CITY OF BEDFORD, OHIO Income Tax Return 2017

P.O. Box 72450, Cleveland, Ohio 44192-0002 (440) 735-6505

DUE BY APRIL 17, 2018

IF YOU MOVED SINCE JANUARY 1, 2017 COMPLETE THIS BOX.

Present Address	City	State	Zip
Old Address	City	State	Zip



D	OR THE IRS DU	E DATE	Date of Move				tax@bedfordoh.gov
	C 17 (2 C 18 C	ND ADDRESS (Print o	or type)				
						Your Social S	ecurity Number
						Spouse's Socia	Security Number
-	Location Where E	arned	COLUMN 1A	COLUMN 1B	CA	UTION: A copy of all W- MUST be attached	2 Forms
COMPENSATION	(As shown on W-2 Caution: List separately v in Bedford and other Co	Form)	Total Wages (As shown on W-2 Form)	Withheld for Bedford	COLUMN 1C	COLUMN 1D	COLUMN 1E
PENS	BEDFORD		\$	\$	Withheld for Other Cities	1.5% of Column 1A	Lesser of Column 1C or 1D
Ö	Other Communities	Municipality			\$	\$	\$
0	List Separately	Mariospaney			\$	\$	\$
1. WAGES AND							
SES							
WA							
+	Wages/Credits both net of qualifying			\$			\$
		LUMN TOTALS		Post (To Line 4b)			Post (To Line 4c)
	*See city website for 2106 ca	alculation program	Post (10 Line 24)	1 051 (10 1310 15			
1	all other Income – c. Total (Add lines 2a BEDFORD CITY TAX 2 PAYMENTS AND CRE a. Estimated payment b. Withheld for Bedfor c. Credit for other cit d. Direct payments to e. Total payments an BALANCE of tax due b. Late Paying Penalty T. BALANCE DUE (comb	See Instruction Vand 2b)	d worksheet B)	4a			\$\$ \$\$ Bedford, Ohio 44146.
	8a. Refund (If	\$10.00 or more)		8b C	redit to 2018 Estimate	d Tax 8.	\$
		ility for 2018 ed tax due 1/4 of	f 9a less credit from 8b .				
	10. TOTAL DUE City of Be	edford (Add lines	7 and 9b) (credit card pable to City of Bedford if	ayments available \$10.00 or more)		-507/5505-	
	HAVE YOU RECE	IVED ANY R	EFUND FROM OTI	HER CITIES?			\$at the figures used herein are
91.	Under penalties of perjury, the under same as used for Federal Income T urn will be filed within 3 months. Cl	Tay numbers uniess of	stnerwise required by local ordin	ance of statute, and it c	If addit of I coolar foreitt to the	e taxable period stated and tr ade which effects tax liability s	hown on this return, an amende
	Signature			Date Prepare	er's signature (other than taxpa	ayer)	Date
					1 12 6 11		Phone No.

CITY OF BEDFORD

INDIVIDUAL INCOME TAX RETURN INSTRUCTIONS

NOW AVAILABLE FREE TO THE PUBLIC: THE ON-LINE MUNICIPAL INCOME TAX PREPARATION PROGRAM AT: www.bedfordoh.gov

GENERAL INSTRUCTIONS

WHO MUST FILE:

Every Resident 18 years or older and lived in the City of Bedford at anytime during the tax year.

You lived in Bedford and had no Earned Income. (See retired and/or disabled comment below).

You worked in Bedford during the year and had no Bedford City Income Tax withheld from your income.

You operated a Business In Bedford (Federal Schedule C) during any part of the tax year.

You owned Rental Property in Bedford (Federal Schedule E) and collected rent during any part of the tax year.

A Return must be filed even though a Declaration of Estimated Tax has been filed and paid.

Persons under Eighteen (18) years of age are not subject to the tax. If Bedford tax was withheld from their wages, a refund should be requested.

EFFECTIVE FOR THE TAX YEAR 2002, RETIRED AND/OR PERMANENTLY DISABLED RESIDENTS WITH NO EARNED INCOME (SEE INCOME TAXED BY CITIES) ARE NOT REQUIRED TO FILE A TAX RETURN, PROVIDED THAT THE TAXPAYER HAS FILED A PREVIOUS YEAR'S TAX RETURN ESTABLISH-ING RESIDENCY.

FILING DEADLINE: On or before April 15th or the IRS Due Date following the close of the calendar year. If the return is made for a fiscal year or any period less than a year, file within four (4) months from the end of the fiscal year or other period.

PENALTIES AND INTEREST

Are imposed for failure to file a return or pay the tax due or failure to have 90% or more of the tax due paid in on estimates. Failure to pay the tax due by April 15° or the IRS Due Date is considered to be past due and your account is subject to be sent to Collection at your expense. Please notify this office by mailing the City of Bedford Tax Department a copy of your Federal Extension. This extension must be received by the date of the return or a late file penalty of \$25 per month (maximum \$150) and interest will be assessed.

 Note: Extensions do not apply to Declarations of Estimated Tax. Joint Returns - Filing a joint return is acceptable.

