

File with the City of Dublin
 Division of Taxation
 P.O. Box 9062, Dublin, Ohio 43017-0962
 Telephone (614) 410-4460
 Toll Free (888) 490-8154
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CITY OF DUBLIN BUSINESS INCOME TAX RETURN 2006

OR

FISCAL PERIOD _____ TO _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE
 APRIL 16. FISCAL YEARS FILE BY 15TH DAY OF THE
 FOURTH MONTH AFTER THE CLOSE OF THE PERIOD.

Forms available On Internet at
 www.dublin.oh.us

PROVIDE NAME AND ADDRESS IN SPACE BELOW
 OR AFFIX PRE-ADDRESSED LABEL

| | |
|---|--|
| FOR TAX DIVISION USE ONLY | |
| TAX RETURN FOR (Check One) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> Fiduciary <input type="checkbox"/> Estate <input type="checkbox"/> Trust | |
| FEDERAL I.D. NO. _____ | |
| DID YOU FILE A CITY RETURN LAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| IS THIS A FINAL RETURN? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| FEDERAL BUSINESS ACTIVITY CODE NO. FROM FEDERAL TAX RETURN _____ | |

LOCAL BUSINESS ADDRESS IF DIFFERENT FROM MAILING ADDRESS?

| | | |
|--|-----|----|
| 1. Adjusted Federal Taxable Income per attached return (Form 1120, Line 28; Form 1120S, Schedule K, line 17e; Form 1120A, Line 24; Form 1065 "Analysis of Net Income/Loss", Line 1; Form 1041, Line 17; Form 990 T, Line 30) | 1 | \$ |
| 2. Adjustments (From Line N on Reverse, Schedule X)..... | 2 | \$ |
| 3. Taxable Income before allocation (Line 1 plus/minus Line 2) | 3 | \$ |
| 4. Allocation Percentage (From Step 5 on Reverse, Schedule Y) _____ % | 4 | \$ |
| 5. Dublin Taxable Income (Multiply Line 3 by Line 4) | 5 | \$ |
| 6. Dublin Income Tax (Multiply Line 5 by 2.0% (.02) | 6 | \$ |
| 7. Estimates paid on this year's liability | 7 | \$ |
| 8. Credits applied from 2005 to this year's liability | 8 | \$ |
| 9. Other Credits (Explain) | 9 | \$ |
| 10. Total Credits | 10 | \$ |
| 11. Tax Due (Subtract Line 10 from Line 6) | 11 | \$ |
| 12a. Penalty for late payment or underpayment of estimate (10% of Line 11)..... | 12a | \$ |
| 12b. Interest (1.5% per month or fraction thereof)..... | 12b | \$ |
| 13. Total Due (If \$1.01 or more) | 13 | \$ |
| 14. Overpayment (Line 10 greater than Line 6) | 14 | \$ |
| 15. Indicate Refund (If \$1.01 or more) | 15 | \$ |
| 16. Credit to next year (If \$1.01 or more) | 16 | \$ |

DECLARATION OF ESTIMATED TAX FOR 2007

| | | |
|--|----|----|
| 17. Total estimated income subject to tax | 17 | \$ |
| 18. Multiply Line 17 by 2.0% (.02) Dublin City Income Tax declared | 18 | \$ |
| 19. Tax due before credits (enter at least 25% of Line 18) | 19 | \$ |
| 20. Less credits (from Line 16 above)..... | 20 | \$ |
| 21. Net estimated tax due if Line 19 minus Line 20 is greater than zero* | 21 | \$ |
| 22. TOTAL AMOUNT DUE - Combine Line 13 above with Line 21 (Make checks payable to the City of Dublin) | 22 | \$ |

*First Quarter Estimate should be paid with this return. Payment forms for the remaining estimated payments are available at www.dublin.oh.us or will be mailed upon request.

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.
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.

| | | | |
|---|-----------------------|---|-----------------------|
| _____ SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER | _____ DATE | _____ SIGNATURE OF TAXPAYER OR AGENT | _____ DATE |
| _____ NAME AND ADDRESS OF PREPARER | _____ PHONE NUMBER | _____ NAME AND TITLE | _____ PHONE NUMBER |

MAKE CHECKS PAYABLE TO CITY OF DUBLIN

All appropriate Federal schedules must be attached. A return is not complete unless such schedules are included.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

| ITEMS NOT DEDUCTIBLE | ADD | ITEMS NOT TAXABLE | DEDUCT |
|---|----------|---|----------|
| A. Capital Losses (not ordinary losses) | \$ _____ | H. Capital Gains (not ordinary gains) | \$ _____ |
| B. Taxes Based on Income | _____ | I. Interest Income | _____ |
| C. 5% Of Amount Deducted as intangible income | _____ | J. Dividends | _____ |
| D. Guaranteed payments to partners | _____ | K. Income from Patents and Copyrights | _____ |
| E. Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax | _____ | L. Other (attach explanation) _____ | _____ |
| F. Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS) | _____ | _____ | _____ |
| G. Total Additions | _____ | M. Total Deductions | \$ _____ |
| N. Combine Lines G and M and enter net on Line 2 _____ | | | |

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

| | a. Located Everywhere | b. Located in Dublin | c. Percentage (b/a) |
|--|-----------------------|----------------------|---------------------|
| STEP 1. Average Original cost 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 Percentages by number of Percentages Used – Carry to Line 4) | _____ | _____ | % |

SCHEDULE Y-1 - RECONCILIATION TO FORM W-3, WITHHOLDING RECONCILIATION

Total wages allocated to Dublin (from Federal Return or allocation formula)..... \$ _____

Total wages shown on Form W-3 (Withholding Reconciliation)..... \$ _____

Are any employees leased in the year covered by this return? Yes No

If yes, provide the name, address and FID number of the leasing company _____

Were 1099-MISC forms issued to central Ohio residents? If yes, attach copies to this return. Yes No

Please explain any difference: _____

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

| 1. Name and address of each partner | 2. FID or SSN | 3. Amount | 4. EIN of Payor |
|-------------------------------------|---------------|-----------|-----------------|
| (a) _____ | _____ | _____ | _____ |
| (b) _____ | _____ | _____ | _____ |
| (c) _____ | _____ | _____ | _____ |
| (d) _____ | _____ | _____ | _____ |
| Carry forward to Line 1 | | | TOTAL \$ _____ |