

**BUSINESS - 2007
INCOME TAX RETURN
SPENCERVILLE**

Fiscal Period _____ to _____

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
DEPARTMENT
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024
E-mail WWW.SPENCERVILLEOH.COM

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION
<input type="checkbox"/> SOLE PROPRIETOR
<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ESTATE
<input type="checkbox"/> TRUST
<input type="checkbox"/> FIDUCIARY

Name _____

And _____

Address _____

1 Total taxable income	1	<input type="text"/>	
2 Adjustments (See Schedule X)	2	<input type="text"/>	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	<input type="text"/>	
4 Allocation percentage (See Schedule Y)	4	<input type="text"/>	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	<input type="text"/>	
6 Allocable Net Loss Carry Forward	6	<input type="text"/>	
7 Spencerville Taxable income (Line 5 minus Line 6)	7	<input type="text"/>	
8 Spencerville income tax (Multiply line 7 by 1.250%)	8	<input type="text"/>	
9 Credits applied from previous year(s) to this year's liability	9	<input type="text"/>	
10 Estimates paid on this year's liability	10	<input type="text"/>	
11 Other credits	11	<input type="text"/>	
12 Total credits (Total line 9, 10 and 11)			12 <input type="text"/>
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 1.01			13 <input type="text"/>
14 Penalty	14	<input type="text"/>	
15 Interest	15	<input type="text"/>	
16 Total due (Total line 13, 14 and 15)			16 <input type="text"/>
17 Overpayment (Issued if greater than 1.01)			17 <input type="text"/>
18 Amount to be refunded	18	<input type="text"/>	
19 Amount to be credited to next year	19	<input type="text"/>	

Declaration of Estimate For 2008

20 Total estimated income subject to tax	20	<input type="text"/>	
21 Estimated tax due. (Multiply line 20 by 1.250%)			21 <input type="text"/>
22 Less credits (from 19 above)			22 <input type="text"/>
23 Net estimated tax due (subtract line 22 from line 21)	23	<input type="text"/>	
24 Minimum amount due for first quarter (Multiply line 23 by 25%)			24 <input type="text"/>

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	<input type="text"/>
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____