

**DIVISION OF TAXATION – CITY OF BEDFORD, OHIO 44146**  
 NOT A FEDERAL RETURN

**MUNICIPAL NET PROFIT RETURN**

FOR THE CALENDAR YEAR, OR THE FISCAL YEAR BEGINNING \_\_\_\_\_, ENDING \_\_\_\_\_ (File within 4 months after year ending).

NOTE 1. FEDERAL RETURN AND APPLICABLE SCHEDULES MUST BE ATTACHED.

NOTE 2. OVERPAYMENT CLAIMS WILL RECEIVE CREDIT ONLY ON RETURNS FULLY COMPLETED. HOWEVER, SEE NOTE 1 ABOVE.

HAS YOUR FEDERAL TAX LIABILITY FOR ANY PRIOR YEAR BEEN CHANGED IN THE YEAR COVERED BY THIS RETURN AS A RESULT OF AN EXAMINATION

BY THE INTERNAL REVENUE SERVICE?  YES  NO

IF YES, HAS AN AMENDED MUNICIPAL RETURN BEEN FILED FOR SUCH YEAR OR YEARS?  YES  NO

CURRENT PAYMENTS AND CREDITS ARE AVAILABLE AT WWW.BEDFORDOH.GOV

MAILING ADDRESS  
 IF DIFFERENT  
 IF NAME OR ADDRESS IS INCORRECT, MAKE NECESSARY CHANGES.

PRINCIPAL BUSINESS ACTIVITY:  
 \_\_\_\_\_

FEDERAL I.D. NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ARE YOU A BUSINESS LOCATED IN BEDFORD?  
 YES  NO

IF YOU MOVED – PLEASE ANSWER

MOVED INTO BEDFORD ON \_\_\_\_\_

FROM \_\_\_\_\_

MOVED FROM BEDFORD ON \_\_\_\_\_

TO \_\_\_\_\_

PHONES: (440) 735-6505  
 (888) 232-1600

FILE RETURNS AT: CITY OF BEDFORD DIVISION OF TAXATION  
 P.O. BOX 72450  
 CLEVELAND OH 44192-0002



WWW.BEDFORDOH.GOV

<b>CREDITS</b>	1. TOTAL TAXABLE INCOME (Per Copy Federal Form 1120, 1120S, 1065, 1041, Schedule C, or Schedule E attached) ..... (1) \$ _____
	2. A. ITEMS NOT DEDUCTIBLE (From Line F, Schedule X Below) ..... Add (2A) \$ _____
	B. ITEMS NOT TAXABLE (From Line K, Schedule X Below) ..... Deduct (2B) \$ _____
	C. ENTER EXCESS OF LINE 2A OR 2B ..... (2C) \$ _____
<b>INCOME</b>	3. A. ADJUSTED NET INCOME (Line 1 plus or minus Line 2C) IF SCHEDULE X IS USED ..... (3A) \$ _____
	B. AMOUNT ALLOCABLE TO BEDFORD IF SCHEDULE Y, PAGE 2 IS USED _____ % of Line 3A ..... (3B) \$ _____
	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3A or 3B) ..... (4) \$ _____
	5. MUNICIPAL TAX DUE 2.25% of Line 4 ..... (5) \$ _____
	6. A. PAYMENTS ON DECLARATION OF ESTIMATED MUNICIPAL TAX ON NET PROFITS (Payments as of _____) ..... (6A) \$ _____
	B. AMOUNT OF PREVIOUS YEARS CREDITS ..... (6B) \$ _____
	C. TOTAL CREDITS ALLOWABLE ..... (6C) \$ _____
	7. A. BALANCE DUE (Line 6C less Line 5) REMITTANCE PAYABLE TO CITY OF BEDFORD MUST ACCOMPANY THIS FORM ..... (7A) \$ _____
	B. OVERPAYMENT CLAIMED (if Line 6C exceeds Line 5 enter difference here.) And check desired block (7B) \$ _____ <input type="checkbox"/> REFUND <input type="checkbox"/> CREDIT
8. ESTIMATED TAX	
A. ESTIMATED TAX LIABILITY FOR NEXT TAX YEAR ..... (8A) \$ _____	
B. QUARTERLY ESTIMATED TAX DUE 1/4 OF 8A LESS CREDIT FROM 7B ..... (8B) \$ _____	
9. TOTAL DUE CITY OF BEDFORD (Add Lines 7A and 8B) ..... (9) \$ _____ (Make Check or money order payable to City of Bedford) (Credit Card and Eletronic Payments can be made on-line at www.bedfordoh.gov)	

**SCHEDULE X Reconciliation with Federal Income Tax Return**

**ITEMS NOT DEDUCTIBLE**

A. CAPITAL LOSSES (Excluding ordinary losses)..... \$ _____
B. EXPENSES APPLICABLE TO NON-TAXABLE INCOME..... \$ _____
C. TAXES BASED ON INCOME ..... \$ _____
D. PAYMENTS TO PARTNERS ..... \$ _____
E. OTHER EXPENSES NOT DEDUCTIBLE (Explain)..... \$ _____
..... \$ _____
F. TOTAL ADDITIONS (Enter on Line 2A Above)..... \$ _____

**ITEMS NOT TAXABLE**

G. CAPITAL GAINS (Excluding ordinary gains – see Instructions)..... \$ _____
H. INTEREST INCOME..... \$ _____
I. DIVIDENDS..... \$ _____
J. OTHER (Explain) SEE INSTRUCTIONS ..... \$ _____
..... \$ _____
..... \$ _____
..... \$ _____
K. TOTAL DEDUCTIONS (Enter on Line 2B Above) ..... \$ _____

I CERTIFY 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, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.  
 CHECK BOX TO ALLOW THE CITY TO CONTACT YOUR TAX PREPARER.

Signature of Officer or Partner \_\_\_\_\_ (Date) \_\_\_\_\_ Signature of Person or Firm Preparing the Return \_\_\_\_\_ (Date) \_\_\_\_\_

Title \_\_\_\_\_ Address (and Zip Code) Phone # \_\_\_\_\_

PLEASE SIGN AND RETURN ORIGINAL COPY WITH YOUR PAYMENT, KEEP DUPLICATE FOR YOUR RECORDS