

Due on or before April 17 or within 15 days of the fourth month after the end of the fiscal year.

2005 — PIQUA CITY INCOME TAX RETURN — 2005

FOR OFFICE USE ONLY

FILING REQUIRED EVEN IF NO TAX DUE

Taxable Period Beginning 20 , And Ending 20

Check No. Cash Credit Card

Piqua Income Tax Department, Box 1223, 201 W. Water Street, Piqua Ohio 45356-1223 Phone: (937) 778-2009 FAX: (937) 778-1130 (Mon.-Fri. 8AM-5PM)

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES (LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN).

SOC. SEC. NO. (Primary) SOC. SEC. NO. (Spouse) FED. I.D. NO.

Did you file a Piqua City Income Tax Return The Previous Year? Yes No

Part Year Resident (DATES)

Old Address Date Moved

Phone Number

SECTION A Enter qualifying wages, bonuses, incentive payments, and commissions received between January 1 and December 31. List each employer or source separately.

ATTACH ALL W-2'S AND EARNINGS SUMMARIES

Table with 5 columns: (B1) Name of Employer, (B2) City Where Employed, (B3) Piqua City Tax Withheld, (B4) Other Tax Withheld Not to Exceed 1.75%, (B5) Qualifying Wages

1. WAGES (If no other taxable income go to Line 4) TOTAL \$ \$
2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES TOTAL 1. \$
A. PROFIT OR LOSS FROM BUSINESS OR PROFESSION (FROM SEC D AND/OR E, PAGE 4) A. \$
B. RENTAL INCOME (FROM FEDERAL SCHEDULE E) B. \$
C. OTHER INCOME OR 2106 EXPENSES (FROM SEC. F, PAGE 4) C. \$
D. TOTAL (LINES 2A, B, C) 2D. \$
3. ADJUSTMENTS: RECONCILIATION WITH FEDERAL RETURN (ATTACH SCHEDULE OR RETURN) 3. \$
4. TOTAL INCOME (LINE 1 PLUS 2D, PLUS OR MINUS LINE 3) 4. \$
A. ALLOCATION % OF LINE 4 (BUSINESS INCOME ONLY)(SEE SCHEDULE Y, PAGE 4) 4A. \$
B. LESS ALLOCABLE NET LOSS PER PREVIOUS PIQUA INCOME TAX RETURN 4B. \$
C. AMOUNT SUBJECT TO PIQUA INCOME TAX (LINE 4 OR 4A LESS LINE 4B) 4C. \$
5. PIQUA INCOME TAX (1.75%) OF AMOUNT SHOWN IN LINE 4C 5. \$
6. TAX CREDITS: (a) Piqua City Tax Withheld (See Total of Column B3 above) \$
(b) Other City Tax Withheld (See Total of Column B4 above) Cannot Exceed 1.75% of Each Wage \$
(c) Other: Estimates, Direct Payments, Credit From Prior Year \$
(d) Total Credits Available 6D. \$
7. BALANCE OF TAX DUE (LINE 5 LESS LINE 6d) 7. \$
8. PENALTY \$ INTEREST \$ LATE FILING \$ 8. \$
9. TOTAL AMOUNT DUE ON 2005 RETURN (Make Check or Money Order Payable To Piqua Income Tax Department if \$1 or more) 9. \$
10. IF OVERPAYMENT: CREDIT TO 2006 \$ REFUND \$

ATTACH ALL SCHEDULES (including K-1's and 1040)

SECTION B - DECLARATION OF ESTIMATED TAX FOR 2006

11. ESTIMATED TAX
A. Total estimated gross tax (1.75%) for 2006 \$ less amount withheld (\$) = 11A. \$
B. Amount of this estimate (Minimum, 1/4 of line 11A. less line 10 credit) 11B. \$
12. TOTAL AMOUNT PAID ON 2006 ESTIMATE (Make check or money order payable to Piqua Income Tax Department, if \$1 or more) 12. \$

SECTION C

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and 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 his return, an amended return will be filed within three months. If the form is completed by a tax practitioner, the taxpayer authorizes disclosure of information to the Piqua Tax Department. Yes No

Signature of Taxpayer Date

Signature of Spouse Date

Signature of Person Preparing Return (If Other Than Taxpayer) Date

Phone Number of Person Preparing Return (If Other Than Taxpayer) Date

PLEASE REMOVE FROM BOOKLET BEFORE COMPLETING THIS PAGE

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED

SECTION D

Profit (or Loss) from Business or Profession
From Federal Schedule C, Form 1065, and/or Form 1120

Business Name
Business Address
Kind of Business

A. TOTAL PROFIT (OR LOSS)
(CARRY TO LINE 2A, PAGE 3) \$

- 1. If deductions for commissions are taken, supporting 1099's or facsimiles must be attached.
2. If deductions for "RENTS PAID" is taken, please list:

Rents paid to
Address

SECTION E

Partners' distributive shares on net income (attach Federal Partnership returns)

Table with 6 columns: 1. NAME AND ADDRESS OF EACH PARTNER, 2. Resident (Yes/No), 3. Distributive Shares of Partners (Percent/Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable

SECTION F

- 1. Total from Federal Schedule D, Form 4797 - (Capital Gains NOT Taxable)
2. All Other Taxable Income and 2106 Expense (Interest Income NOT Taxable)-Examples such as: income from partnerships, estates & trust, fees, tips, commissions and miscellaneous

1. \$

RECEIVED FROM FOR (DESCRIBE) AMOUNT

Table with 3 columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT

OTHER TAXABLE INCOME TOTAL 2. \$

TOTAL OTHER INCOME (Line 1 Plus or Minus Line 2) (CARRY TO LINE 2C, PAGE 3) \$

SCHEDULE X

Reconciliation with Federal Income Tax Return as Required by ORC Section 718

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

DEDUCT

- A. Capital losses-excluding ordinary losses (IRC 1221 or 1231 property dispositions)
B. Five percent (5%) of intangible income reported in letter O, except that from IRC 1221 property dispositions
C. City or state income taxes
E. Guaranteed payments or accruals to or for current or former partners or members
F. Sick pay not included in Line 1 below
G. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT OR RIC investors
H. Other expenses not deductible (explain)
M. TOTAL ADDITIONS (enter as Line 1A below)

- N. Capital gains-excluding ordinary gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)
O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income. Excludes prizes, awards, lottery winnings or other income associated with games of chance.
P. Other income exempt from City Tax (explain)
Q. 1/2 Self-employment tax
R. Self-employment health insurance *(from adjustment to Income Section, Federal 1040)
Z. TOTAL DEDUCTIONS (enter on Line 1B below)

1. A. ITEMS NOT DEDUCTIBLE (from Line M Schedule X above) Add \$
B. ITEMS NOT TAXABLE (from Line Z Schedule X above) Deduct (\$)
C. ENTER EXCESS OF LINE 1A OR 1B (CARRY TO LINE 3 PAGE 3) \$

SCHEDULE Y

Business Allocation Formula

Table with 4 columns: STEP, a. LOCATED EVERYWHERE, b. LOCATED IN PIQUA, c. PERCENTAGE (b ÷ a)

Are any employees leased in the year covered by this return? YES NO
If YES, please provide the name, address and FID number of the leasing company