**CITY OF BEDFORD**
Income Tax Return 2010
P.O. Box 72450
Cleveland OH 44192-0002
(440) 735-6505 or (888) 232-1600
**DUE BY APRIL 15, 2011**

Phone #_____

**IF YOU MOVED SINCE JANUARY 1, 2010 COMPLETE THIS BOX.**

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

**www.bedfordoh.gov**

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 Total Wages (As shown on W-2 Form) | COLUMN 1B Withheld for Bedford | **CAUTION: A copy of all W-2 Forms MUST be attached.** COLUMN 1C Withheld for Other Cities | COLUMN 1D 1.5% of Column 1A | COLUMN 1E **Lesser of** Column 1C or 1D |
|---|---|---|---|---|---|---|
| **BEDFORD** | | $ | $ | | | |
| **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 2011 Estimated Tax 8. _____
9. **ESTIMATED TAX** (See Instructions)
   a. Estimated tax liability for 2011 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.