

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.

## 2005 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 17, 2006. All other tax-  
 payers must file on or before their respective federal due dates.

YOUR LOCAL TELEPHONE NO. ....  
 DID YOU FILE A RETURN FOR 2004 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, 2005 .....

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 2005.  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, 2005 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) 2005 ESTIMATED TAX PAID ..... (8b) \$ \_\_\_\_\_  
 (c) 2005 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 17 ADD \$25.00 \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_ (9a) \$ \_\_\_\_\_
- B. TOTAL AMOUNT DUE .....CHECKS 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) \_\_\_\_\_