Form BCTR

INCOME TAX DEPARTMENT

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

CITY OF BEACH CITY, OHIO INCOME TAX RETURN
FOR THE CALENDAR YEAR_____ TAX RATE 1%
or fiscal period_____ to_____

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

NOTICE:
THIS IS AN INDIVIDUAL TAX RETURN
NO JOINT FILING PLEASE

MAKE CHECK OR MONEY ORDER PAYABLE TO:
Beach City Income Tax

DATE MOVED IN_____ OUT_____ OF BEACH CITY

FILL IN THIS SECTION AND LOWER SECTION OUTLINED IN BORDER.

1. ENTER TOTAL COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS. COMPUTE TAX ON LINE 7. A W-2 FORM MUST BE ATTACHED.

PRINT EMPLOYER'S NAME	WHERE EMPLOYED	BEACH CITY TAX WITHHELD	TAX PAID OTHER CITY LIMITED TO 1%	WAGES, ETC.
		$		
(a) TOTAL. IF NO OTHER TAXABLE INCOME, COMPUTE YOUR TAX ON LINE 7		$	$ TOTAL WAGES ETC	$

2. INCOME OTHER THAN W-2 WAGES ATTACH COPY OF FEDERAL RETURN & SCHEDULES ..... $_____
3. TOTAL INCOME (TOTAL LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) ..... $_____
4. ITEMS NOT TAXABLE ..... DEDUCT $_____ $_____
5. ADJUSTED NET INCOME (LINE 3 PLUS OR MINUS LINE 4) ..... $_____
6. AMOUNT SUBJECT TO CITY INCOME TAX ..... $_____
7. MUNICIPAL INCOME TAX - 1% OF LINE 6 (OR 1% OF LINE 1a WHERE APPLICABLE) ..... $_____

8. CREDITS: (a) MUNICIPAL INCOME TAX WITHHELD BY EMPLOYER(S) ..... $_____
(b) PAYMENTS ON DECLARATION OF ESTIMATED TAX ..... $_____
(c) INCOME TAX PAID ANOTHER MUNICIPALITY LIMITED TO 1% PER W-2 ..... $_____
(d) OVERPAYMENTS FROM PRIOR YEARS ..... $_____
(x) TOTAL CREDITS ALLOWABLE ..... $_____
9. (a) BALANCE DUE (LINE 7 LESS LINE 8X) Remittance Payable to **Beach City Income Tax** Must accompany form .. $_____
(b) ENTER AMOUNT OF LINE 9b YOU WANT CREDITED TO YOUR ESTIMATED TAX ..... $_____
TO BE REFUNDED $_____

10. PENALTY$_____ INTEREST $_____ ENTER TOTAL OF PENALTY PLUS INTEREST HERE ..... $_____
TOTAL AMOUNT DUE - PAY IN FULL WITH THIS RETURN BY APRIL 15 ..... $_____

*** 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) Previous payments if this is an amended declaration $_____
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 I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE BELIEVE IT IS TRUE, CORRECT, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

Signature of Taxpayer or Agent _____ Date _____

Signature of Person Preparing, If Other Than Taxpayer _____ Date _____

Title, If Signing For A Business _____

Address or Name & Address of Firm or Employer _____

TAX DEPARTMENT COPY