

FILE WITH
 INCOME TAX DEPARTMENT
 213 SOUTH MAIN ST.
 FOSTORIA, OH 44830-2322
 PHONE - (419) 435-6449

MAKE CHECKS AND MONEY ORDERS
 PAYABLE TO:
 FOSTORIA INCOME TAX DEPT.

2004 FOSTORIA CITY INCOME TAX RETURN

For Use By All Taxpayers on a Calendar Year Basis or Other
 Taxable Period Beginning _____ and Ending _____

CHECKED BY
 PROCESSED BY
 AUDITED BY
 REFUND APPROVED
 REFUND CHECK NO.

Individual Taxpayers File on or Before April 15, 2005. All other tax-
 payers must file on or before their respective federal due dates.

YOUR LOCAL TELEPHONE NO.
 DID YOU FILE A RETURN FOR 2003 YES NO

HAS INTERNAL REVENUE SERVICE INCREASED
 YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR
 DUE TO AN AUDIT YES NO

IF SO WHAT YEAR?

DATE OF CHANGE OF ADDRESS SINCE JAN. 1, 2004

DATE MOVED INTO FOSTORIA

DATE MOVED OUT OF FOSTORIA

NEW ADDRESS

SOCIAL SECURITY NUMBER

CHECK YOUR STATUS AS A TAXPAYER: EMPLOYEE RETIRED OWNER PARTNER PARTNERSHIP RESIDENT NON-RESIDENT OTHER CORPORATION

EXEMPTIONS

I AM EXEMPT BECAUSE:
 I AM RETIRED AND HAVE NO TAXABLE INCOME-DATE RETIRED: TAXPAYER _____ SPOUSE _____
 I AM UNDER 18 YEARS OF AGE-BIRTH DATE _____ VERIFICATION IS NEEDED.
 I HAD NO TAXABLE INCOME IN 2004. ACTIVE MILITARY UNEMPLOYED DISABLED
 SOCIAL SECURITY PENSION

NOTE: IF YOU ARE EXEMPT - STOP HERE, SIGN, DATE AND MAIL YOUR RETURN.

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31, 2004 from each employer or source.
 INCLUDE SICK PAY, amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation. Attach all W-2's

NAME OF EMPLOYER	WHERE EMPLOYED (City and State)	FOSTORIA INCOME TAX WITHHELD	CITY TAX PAID IN OTHER CITIES	GROSS EARNINGS BEFORE DEDUCTIONS
Your Earnings		\$	\$	\$
Spouse's Earnings				

- NOTE: Page 2 must be completed if you have taxable rental property or business income.**
1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH all W-2's) (1) \$ _____
 2. OTHER TAXABLE INCOME (FROM PAGE 2 IF USED OR FROM FEDERAL SCHEDULES ATTACHED) (2) \$ _____
 3. TOTAL INCOME LINE 1, PLUS LINE 2 (3) \$ _____
 4. (a) ITEMS NOT DEDUCTIBLE (FROM LINE F, SCHEDULE X) ADD (4a) \$ _____
 (b) ITEMS NOT TAXABLE (FROM LINE M, SCHEDULE X) DEDUCT (4b) \$ _____
 (c) ENTER EXCESS OF LINE 4a or 4b (4c) \$ _____
 5. (a) ADJUSTED NET INCOME (LINE 3, PLUS OR MINUS LINE 4c) IF SCHEDULE X IS USED (5a) \$ _____
 (b) AMOUNT ALLOCABLE TO FOSTORIA IF SCHEDULE Y, PAGE 2 IS USED _____ % OF LINE 5a (5b) \$ _____
 6. AMOUNT SUBJECT TO FOSTORIA INCOME TAX (6) \$ _____
 7. FOSTORIA INCOME TAX, 2% OF LINE 1 OR LINE 6 (7) \$ _____
 8. CREDITS
 - (a) FOSTORIA CITY TAX WITHHELD (PER W-2's ATTACHED) (8a) \$ _____
 - (b) 2004 ESTIMATED TAX PAID (8b) \$ _____
 - (c) 2004 TAX PAID CITY OR VILLAGE OF _____ (NOT TO EXCEED 2%) (8c) \$ _____
 - (d) PRIOR YEAR OVERPAYMENTS (8d) \$ _____
 - (e) TOTAL CREDITS (8e) \$ _____
 9. BALANCE TAX DUE, (PAYMENT IN FULL MUST ACCOMPANY THIS RETURN, PAYABLE TO FOSTORIA INCOME TAX DEPT.) (9) \$ _____

To pay by credit card complete the following: Card #

Amount Authorized \$ _____ Signature _____ Expiration Date _____

- A. LATE FILING PENALTY IF FILED AFTER APRIL 15 ADD \$25.00 \$ _____ INTEREST \$ _____ (9a) \$ _____
- B. TOTAL AMOUNT DUECHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO FOSTORIA INCOME TAX DEPT. (9b) \$ _____
10. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE (10) \$ _____

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, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

 Signature of person preparing this return other than Taxpayer

X

 Signature of Taxpayer or Agent (Date) _____

 Address of Firm or Employer

X

 Signature of Spouse if Joint Return (Date) _____