

File with
INCOME TAX DEPARTMENT
 255 W. RIVERVIEW AVE.
 P.O. BOX 151
 NAPOLEON, OHIO 43545-0151
 Phone: 419-599-2821 Fax: 419-592-6748
 www.napoleonohio.cc/finance.html

Make Checks and Money Orders Payable to
 City of Napoleon - Income Tax

2007

NAPOLEON INCOME TAX RETURN
Filing Required Even If No Tax Is Due

or

Fiscal Period _____ to _____
CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2008
FISCAL YEAR END FILE ON OR BEFORE THE 15TH DAY OF THE
FOURTH MONTH OF THE END OF THE FISCAL YEAR

(TAX OFFICE USE ONLY)

AUDIT	AUDIT
Total paid _____	
Check _____	
Cash _____	
Refund requested _____	

Your Name and Address as they appear on our records: Make any Necessary Corrections

Soc. Sec. No. (Taxpayer)

Soc. Sec. No. (Spouse)

Fed. I.D. No.

RESIDENT NON-RESIDENT PART YEAR RESIDENT
 MOVED INTO NAPOLEON ON _____ OR MOVED OUT OF NAPOLEON ON _____

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME – CHECK APPROPRIATE BOX, SEE INSTRUCTIONS

Taxpayer	Spouse		Taxpayer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	Retired - with only non-taxable income - Date Retired _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Active Duty Military	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Only income was from a non-taxable source - List Source _____	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
				Under Age 18 - Birthdate _____
				Deceased - Date _____

1. Qualifying Wages (see instructions), Salaries, Tips and other employee compensation (ATTACH ALL W-2'S).... \$ _____	1. \$ _____
1a. 2106 (Attachments Required, See Form Instructions)Deduct 1a. _____	ATTACH ALL APPROPRIATE FEDERAL SCHEDULES
2. Other Income from reverse side of this form, Line 13 or Line 1 (see instructions)2. \$ _____	
2a. Items not deductible (Line I Schedule X).....Add 2a. _____	
2b. Items not taxable (Line T Schedule X)Deduct 2b. _____	
2c. Net total of other Income 2c. \$ _____ (% allocable to Napoleon _____%, 2c. x % = \$ _____)	
3. Total Other Income - Do Not Deduct Loss From W-2 Income	
Individual/Joint Filing (Amount from 2c)	
Profit to Line 3 Loss to Line 3a _____ (carry forward, 5 years allowed)	3. \$ _____
Business Filing (Line 2 plus 2a minus 2b x % of 2c) Enter amount on Line 3.....	4. \$ _____
4. Amount subject to NAPOLEON Income Tax (Line 1 plus Line 3)	5. \$ _____
5. NAPOLEON INCOME TAX - Multiply Line 4 by 1.2% (.012)	
6. Credits (a) NAPOLEON Tax Withheld by employer(s) from Line 1a. \$ _____	6. \$ _____
(b) Payments on Current Declaration (or Credit)b. \$ _____	
(c) Income Taxes paid City of _____ (Limit 1.2% of Qualifying City Wage for each W-2) ...c. \$ _____	
(d) Total Credits Allowable, enter on Line 6	
7a. Overpayment amount <input type="checkbox"/> Refund - (No Refunds Under \$1.00) <input type="checkbox"/> Credit To Next Year Declaration - (No Credit Under \$1.00)	7a. \$ _____
7b. Balance of Tax Due (Line 5 less Line 6)	7b. \$ _____
8. Late Filing Penalty (\$25.00) Late Payment Penalty (2%/month) Interest (1%/month)	8. \$ _____
9. Grand Total Due (Pay in full with this return if \$1.00 or more) (Line 7b plus Line 8)	9. \$ _____

DECLARATION OF ESTIMATED TAX FOR NEXT YEAR

Please see Instructions To File Estimated Tax, included in this packet.
 Computation Worksheet included for your record documentation.
 Estimate Coupon must be sent even if zero (due to credit carry forward).

City of Napoleon accepts credit card payments for Income Tax, Estimated Tax, and Withholding Tax online at www.officialpayments.com. There will be nominal fee charged for the service.

Under penalties of Federal, State and Local laws 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.

I authorize the Income tax Division to discuss my account with preparer named below. Check here

Signature of Person Preparing if Other Than Taxpayer	Date	Signature of Taxpayer or Agent	Date
Address	Signature of Spouse (if Filing Jointly)		
Phone #	Phone #		

SCHEDULE C – PROFIT (or Loss) FROM SOLE PROPRIETOR

10. TOTAL(S) from Schedule C(s) (Copy of Federal Schedule C must be attached) \$

CITY TAX NOT ALLOWED AS A DEDUCTION. (SEE REVERSE SIDE 2a.) CARRY NET PROFIT/LOSS TOTAL DOWN TO LINE 13.

SCHEDULE E - INCOME FROM RENTS (Federal Schedule must be attached if applicable)

(Complete only if Rent not reported on Federal Schedule)

Napoleon Resident: If rental is in another taxing jurisdiction a copy of the other city's tax return must be attached to the Napoleon return to show proof of filing. Loss carry-forward allowed for five (5) consecutive years to be used against subsequent profits. No carry-back is permitted.

Table with 7 columns: 1. Kind & Location of Property, 2. Amount of Rent, 3. Depreciation, 4. Repairs, 5. Other Expenses, 6. City Tax (add back), 7. Net Income (or loss)

11. TOTAL RENTAL INCOME (Carry Net Profit/Loss Total down to line 13) \$

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C or E. (Do not include interest, dividends, insurance and social security)

PARTNERSHIPS, ESTATES, TRUSTS, GAMING, WAGERING, LOTTERY, FEES, 4797 GAINS OR LOSSES FOR NON-CORPORATE RETURNS, ETC.

Table with 4 columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT, City Tax (add back)

12. TOTAL INCOME SCHEDULE H \$

13. TOTAL SCHEDULES C, E, & H (ENTER ON LINE 2, PAGE 1) \$

CORPORATION PARTNERSHIP OR FIDUCIARY INCOME TAX RETURN

1. BUSINESS NET INCOME PER FEDERAL RETURN (Must be attached) \$

(Carry forward to line 2 Other Income on front page)

FOR BUSINESS ACCOUNTS SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE/ITEMS NOT DEDUCTIBLE OF FEDERAL FORMS, DEDUCT. Rows A through T.

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

Table with 4 columns: a. Located Everywhere, b. Located in NAPOLEON, c. Percentage (b ÷ a), and an unlabeled column for results. Rows for STEP 1 through STEP 5.

If the foregoing apportionment formula does not produce an equitable result, another basis may be substituted, under regulations so as to produce an equitable result.

SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

Table with 6 columns: 1. Name of each partner, 2. Address, 3. Distributive Shares of Partners (Percent, Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable. Rows (a) through (d).

NET OPERATING LOSS CARRY FORWARD CALCULATIONS

Blank lines for carrying forward net operating loss calculations.