

**INDIVIDUAL - 2004  
INCOME TAX RETURN  
ABERDEEN**

**FILING REQUIRED EVEN IF NO TAX IS DUE  
INCLUDE ALL W-2's WITH RETURN  
INSTRUCTIONS ON BACK AND AT:  
[www.aberdeenincometax.info](http://www.aberdeenincometax.info)**

**MAKE CHECK OR MONEY ORDER TO:**  
ABERDEEN INCOME TAX BUREAU

P.O. Box 579  
Mt. Orab OH 45154

Voice 937-795-2212 Fax 937-795-2421  
E-mail ABERDEENTAX@NETSCAPE.NET

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Name \_\_\_\_\_  
And \_\_\_\_\_  
Address \_\_\_\_\_

**Filing Status**

Single  
 Married filing joint  
 Married filing separate

RESIDENT  
 NON-RESIDENT

**Income**

1 Wages, salaries, tips, etc. 1

2 Other taxable income 2

3 Total taxable income (add lines 1 and 2) 3

**Tax and Credits**

4 Aberdeen tax due before credits (1.000% of line 3) 4

5 Estimated tax payments made to Aberdeen 5

6 Taxes withheld and paid to Aberdeen 6

7 Overpayment from prior year(s) 7

8 Taxes withheld and paid to other localities 8

Credit cannot exceed 100% of tax withheld up to 1% of income earned in each location.

9 Total credits (add lines 5 through 8) 9

**Refund** ( Issued if greater than 5.00 )

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10

11 Amount of line 10 to be credited to next years estimate 11

12 Amount of line 10 to be refunded 12

**Tax Due** ( if greater than 5.00 )

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13

14 Penalties and interest **Late File** \_\_\_\_\_ **Late Pay** \_\_\_\_\_ **Late Estimate** \_\_\_\_\_ **Interest** \_\_\_\_\_ 14

**Declaration of Estimate For 2005**

15 Estimated income 15

16 Estimated tax due. Multiply line 15 by 1.000% 16

17 Taxes to be withheld and paid to Aberdeen and other localities 17

18 Prior credit applied to estimated tax payments (From line 11) 18

19 Net estimated tax due (subtract line 17 and 18 from 16) 19

20 Minimum amount due for first quarter (multiply line 19 by .25) 20

**Amount You Owe**

21 Total amount due (add lines 13, 14 and 20) 21

**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**

I certify that I have examined this return and any accompanying schedules and to the best of my knowledge and belief confirm that it is true, complete and correct.

I grant permission to contact tax preparer - Taxpayer's initials: \_\_\_\_\_

\_\_\_\_\_  
Taxpayer's Signature Date

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Tax Preparer's Signature Date

(If other than taxpayer) Phone No. \_\_\_\_\_