

**BUSINESS - 2007  
INCOME TAX RETURN  
ABERDEEN**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**DUE DATE: APRIL 15, 2008  
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 2008**

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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<b>Tax Office Use Only : Tax Office Use Only : Tax Office Use Only</b>

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. \_\_\_\_\_