

Name(s) and Current Address Telephone (_____) _____	EIN/FID Number Filing Status - CHECK ONLY ONE <input type="checkbox"/> Corporation <input type="checkbox"/> S - Corporation <input type="checkbox"/> Fiduciary (Trusts and Estates) <input type="checkbox"/> Partnership/Association (Schedule C filers - do not use)	For the Fiscal Year _____ Beginning _____ Ending _____ E-File Pin # <input type="checkbox"/> REFUND <input type="checkbox"/> EXTENSION attached <input type="checkbox"/> AMENDED tax year _____ Moved In/Out of Lakewood: ____ / ____ / ____
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ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES TO THE END OF THIS RETURN

Local business address if different from mailing address: _____ _____ Nature of Business _____ Trade Name: _____	Make checks payable and mail to: City of Lakewood - Division of Municipal Income Tax 12805 Detroit Avenue Lakewood, OH 44107 Phone: (216) 529-6620 Fax: (216) 529-6099 Website: www.ci.lakewood.oh.us
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INCOME

1. Total taxable Federal income (loss) - See instructions	1.	<input style="width:90%;" type="text"/>	
2. Net adjustments (From Schedule W, Line P on page 2 of return)	2.	<input style="width:90%;" type="text"/>	
3. Adjusted taxable income (loss) (Line 1 plus or minus Line 2)	3.	<input style="width:90%;" type="text"/>	
4. Allocation percentage (From Schedule X, Line 5)	4.	<input style="width:90%;" type="text"/> %	
5. Adjusted net income (loss) (Multiply Line 3 by Line 4)	5.	<input style="width:90%;" type="text"/>	
6. Loss carried forward from previous years (Total from Schedule Y)	6.	<input style="width:90%;" type="text"/>	
7. Lakewood taxable income (loss) (Subtract Line 6 from Line 5)	7.	<input style="width:90%;" type="text"/>	

TAX AND CREDITS

8. Lakewood tax due before credits (Multiply Line 7 by 1.5%)	8.	<input style="width:90%;" type="text"/>	
9. 2006 estimated tax payments made to Lakewood	9.	<input style="width:90%;" type="text"/>	
10. Income tax credit carried forward from prior years	10.	<input style="width:90%;" type="text"/>	
11. Total tax payments and credits (Add Lines 9 and 10)	11.	<input style="width:90%;" type="text"/>	
12. Total net tax - Subtract Line 11 from Line 8 and proceed to Line 15 (If less than \$1.00, enter zero and proceed to Line 13)	12.	<input style="width:90%;" type="text"/>	

OVERPAYMENT

13. Overpayment - If Line 11 is greater than Line 8, and not less than \$1.00, subtract Line 8 from Line 11	13.	<input style="width:90%;" type="text"/>	
14. From Line 13 - Amount to be credited - \$_____ Amount to be refunded - \$_____ (Proceed to Line 16)			

BALANCE DUE

15. Balance due - If line 8 is greater than line 11, and not less than \$1.00, enter amount from Line 12	15.	<input style="width:90%;" type="text"/>	
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ESTIMATED INCOME TAX FOR 2007

16. Estimated income tax for 2007 (From Line 8)	16.	<input style="width:90%;" type="text"/>	
17. First quarter estimate (Multiply Line 16 by 25% or .25)	17.	<input style="width:90%;" type="text"/>	
18. 2006 credit applied to first quarter estimate (From Line 14)	18.	<input style="width:90%;" type="text"/>	
19. Total amount due - (Add Lines 15, 17, and subtract Line 18)	19.	<input style="width:90%;" type="text"/>	

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 are the same as used for Federal income tax purposes, and understands that this information may be released to the I.R.S.

Signature of Officer or Partner _____	Title _____	Date _____
Tax Preparer' Signature (If other than taxpayer) _____	Phone # _____	Date _____

I authorize the City of Lakewood – Division of Municipal Income Tax to discuss my account with my preparer (above)

Pay by Credit Card-Mastercard / Visa	
Account Number _____	_____
Exp. Date _____	Amount Paid \$ _____
Signature _____	

Business Name _____	EIN/FID Number _____
GENERAL TAX INFORMATION - MUST BE COMPLETED	
Date Business or Trust created ____ / ____ / ____	If you sold your business or report your business activity under another EIN/FID number, complete the following:
Did you file a return last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of purchaser or new business: _____
Did you have any employees during 2006? <input type="checkbox"/> Yes <input type="checkbox"/> No	EIN/FID number of purchaser or new business: _____
On which basis are your records kept? <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	Address of purchaser or new business: _____
Has your Federal Tax Liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any employees leased in the year covered by this return? <input type="checkbox"/> Yes <input type="checkbox"/> No
If renting, name landlord _____	If YES, provide the name, address, and FID number of the leasing company _____
If Business either terminated, was sold, or is not required to file Lakewood tax returns, please complete the following:	Were 1099-MISC forms issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of transaction: ____ / ____ / ____	If YES, attach copies to the end of this return.

SCHEDULE W - RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER O.R.C. 718

Items Not Deductible	Add	Items Not Taxable	Deduct
A. Capital/Ordinary IRS Section 1231 losses deducted	_____	J. Capital/Ordinary IRS Section 1231 gains, etc (do not deduct Section 1245 and 1250 gains)	_____
B. 5% of Intangible Income not attributable to sale, exchange, or other disposition of IRS section 1221 property	_____	K. Interest Income	_____
C. Taxes based on income	_____	L. Dividends	_____
D. Guaranteed Payments to Partners (not included within net profits)	_____	M. Income from patents, etc.	_____
E. Charitable contributions deducted above corporate limitations including O.R.C. 718.01(A)(1)(g)	_____	N. Other Exempt Income (attach documentation or explanation)	_____
F. IRS Section 179 expense deducted above corporate limitations including O.R.C 718.01(A)(1)(g)	_____	O. TOTAL DEDUCTIONS	_____
G. Qualified retirement, health insurance, and life insurance plans on the behalf of the owners/owner employees	_____		
H. Other expenses not deductible (attach documentation or explanation)	_____		
I. TOTAL ADDITIONS	_____		
P. Subtract Line O from Line I and enter net amount on Page 1, Line 2 _____			

SCHEDULE X - BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Lakewood	c. Percentage (b/a)
STEP 1. Average Value of Real & Tangible Personal Property	_____	_____	_____
Gross Amount Rentals Paid Multiplied by 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____ %
STEP 2. Gross Receipts from Sales Made and /or Work Or Services Performed	_____	_____	_____ %
STEP 3. Wages, Salaries, Etc. Paid	_____	_____	_____ %
4. Total Percentages	_____	_____	_____ %
5. Average Percentage (Divide total percentage by number of percentages used - enter on Page 1, Line 4)			_____ %

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

(From Federal Schedule 1065 K-1s and 1099)

1. Name of each Partner	Resident Y/N	Distributive Shares of Partner		Other Payments	Taxable Percentage	Amount Taxable
		Percent	Amount			
a.		%	\$	\$	%	\$
b.		%	\$	\$	%	\$
c.		%	\$	\$	%	\$
2. TOTALS		100 %	\$	\$		\$