

CITY OF BEDFORD, OHIO
Income Tax Return 2012
 P.O. Box 72450
 Cleveland, Ohio 44192-0002
 (440) 735-6505 or (888) 232-1600
DUE BY APRIL 15, 2013

IF YOU MOVED SINCE JANUARY 1, 2012
 COMPLETE THIS BOX.

Present Address	City	State	Zip
Old Address	City	State	Zip
Date of Move			



www.bedfordoh.gov

Phone # _____

NAME AND ADDRESS (Print or type)		_____
		Your Social Security Number

		Spouse's Social Security Number

1. WAGES AND COMPENSATION	Location Where Earned (As shown on W-2 Form) Caution: List separately wages earned in Bedford and other Communities.		COLUMN 1A	COLUMN 1B	CAUTION: A copy of all W-2 Forms MUST be attached.		
			Total Wages (As shown on W-2 Form)	Withheld for Bedford	COLUMN 1C	COLUMN 1D	COLUMN 1E
	BEDFORD		\$	\$	Withheld for Other Cities	1.5% of Column 1A	Lesser of Column 1C or 1D
	Other Communities List Separately	Municipality			\$	\$	\$
					\$	\$	\$
	COLUMN TOTALS		\$	\$			\$
			Post (To Line 2a)	Post (To Line 4b)	Post (To Line 4c)		

2. **INCOME**
- a. Total wages and compensation (From 1A) 2a. _____
- b. Total other income (Federal Schedule C), Rental income (Federal Schedule E) and
all other Income - See Instructions 2b. _____
- c. Total (Add lines 2a and 2b) 2c. _____
3. **BEDFORD CITY TAX 2.250%** (Multiply line 2c times .0225) 3. \$ _____
4. **PAYMENTS AND CREDITS**
- a. Estimated payments and prior
year overpayment credit 4a. _____
- b. Withheld for Bedford (From 1B) 4b. _____
- c. Credit for other cities (From 1E) 4c. _____
- d. Direct payments to other cities (See Instructions) 4d. _____
- e. Total payments and credits (Add lines 4a through 4d) 4e. _____
5. **BALANCE of tax due [overpaid]** subtract line 4e from line 3 5. \$ _____
6. **PENALTY AND INTEREST**
- a. Late Filing: Penalty (\$25) \$ _____ b. Interest (1 1/2% Per month) \$ _____ (Add line 6a and 6b) 6c. \$ _____
7. **BALANCE DUE** (combine lines 5 and 6c) (Credit Card and Electronic Payments can be made on-line at www.bedfordoh.gov) 7. \$ _____
8. **OVERPAYMENT** (If line 7 is less than zero)
- 8a. Refund (If \$5.00 or more) _____ 8b. Credit to 2013 Estimated Tax 8. _____
9. **ESTIMATED TAX** (See Instructions)
- a. Estimated tax liability for 2013 9a. _____
- b. Quarterly estimated tax due 1/4 of 9a less credit from 8b 9b. \$ _____
10. **TOTAL DUE** City of Bedford (Add lines 7 and 9b) (credit card payments available at www.bedfordoh.gov) 10. \$ _____

(Make check or money order payable to City of Bedford if \$5.00 or more)

HAVE YOU RECEIVED ANY REFUND FROM OTHER CITIES? NO YES AMOUNT \$ _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, unless otherwise required by local ordinance of statute, and if an audit of Federal return is made which effects tax liability shown on this return, an amended return will be filed within 3 months. CHECK BOX TO ALLOW THE CITY TO CONTACT YOUR TAX PREPARER.

Signature _____ Date _____ Preparer's signature (other than taxpayer) _____ Date _____

Signature of spouse (if joint return) _____ Date _____ Address (and Zip Code) _____ Phone No. _____

PLEASE SIGN AND RETURN ORIGINAL FORM WITH YOUR PAYMENT. KEEP DUPLICATE FOR YOUR RECORDS.