

_____ County

County Return of Taxable Business Property

For accounting period _____ to _____ 2007

Taxpayer name _____

(If corporation, LP or LLC, as registered with the Ohio secretary of state)

Taxpayer address (required) _____

City, state, ZIP code _____

Doing business as (DBA) _____

Physical location of taxable property _____

Date business started in Ohio _____

Description of business _____

Ohio charter/registration number _____

Federal employer identification number _____

NAICS code number _____

Date incorporated or qualified in Ohio _____

Social security number _____

Ohio vendor's license number _____

Type of business: Corporation Partnership LP LLC Sole proprietor Other

Filing includes: Form 902 Form 913EX Consolidated (submit list of company names)

File No. _____

County Auditor's Received Stamp

Time Extension Permit

No. _____ granted

to _____ 2008

1A. State taxing district number			
1B. Taxing district name (township, city and school district).....			
2. Schedule 2 (nearest \$10).....			
3. Schedule 3 (nearest \$10).....			
4. Schedule 3A (nearest \$10)			
5. Schedule 4 (nearest \$10).....			
6. Total listed value			
7. \$10,000 exemption			
8. Taxable value.....			
9. Tax rate			
10. Tax			
11. Amount paid with return			
12. Balance			
13. Schedule 5.....			

File this return in duplicate with your county auditor, with check attached and made payable to your county treasurer for at least one-half of tax, between Feb. 15 and April 30. If total listed value (line 6) is less than \$10,000 this return is not required to be filed. No payment is required if the total tax due is under \$2.

Declaration

I/we declare under penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me/us and to the best of my/our knowledge and belief is a true, correct and complete return and report.

Tax preparer/tax representative _____ Date _____

Address _____

Phone number _____

E-mail address _____

Signature of taxpayer _____ Title _____ Date _____

Name of taxpayer (please print) _____

Phone number _____

E-mail address _____

Schedule 2 – Manufacturing Machinery and Equipment. List at 6.25% machinery first used in business in Ohio before Jan. 1, 2005 that is used in manufacturing or mining. If the value of equipment is based on other than book value, attach details of the computation.

Taxing District	Description	True Value	%	Listed Value
			6.25	
			6.25	
			6.25	
			6.25	
			6.25	
			6.25	
			6.25	

Total (carry listed value by taxing district to line 2 on front of return)

Schedule 4 – Furniture, Fixtures, Machinery and Equipment and Supplies Not Used in Manufacturing. List at 6.25% furniture, fixtures, machinery and equipment, supplies, small tools and repair parts used in laundries, dry cleaning, towel and linen supply, stone and gravel plants, radio and television broadcasting, and any other business not constituting manufacturing, and also inventories of other than a manufacturer or merchant and all domestic animals not used in agriculture. List property used by public utility companies, and other property used in generating and distributing electricity to others at the listing percentage for that type of property. Contact the Property Tax Division for instructions. If the value is based on other than book value, attach details of the computation.

Taxing District	Description	True Value	%	Listed Value
			6.25	
			6.25	
			6.25	
			6.25	
			6.25	
			6.25	
			6.25	

Total (carry listed value by taxing district to line 5 on front of return)

Schedule 5 – New Investment Manufacturing Equipment. List by taxing district and cost all manufacturing equipment first used in business in Ohio during the calendar or fiscal year ending in 2007. See R.C. 5711.16 for a complete definition of a manufacturer, manufacturing equipment and manufacturing facility to determine if you qualify to list this equipment here or in Schedule 2.

Taxing District	Description	Date First Used in Business in Ohio	Cost

Total qualifying costs 2008 return (carry cost by taxing district to line 13 on front of return)

Qualifying costs reported on 2006 and 2007 returns (net of disposals)

Total (carry total cost to line 8c on form 921)

Schedule 3 – Manufacturing Inventories – List at 6.25% of average value all inventories of raw materials, works in process and finished goods used in manufacturing or refining. Finished goods removed from the county of manufacture and inventory held for sale by a merchant must be listed in Schedule 3A. List property separately by the county and taxing district. Use the county number and correct name and number of the taxing district. **Round listed values to the nearest \$10 and carry forward to line 3. Ohio law requires monthly inventories to be listed.**

Source of Values Listed	Method of Valuing Inventories Listed			
Perpetual inventory _____	FIFO cost _____	LIFO cost _____		
Physical inventory _____	Standard cost _____	Other _____		
Gross profits method _____	Book Adjustments	Date	Amount	DR/CR
Dates physicals taken _____	Book to physical			
_____	LIFO reserve			
Net sales \$ _____	Other reserves			

County No.				
Taxing District Name & Number				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total Values				
Average Value				
List @ 6.25%				

Schedule 3A – Merchandising Inventories – List at 6.25% of average value all inventories held for resale and finished goods removed from the county of manufacture. Inventories carried at retail value must be restated at cost. List property separately by the county and taxing district. Use the county number and correct name and number of the taxing district. **Round listed values to the nearest \$10 and carry forward to line 4. Ohio law requires monthly inventories to be listed.**

Source of Values Listed	Method of Valuing Inventories Listed			
Perpetual inventory _____	FIFO cost _____	LIFO cost _____		
Physical inventory _____	Standard cost _____	Other _____		
Gross profits method _____	Book Adjustments	Date	Amount	DR/CR
Dates physicals taken _____	Book to physical			
_____	LIFO reserve			
Net sales \$ _____	Other reserves			

County No.				
Taxing District Name & Number				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total Values				
Average Value				
List @ 6.25%				