Return To Be Filed With
New Washington Income
Tax Dept., P.O. Box 488
New Washington, OH 44854-0488

2007 New Washington Income Tax Return

CALENDAR YEAR 2007 DUE BY APRIL 15, 2008
FISCAL YEAR ____TO____DUE 4½ MONTHS AFTER FISCAL YEAR END
As Stated in Ordinance No. 536/Sec. 3, #844/Sec. 4
For Use By All Taxpayers (Individuals, Business, Corporation, Partnerships, etc.)

NOT A FEDERAL RETURN

TAXPAYER'S NAME AND ADDRESS

NOTE: PAGE 2 MUST BE COMPLETED IF YOU HAVE TAXABLE INCOME: BUSINESS, CORPORATION, PARTNERSHIP, SERVICE, GAMBLING/ LOTTERY WINNINGS, RENTAL, FARM INCOME, ETC.

1) WAGES, SALARIES, TIPS AND OTHER EMPLOYER COMPENSATION **(ATTACH ALL W-2'S)**.....$ _____
2) OTHER TAXABLE INCOME (SEE PAGE 2) **(ATTACH DOCUMENTATION)** .....$ _____
3) TAXABLE INCOME LINE 1 PLUS LINE 2 .....$ _____
(Note: Losses on Line 2 cannot be offset against Line 1.)
4) 2007 NEW WASHINGTON INCOME TAX AT 1.50%.....$ _____

5) CREDITS:
(A) New Washington Tax Withheld by Employer(s) .....$ _____
(B) Payments and Credits on 2007 Declaration of Estimated Tax .....$ _____
(C) Tax Paid City of_____. (Tax credit cannot exceed 1.50% of Gross Earnings in Other City) (Tax Credit cannot Exceed Tax Liability Shown on line 4.) (Ord. #844, Sec 7 .....$ _____
(D) Prior year over payments .....$ _____
(E) TOTAL CREDITS ALLOWABLE .....$ _____

6) IF LINE 4 IS GREATER THAN LINE 5E PAYMENT MUST ACCOMPANY THIS RETURN .....$ _____

(Amounts less than $1.00 will not be required. Overpayment of less than $1.00 will not be refunded.)
A PENALTY $_____INTEREST $_____TOTAL $_____
B. TOTAL AMOUNT DUE .....$ _____

7) OVERPAYMENT TO BE REFUNDED $_____OR CREDITED $_____TO NEXT YEAR ESTIMATE
(Overpayment claims will receive credit only on returns fully completed)

ATTACH COPY W-2

DECLARATION OF ESTIMATED TAX FOR YEAR 2008

8) TOTAL INCOME SUBJECT TO TAX $_____MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF .....$ _____
9) LESS EXPECTED TAX CREDITS
A. WITHHELD BY EMPLOYER FOR CITY OF NEW WASHINGTON .....$ _____
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER CITY .....$ _____
(not to exceed 1.5%)
C. TOTAL CREDITS .....$ _____
10A NET TAX DUE (LINE 8 LESS LINE 9C) .....$ _____
10B OVERPAYMENT FROM PRIOR YEAR(S). From Line 7b .....$ _____
10C BALANCE OF 2008 ESTIMATED TAX DUE. Line 10a minus 10b .....$ _____
11 AMOUNT PAID WITH THIS DECLARATION (¼ OF Line 10a less 10b).....$ _____

12 AMOUNT ENCLOSED (LINE 6) $_____ (LINE 11) $ _____ TOTAL $ _____

X

Signature of Taxpayer or Agent Date

Signature of Person Preparing If Other Than Taxpayer Date

Title

Name and Address of Firm or Employer

Office use only:
W-2(s) attached _____ **Schedules attached** _____ **Cash or check#** _____ **$** _____ **Date** _____ **T.A.** _____

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES.

1. Net Profit From Any Business Owned (Attach Federal Schedule C) ..... $ _____
2. Net Rental Income (Attach Federal Schedule E) ..... $ _____
3. Other Income (Attach Appropriate Federal Schedule)—See Below ..... $ _____
4. Total Other Income (Lines 1 thru 3) ..... $ _____
5. Credits
   a. Deductible Expenses: (Attach IRS Form—Schedule 2106—Or Other Statement) ..... $ _____
   (2106 Expenses are not allowed for Individual Taxpayers.)
   b. Non-taxable Income: (From Schedule X Below or Enter "0") ..... $ _____
   c. Total Deductions (Add Lines 5a and 5b) ..... $ _____
   d. Items Not Deductible (From Schedule X Below) ..... $ _____
   e. If Line c is greater than Line d subtract d from c ..... $ _____
   f. If Line d is greater than Line c subtract c from d ..... $ _____
6. Net Other Taxable Income or Deductions
   a. Line 4 less 5e. Enter difference here and on Page 1, Line 2a ..... $ _____
   b. Line 4 plus 5f. Enter total here and on Page 1, Line 2b ..... $ _____

SCHEDULE G—INCOME FROM RENTS (If not included in Schedule C)

Kind and Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or loss)

23. **TOTAL INCOME (or loss) SCHEDULE G** $ _____

SCHEDULE H—OTHER INCOME NOT INCLUDED IN ANY OTHER SCHEDULES

Income From Partnerships On Which New Washington Tax Has Not Been Paid By The Entity: Estate and Trusts, Fees, etc.

RECEIVED FROM	FOR (Describe)	AMOUNT

TOTAL INCOME SCHEDULE H $ _____
ENTER ON LINE 3, PAGE 2

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Schedule X Entries Are Allowed Only To The Extent Directly Included In Determination Of Net Profits Per Schedule C Or Other Schedule.

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Net loss from sale, exchange or other disposition of capital or other assets	$ _____	g. Net gain from sale, exchange or other disposition of capital or other assets	$ _____
b. Interest and/or Other Expense incurred in the production of non-taxable income	_____	h. Interest earned or accrued	_____
c. New Washington Income Taxes	_____	i. Dividends (less Federal exclusion)	_____
d. Net operating loss deduction per Federal return	_____	j. Income from Patents and Copyrights	_____
e. Payments to partners	_____	k. Other income exempt from New Washington (explain)	_____
f. Other expenses not deductible (explain)	_____	_____	_____
_____	_____	_____	_____
m. Total Additions (enter as line 5d above)	$ _____	z. Total Deductions (enter as line 5b above)	$ _____

SCHEDULE Y—BUSINESS ALLOCATION FORMULA (See Ordinance No. 536, Sec. 3)

	a. LOCATED EVERYWHERE	b. LOCATED IN NEW WASHINGTON	c. PERCENTAGE (b÷a)
STEP 1. Average Value of Real and Tangible Personal Property and/or Gross Rentals Multiplied by 8	_____	_____	_____ %
STEP 2. Gross Receipts from Sales Made and/or Work Services Performed	_____	_____	_____ %
STEP 3. Wages, Salaries, etc., Paid	_____	_____	_____ %
4. Total Percentages			_____ %
5. Average Percentage (Divide Total Percentages by Number of Percentages Used—Carry to Line 5b-Page 1)			_____ %

SCHEDULE Z—PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

	2. Resident		3. Distributive Shares of Partners		4. Taxable Percentage	5. Amount Taxable
1. Name and City or Township of Each Partner	Yes	No	Percent	Amount		
(a)						
(b)						
(c)						
(d)						
6. Line 22, Schedule C, Page 2	xxx	xxx	100	$	xxxxxxxxxxxxx	xxxxxxxxxxxxx