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 _____

DATE MOVED IN _____
OUT _____

SOCIAL SECURITY NUMBERS

Yours			
Spouse			

Phone ( )

☐ Filing Jointly
or
☐ Filing Single

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

CHECK OR MONEY ORDER #

AMOUNT RECEIVED
$

PROCESSED BY

☐ CASH ☐ M.O.
☐ Check ☐ C.C.
Office Use Only

W-2 COPIES MUST BE ATTACHED

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

1. GROSS WAGES, SALARIES, TIPS, BONUSES, COMMISSIONS & OTHER COMPENSATION RECEIVED **BEFORE PAYROLL DEDUCTIONS** $ _____
2. OTHER TAXABLE INCOME:
   A. BUSINESS PROFIT **(Attach Federal Forms)** ..... $ _____
   B. RENTAL INCOME **(Attach Federal Forms)** ..... $ _____
   C. TOTAL OTHER TAXABLE INCOME **(Line A Plus Line B) Not less than zero** ..... $ _____

NOTE: Business or rental losses may not be used to offset wages

3. DEDUCT EMPLOYEE BUSINESS EXPENSE **(Attach Fed. 2106 Form)** ..... $ _____
4. TAXABLE INCOME **(Line 1 Plus Line 2C Less Line 3)** ..... $ _____
5. TAX DUE 1% OF LINE 4 ..... $ _____

---

6. CREDITS
   A. BEACH CITY INCOME TAX WITHHELD ..... $ _____
   B. INCOME TAX PAID OTHER CITIES **(Not To Exceed ½% Each W-2 Separately)** ..... $ _____
   C. OVERPAYMENT FROM PRIOR YEAR ..... $ _____
   D. ESTIMATED TAX PAYMENTS ..... $ _____
   E. TOTAL CREDITS **(Add Lines A, B, C, D)** ..... $ _____
7. BALANCE TAX DUE, IF LINE 5 IS GREATER THAN LINE 6E **(Payment in full must accompany return)** ..... $ _____
8. A PENALTY $ _____ INTEREST _____ ..... $ _____
9. TOTAL AMOUNT DUE PAYABLE TO VILLAGE OF BEACH CITY (LINE 7 PLUS 8A AND 8B) ..... $ _____
10. OVERPAYMENT TO BE REFUNDED $ _____ OR CREDITED $ _____ TO NEXT YEAR ESTIMATE.

NOTE: No taxes or refunds of less than $10.00 shall be collected or refunded. Tax due at time of filing must be paid in full.

*** PENALTY & INTEREST**

1. A late penalty of $25 will be charged for late filing after April 15th.
2. Interest will be charged on any Declaration that is not at least 90% of final tax owed.
3. A 15% penalty may be charged for not paying estimated tax due quarterly.
4. Tax payer may be subject to one or both Penalty and Interest.

DECLARATION OF ESTIMATED TAX FOR YEAR _____

*Estimate must be at least 90% 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) Paid to other municipality limited to 1/2% $_____
   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 THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Name _____

Address _____ Phone _____

Signature of Person Preparing if Other than Taxpayer _____ Date _____

Signature _____ Date _____

Signature _____ Date _____