

2006 MAUMEE INCOME TAX RETURN EZ

DIVISION OF INCOME TAX

400 CONANT STREET • MAUMEE, OHIO 43537-3300

DUE APRIL 16, 2007

OFFICE USE ONLY

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

FISCAL YEAR END _____

PHONE NUMBER _____

S.S. NO. or E.I.D. NO. _____

OCCUPATION _____

SPOUSE S.S. NO. _____

OCCUPATION _____

If you are a Maumee resident working in another taxing municipality and you travel as part of your job please check here and see specific Instruction D.

MAUMEE RESIDENT YES NO

Date Moved In or Out of Maumee in 2006:

IN OUT DATE _____

Previous Address: _____

Present Address: _____

Will you have 2007 taxable income? Yes No

If not, please explain _____

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

Name and Address of landlord: _____

1. Did you claim a deduction for un-reimbursed employee business expenses? (Federal Form 2106) Yes No
2. Did you own or operate a business? Yes No
3. Were you a partner or shareholder in a business? Yes No
4. Did you rent land, farmland, buildings, houses, apartments or other properties to anyone? Yes No
5. Did you receive a Federal Form 1099-Misc? Yes No
6. Did you file any of the following forms with your Federal return?
 Schedule C Schedule E Schedule F Schedule K-1 Schedule 4797 Yes No

THIS FORM MAY NOT BE USED IF YOU ANSWERED YES TO ANY OF THE ABOVE LISTED QUESTIONS. W-2 INCOME ONLY.

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 |
|-------------------------------------|--|--------------------------------|------------------|-----------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| Income subject to Maumee Income Tax | | | TOTAL | 1C \$ | 1 \$ |

2. MAUMEE INCOME TAX (1.5% of Line 1. This line must be completed whether or not you work or pay taxes to the City of Maumee) 2
3. Total withholding credits per Column 1c above (W-2 must indicate city tax paid) 3
4. Tax on income with no withholding, Paid or Due City of _____ (Not to Exceed 1.5%) (Attach copy of return) 4
5. Estimated tax payments and prior year overpayments 5
6. TOTAL CREDITS(Lines 3 + 4 + 5) 6
7. BALANCE OF TAX DUE (make check payable to **Commissioner of Taxation**) Amounts under \$5.00 will not be billed or refunded.....(Lines 2 - 6) 7
8. LATE FILING FEE — \$10.00 First 30 days — \$5.00 each 30 day period thereafter\$ (8a) _____
 PENALTY 1% per month of Line 7 \$ (8b) _____. INTEREST 1% per month of Line 7 \$ (8c) _____
(Lines 8a + 8b + 8c) 8
9. TOTAL AMOUNT DUE — PAYMENT IN FULL MUST ACCOMPANY THIS RETURN(Lines 7 + 8) 9
10. If Line 7 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. _____