

PICKERINGTON INCOME TAX RETURN — 2006

PICKERINGTON

Income Tax Department

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FILING REQUIRED EVEN IF NO TAX DUE

ON OR BEFORE APRIL 15, 2007

FISCAL YEAR - FILE WITHIN 3 1/2 MONTHS FROM YEAR-END

FISCAL YEAR DATES

FROM _____

TO _____

BUSINESS TAX RETURN

PRINCIPAL BUSINESS ACTIVITY _____

CORPORATION PARTNERSHIP SOLE PROPRIETOR

RENTAL PROPERTY

IF OTHER, EXPLAIN _____

BUSINESS TELEPHONE _____

FEDERAL I.D. # _____

BUSINESSES LOCATED IN PICKERINGTON: IF YOU HAVE MOVED DURING CURRENT YEAR PLEASE GIVE DATE OF MOVE

INTO PICKERINGTON _____ OR OUT OF PICKERINGTON _____

PLEASE MAKE NECESSARY CORRECTIONS TO NAME/ADDRESS

INCOME 1. TOTAL INCOME FROM PAGE 2 OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES \$ _____

2a. ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X [FROM PAGE 2])ADD \$ _____

b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X [FROM PAGE 2]).....DEDUCT \$ _____

ADJUSTMENTS TO INCOME

c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1.....(+ OR -) \$ _____

3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)..... \$ _____

b. AMOUNT OF LINE 3a MULTIPLIED BY _____ % FROM LINE 5 SCHEDULE Y..... \$ _____

c. LESS ALLOCABLE NET LOSS PER PREVIOUS PICKERINGTON INCOME TAX RETURN (SUBMIT SCHEDULE) \$ _____ (ONE YEAR CARRYFORWARD ONLY)

TAX

4. AMOUNT SUBJECT TO PICKERINGTON INCOME TAX (LINE 3a OR 3b LESS LINE 3c) \$ _____

5. PICKERINGTON TAX 1% OF LINE 4 (.01 MULTIPLIED BY LINE 4) \$ _____

6. CREDITS:

(a) PRIOR YEAR OVERPAYMENT..... \$ _____

(b) PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX \$ _____

(x) TOTAL CREDITS ALLOWABLE \$ _____

7. IF LINE 5 GREATER THAN LINE 6x PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: NOTE: TAX DUE UNDER \$1.00 - NO PAYMENT REQUIRED, OVERPAYMENT UNDER \$1.00 - NO REFUND OR CREDIT

TAX DUE \$ _____

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE

9. CHARGES IF PAID AFTER DUE DATE:

LATE FILING FEE: \$15.00 \$ _____

PENALTY: Multiply line 7 by 10% (0.10) \$ _____

INTEREST: Multiply line 7 by 1 1/2% (0.015) X # MONTHS _____ = \$ _____

TOTAL CHARGES \$ _____

10. TOTAL DUE. PAYMENT TO "CITY OF PICKERINGTON TAX DEPT." MUST ACCOMPANY RETURN IF \$1 OR MORE TOTAL DUE \$ _____

VOUCHER NO. 1

DECLARATION OF ESTIMATED TAX FOR YEAR 2007 REQUIRED BY LAW Penalty For Noncompliance (Plus Penalty and Interest)

11. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF \$ _____

12. LESS EXPECTED TAX CREDITS

A. OVERPAYMENT FROM PRIOR YEAR(S) \$ _____

B. OTHER (EXPLAIN) \$ _____

C. TOTAL CREDITS..... \$ _____

13. NET TAX DUE (LINE 11 LESS LINE 12C) \$ _____

14. AMOUNT PAID WITH THIS DECLARATION (1/4 DUE WITH THIS DECLARATION WITH THE FILING OF THIS RETURN) \$ _____ (VOUCHERS FOR REMAINING PAYMENTS ARE INCLUDED IN THIS TAX PACKET.)

15. TOTAL PAYMENT INCLUDED WITH RETURN (LINE 7 OR 10 AND 14)..... \$ _____

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.

(SIGNATURE OF PERSON PREPARING RETURN)

(DATE)

(SIGNATURE OF TAX PAYER OR AGENT)

(DATE)

(ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER)

(TITLE)

PHONE NO.: _____

SECTION A Federal Taxable Income

Federal Taxable Income (FTI) is a C corporation's federal taxable income (i.e., net profits) before net operating losses and special deductions (line 28 of Form 1120). If you are not a C corporation or an individual, the new provisions in Ohio Revised Code 718 for non-C corporations state the following: "IF THE TAXPAYER IS NOT A C CORPORATION AND NOT AN INDIVIDUAL, THE TAXPAYER SHALL COMPUTE ADJUSTED FEDERAL TAXABLE INCOME AS IF THE TAXPAYER WERE A C CORPORATION." This means the figure shown as FTI (line 21 if filing a Form 1120S, line 22 if filing a Form 1065, or line 21 if filing a Form 1041) must first be adjusted as if computing it for line 28 on the Form 1120.

Place the adjusted figure here..... \$ _____

SECTION B Total from Federal Schedule D, Form 4797.

SECTION C Income from Rents - from Federal Schedule E

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C..... \$ _____

SECTION D All other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS

AMOUNT	Received From	FOR (DESCRIBE)

NET INCOME SECTION D..... \$ _____

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1..... \$ _____

SCHEDULE Y Business Apportionment Formula

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY	_____	_____	_____
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE (Divide total Percentages by Number of Percentages Used).	_____	_____	Carry to Line 3b, Page 1 _____ %

SCHEDULE X. BUSINESS RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses)	\$ _____	h. Capital gains (Excluding Ordinary Gains)	\$ _____
b. 5% of amount deducted as intangible income	\$ _____	j. Interest, Dividend, Patent, and Copyright income ..	\$ _____
c. Taxes based on income	\$ _____	k. Other (Explain) (including IRC section 179 expense and Charitable Contributions, if not included in Federal Taxable Income calculations) ..	\$ _____
d. Guaranteed payments to partners	\$ _____	z. Total Deductions (Enter Line 2b Other Side)	\$ _____
e. Amounts for qualified self-employed retirement, health & life insurance plans for owners of non-C corporation entities, or self-employment tax	\$ _____		
f. Other (including all amounts allowed as a deduction in the computation of federal taxable income for real estate investment trusts and regulated investment companies)	\$ _____		
g. Total Additions (Enter Line 2a Other Side)	\$ _____		

SCHEDULE Z Partner's/Owner's Share Of Income

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER/OWNER	2. Resident		3. Dist. Shares of Partners/Owners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$ _____	\$ _____		\$ _____
7. TOTALS SECTION A THRU D			100	\$ _____			