

**BUSINESS - 2013
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 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 2014

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

| | | |
|--|--|--|
| 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. _____

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