PAYMENTS

Payments will be applied to oldest years (penalties, interest, collection Fee's and principal tax balance due) to the most current year.

INCOME TAXED BY CITIES

You must report all your income regardless of the income's origin or characteristics including: wages, salaries, commissions, other compensation including fees, sick pay, bonuses, tips, rents, profits from businesses, including professional associations and partnerships, royalties, employer supplemental unemployment benefits (subpay), wage continuation plans, contest prizes and awards, earned income derived from gaming, wagering, lotteries including the Ohio Lottery's prizes and payment, dismissed or severance pay, incentive payments, property in lieu of cash, depreciation recapture and other compensation earned, received or accrued. Your contribution to retirement plans, annuities or Independent Retirement Accounts (IRAs) and all deferred compensation plans ARE taxed by cities. W-2 Income may not be offset by losses from Schedule C or E.

INCOME NOT TAXABLE

Includes dividends, interest, military pay, and allowances, insurance proceeds, pensions, annuities, alimony, social security, medicare, poor relief, unemployment insurance benefits, gifts, inheritances, scholarships, disability benefits, royalties, Section 125 deductions and other revenue from intangible property. The income of religious, fraternal, charitable or other non-profit associations are exempt from the tax if exempt from real estate tax or exempt by enumeration in section 718.01 of the Ohio Revised Code or section 501 (a) of the Internal Revenue Code.

SPECIFIC INSTRUCTIONS

If you moved since January 1 of this tax year, complete the box in the top center of the return. Taxable income and withholding are to be apportioned to the number of months lived in Bedford to 12 months, if Taxpayer is not a full year resident. BOTH THE WAGES AND THE WITHHOLDINGS MUST BE PRORATED PRIOR TO CALCULATING THE RETURN.

Please complete or update the name and address information and Social Security number(s) where requested on form.

SECTION 1 - WAGES AND COMPENSATION (from W-2s Only)

COLUMN 1

This column is created to help the taxpayer compute separately the tax due from earned income in Bedford vs earned income in other communities. The community you have earned your income in is stated on your W-2 form or by the physical location of your work place. If you worked in Bedford you will enter your dollar amount of total wages and Bedford withholding to the right of "Bedford" in column 1A and column 1B respectively. If you worked in a community OTHER THAN Bedford (such as Cleveland) you would write "Cleveland" under the municipality heading and enter your wage income earned in Cleveland to the right of Cleveland in column 1A. This is the same for all other communities. (See Sample Worksheet). If you have wage income earned in a community OTHER THAN Bedford and withholding is taken out for Bedford and the other community, please list under the other communities section in column 1 with the corresponding TOTAL WAGES posted to the right of this city in column 1A. Post Bedford withholding on column 1B and other community withholding in column 1C.

COLUMN 1A

Please enter total wages as noted on W-2 form in this column which is right of the city listed where wages were earned in Column 1.

NOTE:

The largest dollar amount in wage areas on the W-2 form is the amount taxable by the cities (deferred compensation plans and deferred retirement plans ARE taxed by the city).

COLUMN 18

Please enter any amount of taxes withheld for the City of Bedford in this column. These entries should align to the right of the city where wages were earned.

COLUMN 1C

Please enter taxes withheld for other cities where wages were earned. Please list separately in row with a municipality listed in Column 1.

Multiply .015 times each amount entered in Column 1A under OTHER COMMUNITIES and enter each result on the same row in Column 1D.

CREDIT IS TO BE COMPUTED ON WAGES SUBJECT TO PROPER WITHHOLDING.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CALL THE BEDFORD CITY TAX DEPT. AT (440) 735-6505.

COLUMN 1E

Enter the smaller of Column 1C or 1D. Add entries in Column 1A, post total to line 2A Add entries in Column 1B, post total to line 4B Add entries in Column 1E, post total to line 4C

LINE 2 INCOME

- A. This amount is taken from Column 1A total.
- B. Total other income is defined as all other earned income not reported on

a W-2. (See income taxed by cities).
NOTE: Income from wagering, schemes of chance, including, but not limited to the Ohlo Lottery are to be included on this line. Losses cannot offset gains to calculate total other income, losses cannot

offset W-2 wages. Effective January 1, 2009, the City will not allow net operating loss, (NOL) carry forwards. Additionally, any prior year (s) NOL carry forwards will not be allowed to be applied beyond the calendar year 2008.

C. Total (Add lines 2a and 2b).

LINE 3

Bedford City tax (multiply Line 2C times tax rate of 2.25%).

LINE 4 PAYMENTS AND CREDITS

- A. This amount is the City's record of your estimates paid and prior year overpayment credit as of the date stated on the form.
- B. This amount is taken from Column 1B total.
- C. This amount is taken from Column 1E total.
- D. Direct payments to other cities this credit applies only if income is posted to line 2B. If direct payments were made to other cities for local taxes, the City of Bedford will allow you to enter a credit limited to the smaller of 1.50% of your other income (Business Income, rental property, etc.) or the actual amount of the tax paid to the other city. ATTACH COPY OF OTHER CITY TAX RETURN.

For more information go to www.bedfordoh.gov.

