

**ATHENS CITY
INCOME TAX DEPARTMENT**
8 EAST WASHINGTON ST.
ATHENS, OHIO 45701-2496
PHONE: (740) 592-3337
FAX: (740) 592-6400
Web Site: www.ci.athens.oh.us

2006

CITY OF ATHENS INCOME TAX RETURN
DUE ON OR BEFORE APRIL 16, 2007

FISCAL YEAR FILERS: FILE BY THE 15TH DAY OF THE 4TH MONTH AFTER YEAR END.
LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND PENALTY CHARGES

FEDERAL EXTENSION
DOES NOT
AUTOMATICALLY
APPLY TO ATHENS.

AFFIX MAILING LABEL HERE

Name(s) _____
Street _____
City _____ State _____ Zip _____

CHECK IF AMENDED RETURN
Date Moved In or Out of Athens in 2006:
 IN OUT DATE _____

Previous Address: _____
Present Address: _____
Will you have 2007 taxable income? Yes No
If not, please explain _____

BUSINESS FILING AS: PARTNERSHIP CORPORATION S-CORPORATION SOLE PROPRIETORSHIP LLC LLP LP

SECTION A INCOME

- 1. W-2 Wages, Salaries, Tips and Other Employee Compensation (Highest wage amount on W-2) Attach W-2 1. _____
- 2. Other Income (Commissions, 1099 Misc., Gambling Proceeds, Etc.) - Describe income: 2. _____
- 3. A. Less Employee Business Expense (Form 2106 or 2106-EZ Must Be Attached) 3.A. (_____)
- B. Less Income Not Earned Within Athens City Limits By NON-RESIDENTS 3.B. (_____)
- Attach the Refund Request Form For Non-Resident Taxpayers. Call 592-3337 to request this form. Please see the instructions.
- 4. Total Adjustments (Total of Lines 3A and 3B) 4. (_____)
- 5. Total Income 5. _____

PROCEED TO LINE 8 IF TAXPAYER'S ONLY INCOME IS LISTED ABOVE

- 6. Other Income: (Business Income - if loss, see recent changes)
 - A. Profit or Loss from Income other than Wages (Complete Section D, Page 2 or Attach Federal Schedule C, F, K, K-1, Form 1065, 1120S, 1120, 8825, and 4797 as Applicable) 6.A. _____
 - (1) Reconciliation with Federal Return: Line 6A (+ or -) Section E, Page 2 \$ _____ Equals (=) 6.A.(1) _____
 - (2) Apportionment _____ % of Line 6A (1) (See Section F, Page 2) 6.A.(2) _____
 - B. Rental Income (From Section G, Page 2 or Attach Federal Schedule E) 6.B. _____
 - C. Other Income (From Section H, Page 2 or Attach Federal Schedule) 6.C. _____
- 7. Total Lines 6A or 6A(2), 6B and/or 6C 7. _____
- 8. Total Athens Taxable Income (add lines 5 and 7) 8. _____
- 9. Tax Liability (1.65% of Line 8) 9. _____

SECTION B CREDITS

- 10. Credits
 - A. Athens City Tax Withheld (From W-2's) 10.A. _____
 - B. Income Tax Paid to Other Cities (Resident Individuals Only - Not to Exceed 1.00%) 10.B. _____
 - C. Payments Made on 2006 Declaration 10.C. _____
 - D. Overpayment from 2005 10.D. _____
- 11. Total Credits (Total of Lines 10(A), 10(B), 10(C), and 10(D)) 11. (_____)
- 12. AMOUNT DUE (If Line 11 is Less than Line 9, Enter Difference) 12. _____
- 13. Overpayment (If Line 11 is Greater than Line 9, Enter Difference) 13. _____
- Amount Of Line 13:
 - A. Credited to 2007 13.A. _____
 - B. Refunded 13.B. _____

SECTION C CITY OF ATHENS INCOME TAX DECLARATION - 2007

Calendar Year Taxpayers Must File This Declaration By April 16, 2007.
Fiscal Year Taxpayers Must File by the 15th Day of the 4th Month Following Fiscal Year End.
An Extension to File the 2006 Return is NOT an Extension to pay the 2007 Declaration.

