

FILE WITH
Golf Manor Income Tax Bureau
6450 Wiehe Road
Golf Manor, Ohio 45237
Phone: 531-5155

GOLF MANOR INCOME TAX RETURN
Due on or before APRIL 15, 2006
FILING REQUIRED EVEN IF NO TAX IS DUE

Village of Golf Manor

LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND A MINIMUM PENALTY OF \$75.00.
LATE PAYMENT OF TAXES DUE SUBJECTS YOU TO INTEREST AND A MINIMUM PENALTY OF \$75.00.

IF TAXPAYER, AND SPOUSE, ARE FULLY RETIRED AND WITHOUT TAXABLE INCOME, PLACE AN X IN THIS BOX
SIGN, DATE AND RETURN THIS FORM BY THE DUE DATE.
TAXPAYERS NAME(S) AND ADDRESS (CORRECT IF NECESSARY)

EMPLOYER'S NAME(S):
SPOUSE'S EMPLOYER:
WORK PHONE:
CITY WHERE EMPLOYED:

Table with columns: SOCIAL SECURITY NO. (ACCOUNT NUMBER), SPOUSES SOC. SECURITY NO., REQUIRED (ARE YOU A RESIDENT OF GOLF MANOR?, DID YOU FILE A RETURN FOR LAST YEAR?, HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR?, IF SO, HAS AN AMENDED VILLAGE OF GOLF MANOR INCOME TAX RETURN BEEN FILED?), YES, NO

IF YOU ARE A NEW RESIDENT, FILING THE FIRST TIME OR YOU MOVED SINCE FILING YOUR TAX RETURN, PLEASE FURNISH YOUR CURRENT MAILING ADDRESS AND DATE OF MOVE:
MOVED INTO GOLF MANOR:
MOVED OUT OF GOLF MANOR:

FILING INSTRUCTIONS ON BACK OF THIS FORM

Main tax calculation section with lines 1-7. Includes 'OFFICE USE' column on the right. Line 6 includes a box for '2005 TAX DUE AND PAYABLE' and a 'TO LINE 11' label.

OFFICE USE ONLY section with lines A, B, C, D, E, F. Includes 'TOTAL ASSESSMENT \$' and '= TOTAL AMOUNT DUE \$'.

DECLARATION OF ESTIMATED TAX FOR YEAR 2006

Declaration section with lines 8-10. Includes 'ESTIMATED TAX CREDITS' and 'TOTAL ESTIMATED TAX DUE AND PAYABLE TO GOLF MANOR'.

Line 11: TOTAL AMOUNT DUE: TAX DUE FOR 2005 (LINE 6) \$ PLUS 1/4 2005 ESTIMATED TAX (LINE 10) \$ AMOUNT ENCLOSED

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS KNOWLEDGE.

Signature of Taxpayer (required to be valid) Date
Signature of Joint Taxpayer Date

Signature of Person Preparing If Other Than Taxpayer Date

COMPLETE LINES 12 THROUGH 20 ON THE BACK OF THIS FORM IF TAXPAYER AND/OR SPOUSE HAVE INCOME FROM SOURCES OTHER THAN WAGES AND/OR IF ANY DEDUCTIONS ARE BEING CLAIMED AGAINST WAGE EARNINGS.