

**INDIVIDUAL - 2007
INCOME TAX RETURN
ABERDEEN**

**FILING IS REQUIRED
EVEN IF NO TAX IS DUE
DUE DATE: APRIL 15, 2008
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.
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 2008

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. _____