUMBER OF PREPARER: E-MAIL: Date:

		Locality Name	Resident	Other	Medicare Wages
Employer	's Name	Box 20	Tax Withheld	City Tax W/H	Box 5 of W-2
		1 / 1			
A TAX STATE OF					
The second second	CA COLOR				
	-				
The state of the s					
THE PARTY NAMED IN					
		TOTAL			
AND THE CONTRACT OF THE CONTRA					150
WORKSHEET 1 - IN	COME OTHER THA	N WAGES			
Use this worksheet ONI "Miscellaneous" entry. I	LY to report any incon If you are unsure if the	ne that is not reporte income is taxable,	ed on a W-2. If you call the tax departm	do not see your inconent for clarification.	me listed here, use the
Schedule C line 31 or al	location from Workship	eet 3			
Schedule E line 21					
Schedule F					
Schedule K1			***************************************		
orm 4835 line 32					
orm 1099 (Do not repo	rt refunds, dividends, i	interest or retiremen	nt distibutions)		
/liscellaneous	***************************************				
OTAL Carry to line 2, p.	age 1				
WORKSHEET 2 - SC		-107 s. 1 s		to Control of the Con	CENTRESS DON'T A SE
ENERGENESS CONTROL OF THE					
Small business venture determination of where nome and if you do not he found have employees, g	your small business have any other propert	is taxable. This wor ty expenses such as	rksheet can be use rent and utilities T	d if you did not claim	husiness use of your
Product or service provide	ded:		Date began	E	
s all of your work performance on. If your answers	med at your home site wer is no, continue wit	e? II	f yes, record your ne	et income or loss on v	worksheet 1 and
Vork must be performed nuch you were paid for j	d inside the city limits	of a city before you	are taxable to that c	ity. Organize your w	ork and determine how
City	Amount received before expenses	Total gross receip	0.4	Net Profit or Lo from Schedule	
		+	-	_ X	=
	-	+	=	_ x	= -
ADDISON STATE	- Think of the	+	-	THE PROPERTY OF	THE RESERVE THE PROPERTY OF THE PARTY OF THE

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.