

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED.

SCHEDULE C Profit (or Loss) from Business or Profession

From Federal Schedule C, Form 1065, and/or Form 1120.

Business Name
 Business Address.....
 Kind of Business
 1. If deductions for commissions are taken, supporting 1099's or facsimiles must be attached.
 If deductions for subcontract labor is taken, attach list of payments, names and addresses.
 2. If deductions for "Rents Paid" is taken, please list:
 Rents paid to
 Address

TOTAL PROFIT (OR LOSS) \$ _____

SCHEDULE D ORDINARY INCOME FROM FORM 4797 - CAPITAL GAINS NOT TAXABLE

\$ _____

SCHEDULE E Income from Rents and/or 4831

TOTAL PROFIT (OR LOSS) \$ _____

SCHEDULE F All Other Taxable Income

INCOME FROM ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME \$ _____

TOTAL From Schedules C, D, E, & H, (Enter on Page 1, Line 2) \$ _____

SCHEDULE X Reconciliation with Federal Income Tax Return

- FEDERAL ADJUSTED GROSS INCOME per Federal Return Attached..... \$ _____
- A. ITEMS NOT DEDUCTIBLE (From Line M Schedule X Below)..... Add
 B. ITEMS NOT TAXABLE (From Line Z Schedule X Below)..... Deduct
- ENTER EXCESS OF LINE 2A OR 2B \$ _____
- ADJUSTED NET INCOME (Line 1, Plus or Minus Line 2C) Enter on Line 3, Page 1..... \$ _____

1. ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital losses deducted \$ _____		N. Capital gains from sale, exchange or other disposition of capital or other assets (from Federal Schedule D)..... \$ _____	
B. Expenses attributable to non-taxable income (at least 6% of Line Z) _____		O. Interest and Dividends (Less Federal Exclusions)..... _____	
C. Taxes based on income _____		P. State and Local Refunds _____	
D. Unqualified Rental/Business loss _____		Q. Income from patents and copyrights, if subject to intangible Tax _____	
E. Payments to partners _____		R. Retirement Income Received _____	
F. Sick pay not included in Line 1 above _____		S. Other Income exempt from City Tax (explain)..... _____	
G. Retirement contributions/deferred compensation _____		T. Unemployment Compensation Received _____	
H. Other expenses not deductible (explain)..... _____		U. Unqualified Rental/Business gain _____	
I. Penalty on Early Withdrawal of Savings _____		V. Alimony Received _____	
J. Alimony paid _____		W. Unimbursement 2106 Expense (Attach 2106) _____	
M. TOTAL ADDITIONS (enter as Line 2A above)..... \$ _____		Z. TOTAL DEDUCTIONS (enter as Line 2B above) \$ _____	

SCHEDULE Y BUSINESS ALLOCATION FORMULA (See Instructions)

	A. Located Everywhere	B. Located in Van Wert	C. Percentage (B / A)
Step 1. Average value of real and tangible personal property _____			
Gross Annual rentals multiplied by 8 _____			
Total Step 1 _____			%
Step 2. Gross receipts from sales and work or services performed (See instructions)..... _____			%
Step 3. Total wages, salaries, commissions, and other compensation of all employees _____			%
Step 4. Total percentages _____			%
Step 5. Average percentage (Divide Total percentages by number of percentages used - enter on Line 3, Page 1 _____			%

SCHEDULE Z PARTNER DISTRIBUTIVE SHARES OF NET INCOME

(From Federal Schedule 1065K and 1099)

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Tangible Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
			%	\$	\$	%	\$
			%	\$	\$	%	\$
			%	\$	\$	%	\$
			%	\$	\$	%	\$
7. TOTALS			100%	\$	\$		\$

ANSWER ALL QUESTIONS BELOW

- Date business started in Van Wert _____
- Did you have employees in 2006? Yes _____ No _____
- Did you withhold on all employees? Yes _____ No _____
- If you operate more than one place of business, give trade name and location of each and state if included in this return.

IF YOUR TAX STATUS CHANGED IN 2005 OR 2006, ANSWER ALL QUESTIONS BELOW

- I moved from Van Wert on _____
- My last Van Wert landlord's name and address was _____
- If business terminated in 2006, give date _____
- Successor's name and address _____
- Rental Property subject to city tax was sold on (DATE) _____ to (NAME) _____ (ADDRESS) _____