

2005

(TAX OFFICE USE ONLY)

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

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, 2006 FISCAL YEAR END FILE ON OR BEFORE THE 15TH DAY OF THE FOURTH MONTH OF THE END OF THE FISCAL YEAR

Soc. Sec. No. (Taxpayer)

Soc. Sec. No. (Spouse)

Fed. I.D. No.

Table with columns for AUDIT and rows for Total paid, Check, Cash, Refund requested.

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 [ ] Retired - with only non-taxable income - Date Retired [ ] Only income was from a non-taxable source - List Source [ ] Under Age 18 - Birthdate [ ] Active Duty Military [ ] Deceased - Date [ ]

Table with 9 rows for tax calculations. Includes sections for Qualifying Wages, Total Other Income, Credits, and Grand Total Due. Includes 'ATTACH ALL APPROPRIATE FEDERAL SCHEDULES' instruction.

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 #.

