

City of Forest Park
 Income Tax Division
 1201 West Kemper Road
 Cincinnati OH 45240
 Phone: (513) 595-5261
 Fax: (513) 595-5293
 Website: www.forestpark.org

**Forest Park
 Business Tax Return
 2006**

OR
 FISCAL PERIOD _____ TO _____

Calendar Year Taxpayers file on or before April 16
 Fiscal Year Due on 15th Day of 4th Month After Year End

THIS SPACE IS FOR OFFICIAL USE ONLY

Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a combined corporate return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Account Number _____	FID# _____ - _____	Filing Status (Check one) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership/Association <input type="checkbox"/> Fiduciary (Trusts and Estates) <hr/> <input type="checkbox"/> Amended Return Tax Year: _____
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If the information above is incorrect, please make corrections. PHONE # _____

Part A 2006 TAX CALCULATION

1.	Adjusted Federal Taxable Income From Form _____ Line _____ (Attach Copy of Federal Return)	\$ _____
2.	Adjustments (From Line L, Schedule X).....	\$ _____
3.	Taxable income before apportionment (Line 1 plus/minus Line 2).....	\$ _____
4.	Apportionment percentage (From Step 5, Schedule Y) _____ %.....	
5.	Forest Park taxable income (Multiply Line 3 by Line 4).....	\$ _____
6.	Other separately stated items. Net operating loss carryforward, Forest Park rental income/(loss). Attach documentation.....	\$ _____
7.	Amount subject to Forest Park income tax (Line 5 plus/minus Line 6).....	\$ _____
8.	Forest Park income tax (Multiply Line 7 by 1% [.01]).....	\$ _____
9 a.	Estimates paid on this year's liability.....	\$ _____
9 b.	Credits applied to this year's liability.....	\$ _____
10.	Total payments and credits (Lines 9a + 9b)	\$ _____
11.	Tax due (Subtract Line 10 from Line 8).....	\$ _____
12.	Overpayment (Line 10 greater than Line 8).....	\$ _____
13.	Amount to be refunded (Amounts less than \$1.00 will not be refunded).....	\$ _____
14.	Credit to next year.....	\$ _____

Part B DECLARATION OF ESTIMATED TAX FOR 2007

15.	Total estimated income subject to tax.....	\$ _____
16.	Forest Park income tax declared (Multiply Line 15 by 1% [.01]).....	\$ _____
17.	Tax due before credits (at least 25% of Line 16).....	\$ _____
18.	Less credits (from Line 14 above).....	\$ _____
19.	Net estimated tax due if Line 17 minus Line 18 is greater than zero*.....	\$ _____
20.	TOTAL AMOUNT DUE —Combine Line 11 above with Line 19 (Make checks payable to the City of Forest Park)	\$ _____

* Subsequent estimated payments are due by the 15th day of the 6th, 9th and 13th months after the beginning of the taxable year.

Check here to give us permission to contact your paid tax practitioner directly if we have questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Signature of Person Preparing Return _____ Date _____ Signature of Officer or Agent _____ Date _____

Name of Person Preparing Return _____ Phone Number _____ Name and Title _____ Phone Number _____

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS PROVIDED BY ORC SECTION 718

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 1221 or 1231 included).....	\$	H. Capital Gains.....	\$
B. Taxes on or measured by net Income.....		I. Interest income	
C. Guaranteed Payments to partners, retired partners, members or other owners.....		J. Dividend income	
D. Expenses attributable to non-taxable income (5% of Line I.)....			
E. Real Estate Investment Trust distributions.....			
F. Federal deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance for owners or owner-employees of non-C corp entities.			
G. Total additions.....	\$	K. Total deductions.....	\$
L. Combine Lines G and K and enter net on Part A, Line 2 _____			

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Forest Park	Percentage (b / a)
STEP 1. Original average cost of real and tangible personal property.....	_____	_____	
Gross annual rentals paid multiplied by 8.....	_____	_____	
TOTAL STEP 1.....	_____	_____	%
STEP 2. Wages, salaries, and other compensation paid *See Schedule Y-1.....	_____	_____	%
STEP 3. Gross receipts from sales made and/or work or services performed.....	_____	_____	%
STEP 4. Total percentages (Add percentages from Steps 1-3)			%
STEP 5. Average percentage (Divide total percentage (Step 4) by number of percentages used—Carry to Part A, Line 4)			%

***SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Forest Park (from Federal Return or apportionment formula).....	\$
Total wages shown on Form W-3 (Withholding Reconciliation).....	\$

Please explain any difference:

Are there any employees leased in the year covered by this return? YES NO

If YES, please provide the name, address and FID number of the leasing company.

Name: _____

Address: _____

FID Number: _____ Phone # _____

BUSINESS CONFIDENTIAL INCOME TAX QUESTIONNAIRE

Name of Firm: _____ Telephone: Home Office: _____

Local Office: _____

Street Address (Local): _____ Zip Code: _____

Address from which returns to this office will be sent:

Street: _____ City: _____ State: _____ Zip Code: _____

Principal Business Activity: _____ Sic Code: _____

Type: Corporation _____ Partnership _____ Proprietorship _____

Profession _____ Other _____

Home Address of any Non-Residents/Partners:

Trade Name (if any): _____

Date Business Started in this Municipality (full or part time): _____

Accounting Period: Calendar Year _____ or Fiscal Year from _____ to _____

Number of Employees: (a) Resident _____ (b) Non-Resident _____

Approximate average weekly Payroll: _____

Factory or Office: _____ Owned _____ Rented

Name of Landlord: _____

Address of Landlord: _____

Name and Address of employee to who forms and communications are to be sent:

(Mr.) (Mrs.) _____ Title: _____

Street: _____ City: _____ State: _____ Zip Code: _____

FEDERAL ID

Signed _____

CHARTER #

Title _____

Date _____

PRESIDENT'S SOCIAL SECURITY NUMBER

PRESIDENT'S NAME (PRINT)