

File With
BYESVILLE INCOME TAX
DEPARTMENT
P. O. BOX 8
BYESVILLE, OHIO 43723
(740) 685-3337

2007 BYESVILLE INCOME TAX RETURN

FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS OR OTHER
TAXABLE PERIOD BEGINNING 20 AND ENDING 20
Calendar Year Taxpayers FILE and PAY on or before April 15, 2008.
Fiscal and Partial Year Taxpayers FILE and PAY within 4 months after end of period.
FILING REQUIRED EVEN IF NO TAX IS DUE

TAX OFFICE USE ONLY
AMOUNT PAID WITH RETURN
\$
CASH CHECK MO
Processed By:

Soc. Sec. No. (M)
Soc. Sec. No. (F)
Fed. I.D. No.

Landlords name and address
2007 Residency Status (check one)
Resident Partial Year Resident
Non-Resident from to

Name & Address imprinted above are as shown by our records.
(If incorrect, or if space is blank, please print your name and address as you wish them to show).

SCHEDULE A

Enter TOTAL wages, salaries, commissions and other compensation received in the tax period from January 1, 2007 to December 31, 2007, BEFORE PAYROLL DEDUCTIONS. Also enter amount of Village Income Tax withhold. ATTACH ALL W-2'S AND/OR COPIES OF APPLICABLE FEDERAL SCHEDULES.

INCOME

- 1. Wages, salaries, tips, and other compensation (Attach all W-2 forms)
2. Net Profit from Rentals (Schedule E, page 2)
3. Net Profit from Business or Profession (Schedule C, page 2)
4. Income from Partnerships, Etc. including farms (Schedule H, page 2)
5. Total income subject to Byesville Income Tax (Total Lines 1, 2, 3, 4)
6. Byesville Tax, 1% of Item 5

CREDITS

ATTACH W-2 FORMS HERE

- 7. Tax credits:
A. Byesville tax withheld
B. Tax paid the City or Village of (Not to exceed 1.0%)
C. Estimated tax paid Byesville
D. Prior years overpayment
E. Total tax credits
8. BALANCE DUE: (If line 6 is greater than line 7E)
9. Penalty & Interest Charges
MAKE REMITTANCE TO: BYESVILLE INCOME TAX DEPT. - Disregard any amount under \$1.00
10. Overpayment to be refunded \$ or credited \$ to next year's estimate.

DECLARATION OF ESTIMATED TAX FOR YEAR 2008

- 1. Total Income Subject to Tax \$: Multiply by Rate of 1.0% For Gross Tax of \$
2. Less Expected Tax Credits
A. Withheld by an Employer (Not to Exceed 1.0%)
B. Overpayment From Prior Year
C. Payments to Another Municipality (Not to Exceed 1.0%)
D. Total Credits
3. Net Tax Due (Line 1 Less Line 2D)
4. Amount Paid With This Declaration

CERTIFICATION

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return.

(Signature of firm or person, other than taxpayer preparing return) (Date) (Signature of Taxpayer) (Date)

FILE THIS COPY WITH THE BYESVILLE INCOME TAX DEPT., P.O. BOX 8, BYESVILLE, OHIO 43723 ON OR BEFORE APRIL 15, 2008

TAX OFFICE COPY