- 14. Athens Estimated 2007 Taxable Income (Must be at Least 80% of 2006's Taxable Income to Avoid Penalty for Underestimating) 14. _____
- 15. Estimated Tax Liability (1.65% of Line 14) 15. _____
- 16. Credits
 - A. Athens City Tax to be Withheld 16.A. (_____)
 - B. Income Tax to be Paid to Other Cities 16.B. (_____)
- 17. Total Estimated Credits (Total of Lines 16(A) and 16(B)) 17. (_____)
- 18. Estimated Annual Amount Due (Line 15 Minus Line 17); IF LESS THAN \$50.00, NO QUARTERLY PAYMENTS DUE 18. _____
- 19. Quarterly-Payment Amount (Line 20 ÷ 4) 19. _____
- 20. 2006 Overpayment Credited to 2007 (Amount from Line 13(A) Above) 20. (_____)
- 21. AMOUNT DUE Toward 2007 Declaration (Line 19 Minus Line 20) 21. _____
- 22. TOTAL PAYMENT DUE (LINE 12 PLUS LINE 21) 22. _____

Make Checks Payable to "City of Athens Income Tax Department"

THE UNDERSIGNED DECLARE THIS RETURN IS TRUE, CORRECT AND COMPLETE FOR THE TAX YEAR 2006.

DATE _____	SIGNATURE OF TAXPAYER OR AGENT _____	PHONE NO. _____	SOCIAL SECURITY OR FED. I.D. NO. _____	SIGNATURE OF TAX PREPARER IF OTHER THAN TAXPAYER <input type="checkbox"/> Check box to grant permission for Tax Office to contact tax preparer.
DATE _____	SIGNATURE OF SPOUSE IF JOINT RETURN _____	PHONE NO. _____	SOCIAL SECURITY OR FED. I.D. NO. _____	

SECTION D PROFIT OR LOSS FROM BUSINESS

(Enter on Line 6A, Page 1)

Business Name _____

- 1. Total Receipts, Less Allowances, Rebates and Returns 1. _____
- 2. Less Cost of Labor \$ _____ Material, Supplies and Other Costs \$ _____ 2. (_____)
- 3. Gross Profit from Sales, Etc. (Line 1 Minus Line 2) 3. _____
- 4. Interest Income \$ _____ Other Business Income (Specify) \$ _____ 4. _____
- 5. Total Business Income Before Deductions (Add Lines 3 and 4) 5. _____

BUSINESS DEDUCTIONS

- 6. Advertising and Promotion 6. _____ 11. Depreciation, Amortization 11. _____
- 7. Auto, Truck and Travel 7. _____ 12. Rents (Paid to _____) 12. _____
- 8. Interest on Business Loans 8. _____ 13. Other (List if over 10% of Line 14) 13. _____
- 9a. Taxes Based on Income 9a. _____ 14. Total Business Deductions (Total of Lines 6 to 13) 14. _____
- b. Other Business Taxes 9b. _____ 15. Net Profit (or Loss) from Business or Profession
(Line 5 Minus Line 14) 15. _____
- 10. Salaries and Wages 10. _____

SECTION E ADJUSTMENTS TO THE FEDERAL TAXABLE INCOME BEFORE NOL

ATTACH ALL APPLICABLE SCHEDULES AND FORMS.

TAXABLE ITEMS

- A. All Taxes Based on Income A. _____
- B. Capital Losses & 1231 Losses B. _____
- C. 5% of Intangible Income (5% of Line H) C. _____
- D. Guaranteed Payments to Partners D. _____
- E. Distributions to Investors of REIT's E. _____
- F. Payments to Self-Employed Retirement Plans,
Health and Life Insurance Plans for Owners F. _____
- G. Total of A, B, C, D, E & F G. _____

DEDUCTIBLE ITEMS

- H. Intangible Income H. _____
- I. Capital Gains & 1231 Gains I. _____
- J. One-half of Self-Employment Tax J. _____
- K. Total of H, I & J K. _____

L. Line G Minus Line K L. _____
 (Carry this Amount to the Blank Insert of Line 6A(1), Page 1
 of Return. If Negative, Enclose in Parentheses.)

SECTION F BUSINESS APPORTIONMENT FORMULA

(Enter on Blank Insert of Line 6A(2), Page 1)

Separate accounting based on books and records is NO longer permitted. Taxpayers must use the three-factor apportionment formula (O.R.C. 718.02).		a. Located Everywhere	b. Located in Athens	Percentage (b + a)
STEP 1.A. Original Cost of Real & Tangible Personal Property				
B. Gross Annual Rentals Paid Multiplied by 8				
	Total Step 1.A. and Step 1.B.			1.
STEP 2. Gross Receipts from Sales Made and/or Work or Services Performed				2.
STEP 3. Wages, Salaries and Other Compensation Paid				3.
STEP 4. Total Percentages				4.
STEP 5. Average Percentage (Divide Total Percentages by Number of Percentages Used).				5.

SECTION G RENTAL INCOME

(Enter on Line 6B, Page 1)

Complete Address of Property	Rental Income	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

Net Income (Loss) Section G \$ _____

SECTION H OTHER INCOME

Report Distributive Share Income of an association that is not subject to Athens' entity filing. A shareholder in a subchapter s corporation is exempt from reporting distributive shares, unless the compensation is wage or self-employment income. Enter on Line 6C, Page 1.

Received From	For (Describe)	Amount