

Due on or before April 16 or within 15 days of the fourth month after the end of the fiscal year.

2006 — PIQUA CITY INCOME TAX RETURN — 2006

FOR OFFICE USE ONLY

FILING REQUIRED EVEN IF NO TAX DUE

Taxable Period Beginning 20 , And Ending 20

Check No. Cash Credit Card Amount \$

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? 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 \$ TOTAL 1. \$

2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES A. PROFIT OR LOSS FROM BUSINESS OR PROFESSION (FROM SEC D AND/OR E, PAGE 4) A. \$ B. RENTAL INCOME (LOSS) (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. \$

ATTACH ALL SCHEDULES

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 2006 RETURN (Make Check or Money Order Payable To Piqua Income Tax Department if \$1 or more) 9. \$ 10. IF OVERPAYMENT: CREDIT TO 2007 \$ REFUND \$

SECTION B - DECLARATION OF ESTIMATED TAX FOR 2007

11. ESTIMATED TAX A. Total estimated gross tax (1.75%) for 2007 \$ 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 2007 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. \$

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 (A-M) and Items Not Taxable (N-Z) section with ADD and DEDUCT columns

SCHEDULE Y

Business Allocation Formula

Table for Business Allocation Formula with columns: 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