

TAX OFFICE HOURS:
 Monday thru Friday: 1-4
 and during Feb, Mar, Apr:
 1st and 3rd Saturday: 9-12

Assistance is available
 at the Tax Office,
 120 N. Main Street
 Gibsonburg, Ohio

THIS IS NOT A FEDERAL RETURN
INCOME TAX RETURN 2007

GIBSONBURG, OHIO INCOME TAX
 FOR THE CALENDAR YEAR 2007
 FOR FISCAL YEAR BEGINNING _____, ENDING _____

**ALL RESIDENTS MUST
 FILE A TAX RETURN
 UNLESS THEY ARE
 RETIRED WITH NO
 TAXABLE INCOME.**

This return must comply with Ordinance 839, as amended, and with its supplemental regulations.

PLEASE INSERT NAME & ADDRESS

NAME: _____
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

Taxpayer Social Security No. _____
 Spouse Social Security No. _____

If you moved: Into Gibsonburg on _____
 From Gibsonburg _____

List any year that IRS changed your taxable income _____

Will you have taxable income for 2008? No Yes

SCHEDULE A

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31 from each employer or source. INCLUDE SICK PAY that is paid by employer and amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation.

(A1) Name of Employer	(A2) City or Twp. Where Employed	(A3) Gibsonburg, Ohio TaxWithheld \$	(A4) Other City TaxWithheld \$	(A5) Wages, etc. \$
TOTALS		\$	\$	\$ XXXXXXXXXXXXXXX

****STAPLE FORMS W-2 ACROSS TOP, REAR.****

1. Total Wages, etc. (IF NO OTHER TAXABLE INCOME ENTER TOTAL WAGES HERE AND ON LINE 4)..... (1)	\$	_____
2. Other Income (form Schedules C, D, E, and F, page 2) or from Federal Income Schedules attached..... (2)	\$	_____
3. Total Income (line 1 plus 2)..... (3)	\$	_____
4. Amount subject to Gibsonburg, Ohio Income Tax (line 1 or line 3)..... (4)	\$	_____
5. Gibsonburg, Ohio Income Tax, 1% of line 4..... (5)	\$	_____
6. Tax Credit: Gibsonburg, Ohio Tax Withheld (A 3)..... (6)	\$	_____
7. Tax Payments:		
(a) Prior year credit.....	\$	_____
(b) Estimates paid.....	\$	_____
Total..... (7)	\$	_____
8. Line 5 Less Line 6 & 7 (If minus figures, enter on line 11 and mark disposition)..... (8)	\$	_____
9. Additional Charges:		
(a) Interest (_____ % of line 8).....	\$	_____
(b) Penalty (_____ % of line 8).....	\$	_____
(c) Late filing Penalty (\$15.00 in addition to lines 9a & 9b if filed late).....	\$	_____
(d) Total of lines (9a, 9b, & 9c)..... (9)	\$	_____
10. TOTAL DUE: (Line 8 plus line 9d) - Make check payable to GIBSONBURG VILLAGE INCOME TAX. DUE WITH RETURN ... (10)	\$	_____
11. Overpayment: Credit on next year's return: Estimate: \$ _____ Refund \$ _____ (11)	\$	_____

FILE THIS RETURN WITH INCOME TAX DEPARTMENT, 120 N. MAIN ST., GIBSONBURG, OHIO 43431
ON OR BEFORE APRIL 15
GIBSONBURG TAX 1%
PHONE 419-637-6004

IF "RENT" IS RECEIVED, STATE FROM WHOM:

IF "RENT" IS PAID, STATE TO WHOM:

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, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

 Signature of person preparing this return other than taxpayer

X

 Signature (Title) (Date)

 Name and Address of Firm or Employer

XX

 Signature Telephone

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARIES AND WAGES.

Note: A copy of the appropriate Federal Schedule is encouraged for Schedules C and E, and is required for Schedules D, F, and Z

SCHEDULE C Profit (Loss) from Business or Profession

Name Address Type of Business

- 1. Total Receipts, less Allowances, Rebates and Returns
2. Less (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable
3. Gross Profits from Sales, etc., (line 1 less line 2)
4. Dividends \$; Interest \$; Royalties \$
5. Rents Received, If Connected with Trade or Business
6. Other Business Income (Specify)
7. Total Business Income Before Deductions

BUSINESS DEDUCTIONS

- 8. Compensation of Officers
9. Salaries and Wages Not Deducted Elsewhere
10. Rents
11. Interest or Business Indebtedness
12. City Income Taxes on Business
13. Other Business Taxes
14. Bad Debts
15. Depreciation, Amortization, Depletion
16. Repairs
17. Commissions (Attach 1099)
18. Subcontracts (Attach List)
19. Other
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31. Total Business Deduction (total of lines 8 to 30)
32. Net Profit (Loss)

*Landlord's Name and Address

SCHEDULE D Total from Federal Schedule (attach copy)

SCHEDULE E Rental and other Income

Table with 6 columns: Location of Property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income. Includes a Totals row.

Other Income - Partnerships, Commissions, Fees, Tips, Etc. (Do not include interest or dividends.)

Table with 2 columns: Received From, For (describe). Includes dollar amounts.

SCHEDULE F Farm Income Attach Copy of Federal Schedule F or 4835

Location of Farm Total Income (or Loss) Schedule F

TOTALS Schedules C, D, E & F

SCHEDULE Y Business Allocation Formula

Table with 3 columns: a. Located Everywhere, b. Located in This Municipality, c. Percentage (b ÷ a). Includes steps 1 through 5 for property valuation and allocation.

SCHEDULE Z Partnership Entity - Taxable Income Fed. Form 1065 including Schedules must be provided