

**BUSINESS - 2006
INCOME TAX RETURN
ABERDEEN**

Fiscal Period _____ to _____

**DUE DATE: APRIL 16, 2007
FILING REQUIRED EVEN IF NO TAX DUE
INCLUDE FEDERAL TAX SCHEDULES**

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

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1		
2 Allocable Net Loss Carry Forward	2		
3 Adjustments (See Schedule X)	3		
4 Taxable income before allocation (Line 1 plus/minus lines 2 + 3)	4		
5 Allocation percentage (See Schedule Y)	5		%
6 Aberdeen Taxable income (Multiple line 4 by line 5)	6		
7 Aberdeen income tax (Multiply line 6 by 1.000%)	7		
8 Credits applied from previous year(s) to this year's liability	8		
9 Estimates paid on this year's liability	9		
10 Other credits	10		
11 Total credits (Total line 8, 9 and 10)		11	
12 Tax due (If line 7 is greater than line 11, subtract line 11 from line 7) If greater than 5.00		12	
13 Penalty	13		
14 Interest	14		
15 Total due (Total line 12, 13 and 14)		15	
16 Overpayment (Issued if greater than 5.00)		16	
17 Amount to be refunded	17		
18 Amount to be credited to next year	18		

Declaration of Estimate For 2007

19 Total estimated income subject to tax	19		
20 Estimated tax due. (Multiply line 19 by 1.000%)		20	
21 Less credits (from 18 above)		21	
22 Net estimated tax due (subtract line 21 from line 19)	22		
23 Minimum amount due for first quarter (Multiply line 22 by 25%)		23	

Amount You Owe

24 Total amount due (add lines 15 and 23)	24	
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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 granted to contact preparer - Taxpayer's initials: _____

Taxpayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____