

**BUSINESS - 2008
INCOME TAX RETURN
ABERDEEN**

Fiscal Period _____ to _____

**DUE DATE: APRIL 15, 2009
FILING REQUIRED EVEN IF NO TAX IS DUE
INCLUDE FEDERAL TAX SCHEDULES**

MAKE CHECK OR MONEY ORDER TO:
ABERDEEN INCOME TAX BUREAU

Village of Aberdeen
P.O. Box 509
Aberdeen OH 45101

Voice 800-779-3165 Fax 937-444-9241
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 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 Aberdeen Taxable income (Line 5 minus Line 6)	7	
8 Aberdeen income tax (Multiply line 7 by 1.000%)	8	
9 Credits applied from previous year(s) to this year's liability	9	
10 Estimates paid on this year's liability	10	
11 Other credits	11	
12 Total credits (Total line 9, 10 and 11)	12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 5.00	13	
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)	16	
17 Overpayment (Issued if greater than 5.00)	17	
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For 2009

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.000%)	21	
22 Less credits (from 19 above)	22	
23 Net estimated tax due (subtract line 22 from line 21)	23	
24 Minimum amount due for first quarter (Multiply line 23 by .25)	24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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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. _____