

SPENCERVILLE INCOME TAX RETURN

THIS RETURN IS FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS

2006

DUE DATE
APRIL 15, 2007

OR OTHER TAXABLE YEAR BEGINNING _____ AND ENDING _____
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE **APRIL 15, 2007**
 FISCAL AND PARTIAL YEARS, FILE WITHIN 4 MONTHS OF ENDING DATE

NOTE 1. This return must be submitted by everyone required to submit a declaration even though the income at the end of the year was the same as anticipated and all amounts declared have been paid.

NOTE 2. Any taxpayer attaching a copy of his Federal Return or Schedules where applicable, need not complete Page 2 (except Schedule Y when Line 5b is used).

NOTE 3. OVERPAYMENT CLAIMS WILL RECEIVE CREDIT ONLY ON RETURNS FULLY COMPLETED. However, see Note 2 above.

NAME AND ADDRESS OF TAXPAYER: _____

Social Security No. _____
 Spouse's _____
 or Employer I.D. No. _____

Resident of Spencerville YES NO

If you moved during tax year state date _____ Attach Verification

Into Spencerville Out of Spencerville

Local Phone _____

1. WAGES – If your only source of income is from wages, complete Item 1 and go directly to Item 7 (skipping Items 2 through 6)

W-2 COPIES MUST BE ATTACHED	Employer's Name	City Where Employed	City Tax Withheld	W-2 Box 5 Wages
1. (a) TOTALS			\$	\$

OTHER INCOME

2. Income other than from wages from Page 2 (or per Federal Return(s) attached).....\$ _____

3. Total Income (Total Lines 1 and 2).....\$ _____

4. (a) Items Not Deductible (from Line M Schedule X below).....ADD \$ _____
 (b) Items Not Taxable (from Line Z Schedule X below).....DEDUCT \$ _____
 (c) Enter Excess of Line 4a OR 4b.....\$ _____

5. (a) Adjust Net Income (Line 3, Plus OR Minus Line 4c) if Schedule X is used.....\$ _____
 (b) Amount Allocable to Spencerville - if Schedule Y is used _____ % of Line 5 (a).....\$ _____
 (c) Less Allocable Net Loss per previous Spencerville Income Tax Returns (Submit Schedule).....\$ _____

6. Amount subject to Spencerville Income Tax (Line 5a OR 5b LESS Line 5c).....\$ _____

CREDITS

7. Spencerville Income Tax (1 1/4% of amount shown on Line 1 (a) OR Line 6).....\$ _____

8. CREDITS: Spencerville Income Tax Withheld by Employer(s).....\$ _____
 (b) Payments on 2006 Declaration of Estimated Tax.....\$ _____
 (c) Income Tax Paid City of _____ (by individuals only)\$ _____
(Spencerville Ordinance allows up to 1 1/4% only)
 (x) Total Credits Allowable.....\$ _____

9. (a) BALANCE DUE (Line 7 less Line 8x) – remittance must accompany this return. If less than \$1.00 no remittance required.....\$ _____
 (b) OVERPAYMENT CLAIMED (If line 8x exceeds Line 7, enter difference here).....\$ _____
 Enter amount of Line 9b you want credited to your 2007 Estimated Tax.....\$ _____
 TO BE REFUNDED (less than \$1.00 will not be refunded or credited).....\$ _____

10. _____ % Penalty \$ _____ + _____ % Interest \$ _____ Total of Penalty + Interest \$ _____

11. TOTAL AMOUNT DUE (Pay in full with this return - make check payable to Spencerville Income Tax.....\$ _____

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE (may deduct only if included in other income Line 2)	DEDUCT
A. Net loss from sale, exchange or other disposition of capital or other assets.....\$ _____		N. Capital gains (excluding ordinary gains).....\$ _____	
B. Interest and/or other expense incurred in the production of non-taxable income.....\$ _____		O. Interest income.....\$ _____	
C. Income taxes.....\$ _____		P. Dividends.....\$ _____	
D. Net operating loss deduction per Federal Return.....\$ _____		Q. Income from patents and copyrights.....\$ _____	
E. Payments to partners.....\$ _____		R. Other income exempt from Spencerville (explain).....\$ _____	
F. Sick pay not included in Line 1 above.....\$ _____			
G. Contributions.....\$ _____			
H. Other expenses not deductible (explain).....\$ _____			
M. Total additions (enter as Line 4a above).....\$ _____		Z. Total deductions (enter as Line 4b 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 THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX

Signature of person preparing if other than taxpayer _____ Date _____ Signature of taxpayer or agent (required) _____ Date _____

Address or name and address of firm or employer _____ Signature of spouse, if joint return _____ Date _____