

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

2006

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, 2007
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 _____	

Soc. Sec. No. (Taxpayer)

Soc. Sec. No. (Spouse)

Fed. I.D. No.

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

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

1. Qualifying Wages (see instructions), Salaries, Tips and other employee compensation (ATTACH ALL W-2'S) \$ _____	ATTACH ALL APPROPRIATE FEDERAL SCHEDULES	1. \$ _____
1a. 2106 (Attachments Required, See Form Instructions)Deduct 1a. _____		
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)
Business Filing (Line 2 plus 2a minus 2b x % of 2c) Enter amount on Line 3		
3. \$ _____		
4. Amount subject to NAPOLEON Income Tax (Line 1 plus Line 3)		
4. \$ _____		
5. NAPOLEON INCOME TAX - Multiply Line 4 by 1.2% (.012)		
5. \$ _____		
6. Credits (a) NAPOLEON Tax Withheld by employer(s) from Line 1a. \$ _____		
(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		
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).

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 the 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 #	

