

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

2008 — PIQUA CITY INCOME TAX RETURN — 2008

Page 3

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.

Residency Status (one)

Resident Non-Resident Partial Year Resident From To

IF RENTING A RESIDENCE GIVE NAME AND ADDRESS OF OWNER

NOTE: This return must be submitted by every Piqua resident 18 years of age and older.

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

Summary table for lines 1-6: 1. WAGES, 2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES, 3. ADJUSTMENTS, 4. OTHER INCOME, 5. TOTAL INCOME, 6. PIQUA INCOME TAX

Summary table for lines 7-13: 7. TAX CREDITS, 8. BALANCE OF TAX DUE, 9. PENALTY, 10. TOTAL AMOUNT DUE ON 2008 RETURN, 11. IF OVERPAYMENT, 12. ESTIMATED TAX, 13. TOTAL AMOUNT PAID ON 2009 ESTIMATE

PAGE 1 OF THE FEDERAL 1040 MUST BE ATTACHED

SECTION B — DECLARATION OF ESTIMATED TAX FOR 2009

Table for Section B: 12. ESTIMATED TAX, 13. TOTAL AMOUNT PAID ON 2009 ESTIMATE

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...

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

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT

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: a. LOCATED EVERYWHERE, b. LOCATED IN PIQUA, c. PERCENTAGE (b ÷ a), and rows for STEP 1, STEP 2, STEP 3, 4. TOTAL PERCENTAGES, 5. AVERAGE PERCENTAGES

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