

2007 MMT JEDZ INCOME TAX RETURN

DIVISION OF INCOME TAX

400 CONANT STREET • MAUMEE, OHIO 43537-3300

DUE APRIL 15, 2008

OFFICE USE ONLY

PAID W/RET. _____
 CHECK CASH
 BAL _____ REF _____
 LI _____ CRTR _____
 CR _____ AUD _____
 P & I _____ POSTED _____
 NEEDS _____

FISCAL YEAR END _____

Date Moved In or Out of MMT JEDZ in 2007:
 IN OUT DATE _____

NAME(S) _____
 ADDRESS _____
 CITY STATE ZIP _____
 PHONE NUMBER _____

Previous Address: _____

Present Address: _____

Will you have 2008 taxable income? Yes No

S.S. NO. or E.I.D. NO.	OCCUPATION
SPOUSE S.S. NO.	OCCUPATION

If not, please explain _____

Do you own this Property? _____ or Rent \$ _____

Name and Address of landlord: _____

1. Compensation from Wages (Attach W-2's Top of Reverse Side)

NAME OF EMPLOYER	City/Township Where Physically Working/Located	(a) Tax Withheld on W-2 Box 19	(b) Wages X 1.5%	(c) Enter Smaller Amt. (a) or (b)	GROSS WAGES Enter Greater Amt. Box 5 or 18 of W-2
TOTAL				1C \$	1 \$

Proceed to Line 11 if tax payer's only income is from W-2 wages

2. Income from self-employment (Attach Federal Schedule, C, E, F, or K-1's)	2		
3. Income from rents or leases (Attach Federal Schedule E) or Ordinary income (Attach Form 4797)	3		
4. Partnership income (Attach Federal Form 1065)	4		
5. Corporation income (Attach Federal 1120, 1120S, 1120A)	5		
6. Miscellaneous income (Attach 1099's or explain source) Do not include dividends or interest.....	6		
7. Schedule X, page 2, item (I) ADD \$ _____, Item (Z) DEDUCT \$ _____ Net difference Plus or (Minus).....	7		
8. Total Income subject to MMT JEDZ Income Tax (Losses not deductible from W-2 income.....(Lines 1 thru 7)	8		
9. Amount of Business Income Only allocable to MMT JEDZ Schedule Y, page 2 (_____%).....	9		
10. Less allocable MMT JEDZ Net Loss from previous year (limited to 5 years)	10		
11. Income subject to MMT JEDZ Income Tax.....	11		
12. MMT JEDZ INCOME TAX (1.5% of Line 11. This line must be completed whether or not you work or pay taxes to the MMT JEDZ).....	12		
13. Total withholding credits per Column 1c above (W-2 must indicate city tax paid).....	13		
14. Tax on income with no withholding, Paid or Due City of _____ (Not to Exceed 1.5%) (Attach copy of return)	14		
15. Estimated tax payments and prior year overpayments.....	15		
16. TOTAL CREDITS(Lines 13 + 14 + 15)	16		
17. BALANCE OF TAX DUE (make check payable to Commissioner of Taxation) Amounts under \$5.00 will not be billed or refunded.....(Lines 12 - 16)	17		
18. LATE FILING FEE — \$10.00 First 30 days — \$5.00 each 30 day period thereafter\$ (18a) _____ PENALTY 1% per month of Line 17 \$ (18b) _____. INTEREST 1% per month of Line 17 \$ (18c) _____ (Lines 18a + 18b + 18c)	18		
19. TOTAL AMOUNT DUE — PAYMENT IN FULL MUST ACCOMPANY THIS RETURN.....(Lines 17 + 18)	19		
20. If Line 17 is an overpayment, indicate the amount to be credited to the 2007 estimate (_____ . ____) or the amount to be refunded (_____ . ____)			

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated 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. **Check the box next to your signature to authorize us to speak directly to your preparer regarding your return.**

Signature _____ Date _____ Tax Preparer's Signature _____ Date _____
 Spouse Signature or Title of Person Signing for Business _____ Date _____ Name and Address of Firm of Employer _____ Phone No. _____

SCHEDULE X – RECONCILIATION

For use ONLY if income on Lines 4-5, page 1, is from Federal Tax Return

Items Not Deductible

- A. Federally deducted losses from IRC 1221 or 1231 property dispositions \$ _____
- B. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions..... _____
- C. Federally deducted taxes based on income _____
- D. Guaranteed payments or accruals to or for current or former partners or members _____
- E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors _____
- F. Federally deducted amounts paid or accrued to or for qualified retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities _____
- G. Other _____
- H. Other _____
- I. Total Items Not Deductible (Enter on Line 7, Page 1) \$ _____

Items Not Taxable/Items Not Deductible on Federal Forms

- N. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250 \$ _____
- O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income _____
- P. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses _____
- Q. Not Previously Deducted IRC Section 179 Expense _____
- R. Partnership, S corp, LLC charitable contributions _____
- S. Other _____
- T. Unreimbursed travel expense – reduce by 2% AGI (Attach Federal Forms 2106 and 1040 Schedule A) _____
- Z. Total Items Not Taxable/Deductible on Federal Forms (Enter on Line 7, Page 1) \$ _____

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

(NOT FOR USE BY RESIDENT INDIVIDUALS)

	a. Located Everywhere	b. Located in Maumee	c. Percentage (b ÷ a)
STEP 1: Original Cost of Real & Tang. Personal Property	_____	_____	
Gross Annual 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, and Other Compensation paid	_____	_____	_____ %
STEP 4: Total Percentages			_____ %
STEP 5: Average Percentage (Divide Total Percentages by Number of Percentages Used)			Carry to Line 9, page 1 _____ %

SCHEDULE Z – PARTNERSHIP INCOME

Name and address of partnership and EID No. (Attach K-1's)

_____ \$ _____

_____ \$ _____

TOTAL PARTNERSHIP INCOME \$ _____

PARTNERS' DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME

To Be Completed If Partnership Files An Information Only Return

Name, Residence Address and S.S. Number of Each Partner	Distributive Share of Each Partner Amount
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL \$ _____