

FILE WITH
INCOME TAX DEPARTMENT
213 SOUTH MAIN ST.
FOSTORIA, OH 44830-2322
PHONE - (419) 435-6449

MAKE CHECKS AND MONEY ORDERS
PAYABLE TO:
FOSTORIA INCOME TAX DEPT.

2007 FOSTORIA CITY INCOME TAX RETURN

For Use By All Taxpayers on a Calendar Year Basis or Other
Taxable Period Beginning _____ and Ending _____

CHECKED BY
PROCESSED BY
AUDITED BY
REFUND APPROVED
REFUND CHECK NO.

Individual Taxpayers File on or Before April 15, 2008. All other tax-
payers must file on or before their respective federal due dates.

YOUR LOCAL TELEPHONE NO.
DID YOU FILE A RETURN FOR 2006 YES NO

HAS INTERNAL REVENUE SERVICE INCREASED
YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR
DUE TO AN AUDIT YES NO

IF SO WHAT YEAR?

DATE OF CHANGE OF ADDRESS SINCE JAN. 1, 2007

DATE MOVED INTO FOSTORIA

DATE MOVED OUT OF FOSTORIA

NEW ADDRESS

SOCIAL SECURITY NUMBER

CHECK YOUR STATUS AS A TAXPAYER: EMPLOYEE RETIRED OWNER PARTNER PARTNERSHIP RESIDENT NON-RESIDENT OTHER CORPORATION

EXEMPTIONS

I AM EXEMPT BECAUSE:
 I AM RETIRED AND HAVE NO TAXABLE INCOME-DATE RETIRED: TAXPAYER _____ SPOUSE _____
 I AM UNDER 18 YEARS OF AGE-BIRTH DATE _____ VERIFICATION IS NEEDED.
 I HAD NO TAXABLE INCOME IN 2007. ACTIVE MILITARY UNEMPLOYED DISABLED
 SOCIAL SECURITY PENSION

NOTE: IF YOU ARE EXEMPT - STOP HERE, SIGN, DATE AND MAIL YOUR RETURN.

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31, 2007 from each employer or source. INCLUDE SICK PAY, amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation. Attach all W-2's

NAME OF EMPLOYER	WHERE EMPLOYED (City and State)	FOSTORIA INCOME TAX WITHHELD	CITY TAX PAID IN OTHER CITIES	GROSS EARNINGS BEFORE DEDUCTIONS
Your Earnings		\$	\$	\$
Spouse's Earnings				

- NOTE: Page 2 must be completed if you have taxable rental property or business income.**
1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH all W-2's) (1) \$ _____
 2. OTHER TAXABLE INCOME (FROM PAGE 2 IF USED OR FROM FEDERAL SCHEDULES ATTACHED) (2) \$ _____
 3. TOTAL INCOME LINE 1, PLUS LINE 2 (3) \$ _____
 4. (a) ITEMS NOT DEDUCTIBLE (FROM LINE F, SCHEDULE X) ADD (4a) \$ _____
 (b) ITEMS NOT TAXABLE (FROM LINE M, SCHEDULE X) DEDUCT (4b) \$ _____
 (c) ENTER EXCESS OF LINE 4a or 4b (4c) \$ _____
 5. (a) ADJUSTED NET INCOME (LINE 3, PLUS OR MINUS LINE 4c) IF SCHEDULE X IS USED (5a) \$ _____
 (b) AMOUNT ALLOCABLE TO FOSTORIA IF SCHEDULE Y, PAGE 2 IS USED _____ % OF LINE 5a (5b) \$ _____
 6. AMOUNT SUBJECT TO FOSTORIA INCOME TAX (6) \$ _____
 7. FOSTORIA INCOME TAX, 2% OF LINE 1 OR LINE 6 (7) \$ _____
 8. CREDITS (8) \$ _____
 - (a) FOSTORIA CITY TAX WITHHELD (PER W-2's ATTACHED) (8a) \$ _____
 - (b) 2007 ESTIMATED TAX PAID (8b) \$ _____
 - (c) 2007 TAX PAID CITY OR VILLAGE OF _____ (NOT TO EXCEED 2%) (8c) \$ _____
 - (d) PRIOR YEAR OVERPAYMENTS (8d) \$ _____
 - (e) TOTAL CREDITS (8e) \$ _____
 9. BALANCE TAX DUE, (PAYMENT IN FULL MUST ACCOMPANY THIS RETURN, PAYABLE TO FOSTORIA INCOME TAX DEPT.) (9) \$ _____

To pay by credit/debit card complete the following: Card #

Amount Authorized \$ _____ Signature _____ Expiration Date _____

AMERICAN EXPRESS
 DISCOVER

VISA
 MasterCard

- A. LATE FILING PENALTY IF FILED AFTER APRIL 15 ADD \$25.00 \$ _____ INTEREST \$ _____ (9a) \$ _____
- B. TOTAL AMOUNT DUECHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO FOSTORIA INCOME TAX DEPT. (9b) \$ _____
10. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE (10) \$ _____

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, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

If marked, the taxpayer authorizes the tax administrator to contact the return preparer with questions concerning missing information, mathematical errors, offsets, or status of the taxpayer's refund or payments.

Signature of person preparing this return other than Taxpayer

X

Signature of Taxpayer or Agent

Address of Firm or Employer

X

Signature of Spouse if Joint Return

(Date) _____

(Date) _____