

**INDIVIDUAL - 2006
INCOME TAX RETURN
ABERDEEN**

**DUE DATE: APRIL 16, 2007
FILING IS REQUIRED EVEN
IF NO TAX IS DUE
INCLUDE ALL W-2's WITH RETURN
INSTRUCTIONS ON BACK**

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.
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

Name _____

And _____

Address _____

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 2007

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. _____