

**BUSINESS - 2012  
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 937-795-2212 Fax 937-795-2421

|   |
|---|
| Federal ID#   |
| Business Telephone No.  |
| Principal Business Activity<br>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 2013**

|   |    |  |
|---|----|--|
| 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 |  |
|---|----|--|

|  |  |  |
|--|--|--|
| <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. \_\_\_\_\_

May VILLAGE OF ABERDEEN discuss this return with the preparer shown above \_\_\_ Yes \_\_\_ No