LINE 5 BALANCE OF TAX DUE (OVERPAYMENT) Subtract line 4E from line 3.

LINE 6 PENALTY AND INTEREST

- A. If the return is not filed by April 15th or the IRS Due Date and no extension was granted, a penalty is to be paid in the amount of \$25 per month (max \$150).
- B. If the return is not filed or the tax due is not paid by April 15th or the IRS Due Date, a 15% late paying penalty will be assessed on the balance due on line 5.
- C. If the return is not filed or the tax due is not paid by April 15th or the IRS Due Date, interest of .42% per month (5% per annum) will be assessed on the balance due on line 5.
- D. Add lines 6A, 6B, and 6C.

LINE 7 BALANCE DUE

Add lines 5 and 6D.

LINE 8 OVERPAYMENT

If line 7 is less than zero you are entitled to a refund (if \$10.00 or more) or

credit carried forward to the next tax year. Please indicate your choice by placing an X in the box on line 8A if you choose to receive a refund or 8B if you choose to receive a credit.

LINE 9

A. Estimated Tax Liability
 This is the amount of expected tax balance due the city for the next tax year. Use line 5, plus 4A, as a basis for this estimated amount of tax due.

 B. Divide the amount on line 9A by 4.

LINE 10 TOTAL DUE THE CITY OF BEDFORD

Add lines 7 and 9B and enter the final results. This amount must be paid when your return is filed. Returns received without payment are subject to a late file penalty, late payment penalty and interest charges. Be sure to write your Social Security Number on your check or money order. If the balance due is less than \$10.00 payment need not be made. Credit Card and Electronic payments can be made on-line at www.bedfordoh.gov.

PLEASE SIGN YOUR NAME AND OBTAIN SPOUSE'S SIGNATURE ON A JOINT RETURN AND DATE OF SIGNATURE MUST BE ENTERED

TAXPAYER MUST ATTACH COPIES OF W-2 STATEMENTS, THEIR COPIES OF FEDERAL FORMS 1040 Schedule C, 1040 Schedule E, 1065K AND 1099 - WHICHEVER IS APPLICABLE. INCLUDE A SUMMARY SHEET IF NECESSARY.

THE RETURN IS NOT COMPLETE UNLESS THIS DATA IS PROVIDED

Electronically prepared returns must be printed signed and mailed with a copy of the return, your W2's and or schedule to this return.

W-2 INFORMATION (FOR EXAMPLE)

1. Mr. Taxpayer SSN 000-00-0000

Local Wages	Local Tax	Work City
Box 18	Box 19	Box 20
\$20,000.00	\$200.00	Hudson

2. Mr. Taxpayer SSN 000-00-0000

Local Wages	Local Tax	Work City
Box 18	Box 19	Box 20
\$15,000.00	\$337.50	Bedford

3. Mrs. Taxpayer SSN 999-99-9999

Local Wages	Local Tax	Work City
Box 18	Box 19	Box 20
\$8,931.86	\$178.64	Solon

MAIL TO

NO payment Enclosed - Mail to: City of Bedford - Tax Department 165 Center Road Bedford, OH 44146

Payment Enclosed - Mail to City of Bedford - Tax Department PO Box 72450 Cleveland, OH 44192-0002

Refund Request - Mail to: City of Bedford - Tax Department 165 Center Road Bedford, OH 44146

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CITY OF BEDFOR		IF YOU	MOVED SINCE JANUA COMPLETE THIS BO	AY 1, 2018 X.		
Income Tax Retu b. Box 72450, Cleveland,		002 Finnet Address	City	State Zp	O.C.	Control of the contro
(440) 735-656)5	DUASSIN	CV	State Zo	(#	
OR THE IRS DU	15, 2017 IF DATE	Date of Move			www.bed	fordoh.gov
Phone #					Email Address: to	ex@bedfordoh.go
NAME A	NO ADDRESS (FVI-I	er () (>4)				
ur & irs.						
999 TURNE BEDFORD,		46			000-00-0	
ALCOHOLOGICAL & IV					Your Social Se	curity Number
					999-99-9 Spouse's Social :	
Location Where 8	arnad	COLUMN IA	COLUMN 1B	CA	UTION A copy of all W-2 MUST be attached.	Forms
(As shown on W-2 Caution: List separately In Bedford and other C	Form) wages earned	Total Wages (As shown on W-2 Form)	Withheld for Bedford	COLUMN 1C	COLUMN 1D	COLUMN 1E
Castlen List spaces of the Bedford and other Communities List Separately		\$ 15,000,00	\$ 337,50	Withheld for	1.5% of	Lesserof
	1 16 -11 -15			Other Cities	Column 1A	Column 10 or 10
Other Communities List Separately	Municipality HUDSON	20,000,00		\$ 200,00	-	\$ 200,00
	ROLOS	8,931,86		178,64	133,97	133,97
	<u>C</u>					
Wages/Ored to both net of quality/r		\$ 43,931,86	s 337.50			s 333.97
'See city website for 2108 c	LUMN TOTALS alculation program	Post (To Line 2a)	Post (To Line 4b)	J	• "	Post (To Line 4c)
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