

MAILING ADDRESS
 City Tax Dept.
 50 Town Square
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2008 LIMA INCOME TAX RETURN
 FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS

OR OTHER TAXABLE PERIOD BEGINNING
 AND ENDING 20.....

IF YOU MOVED DURING TAX YEAR
 STATE DATE **ATTACH VERIFICATION**
 INTO LIMA OUT OF LIMA

LOCAL PHONE

SSAN

JOINT SSAN

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2009.
 FISCAL AND PARTIAL YEARS, FILE WITHIN 4 MONTHS OF END OF THE PERIOD.

- NOTE 1. This return must be submitted by everyone required to submit a Declaration even though the income at the end of the year was the same as anticipated and all amounts declared have been paid.
 NOTE 2. Taxpayer completing page 2 must also attach copy of Federal Schedules
 NOTE 3. OVERPAYMENT CLAIMS WILL RECEIVE CREDIT ONLY ON RETURNS FULLY COMPLETED. HOWEVER, SEE NOTE 2 ABOVE.

1. ENTER GROSS WAGES, SALARIES, BONUSES, COMMISSIONS AND OTHER COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS. Attach copies of W-2 Forms ON BACK	LIMA TAX WITHHELD	WAGES ETC.	NO ROUNDING
.....	\$	\$	
a. TOTAL: IF NO OTHER TAXABLE INCOME ENTER TOTAL WAGES HERE AND ON LINE 6	\$	XXXXXXXXXXXXXXXXXX	\$
2. OTHER INCOME - FROM PAGE 2 (Attach Federal Schedules)			
3. TOTAL INCOME (total lines 1 and 2)			
4a. ITEMS NOT DEDUCTIBLE (from line m Schedule X below)		\$	
b. ITEMS NOT TAXABLE (from line z Schedule X below)		XXXXXXXXXXXXXXXXXX	
c. ADD EXCESS OF 4a OVER 4b TO LINE 3. DEDUCT EXCESS OF 4b OVER 4a FROM LINE 3			
5a. ADJUSTED NET INCOME (line 3 plus or minus line 4c)			
b. AMOUNT ALLOCABLE TO LIMA IF SCHEDULE Y PAGE 2 IS USED % OF LINE 5a			
c. LESS ALLOCABLE NET LOSS PER PREVIOUS LIMA INCOME TAX RETURN			
6. AMOUNT SUBJECT TO LIMA INCOME TAX (line 5a or 5b less line 5c)			
7. LIMA INCOME TAX (1.5% or .015 of amount shown on line 6)			
8. CREDITS: (a) Lima tax withheld by employer(s)		\$	
(b) Payments and credits on Declaration of Estimated Tax			
(c) Earned income, taxes paid City of (By Individuals Only)			
(x) TOTAL CREDITS ALLOWABLE			
9. BALANCE OF TAX DUE (line 7 less line 8x) PAYMENTS MUST ACCOMPANY THIS FORM (No payment is due for amount under \$5.00)....		Interest	
10. OVERPAYMENT CLAIMED (If line 8x exceeds line 7 enter difference here (No overpayment is to be claimed on amount under \$5.00) \$.....		Penalty	
Enter amount of line 10 you want: CREDITED to your Estimated Tax \$		Total	\$
REFUNDED \$			

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC SECTION 718
For Business Use Only

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deductible losses from IRC 1221 or 1231 property dispositions	\$	n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)	\$
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions		o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	
c. Taxes based on income (State)		p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	
d. Taxes based on income (City)		q. Not previously deducted IRC Section 179 Expense	
e. Guaranteed payments or accruals to or for current or former partners or members		r. Partnership, S corp, LLC charitable contributions	
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors		s. Other	
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities			
h. Rental activities by partnership, S corp or LLC, Trusts			
i. Other			
m. Total (enter as line 4a above)	\$	z. Total (enter as line 4b above)	\$

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED. I AUTHORIZE THE DIVISION OF TAXATION TO DISCUSS MY ACCOUNT AND ENCLOSURES WITH MY PREPARER.

(Signature of Person Preparing, if Other Than Taxpayer) (Date) (Signature of Tax Payer or Agent) (Date)
 (Address of Firm or Employer) Phone# (Title)

SCHEDULE C – PROFIT (Or Loss) FROM BUSINESS OR PROFESSION - [Attach Federal Schedules](#)

- 1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$
- 2. LESS, (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable (indicate labor charges included) \$
- 3. GROSS PROFIT FROM SALES, ETC. (line 1 less line 2)
- 4. DIVIDENDS \$, INTEREST \$, ROYALTIES \$
- 5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS \$
- 6. OTHER BUSINESS INCOME (Specify)
- 7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$

BUSINESS DEDUCTIONS

- | | |
|---|--|
| <ul style="list-style-type: none"> 8. COMPENSATION OF OFFICERS \$ 9. SALARIES and WAGES not deducted elsewhere 10. PAYMENTS TO PARTNERS 11. RENTS (paid to) 12. INTEREST ON BUSINESS INDEBTEDNESS 13. BUSINESS TAXES (Income)
(Other business taxes) 21. TOTAL BUSINESS DEDUCTIONS (total of lines 8 to 20) \$ | <ul style="list-style-type: none"> 14. UTILITIES \$ 15. INSURANCE 16. DEPRECIATION, Amortization, Depletion 17. REPAIRS 18. ADVERTISING AND PROMOTION 19. AUTO, TRUCK AND TRAVEL 20. OTHER (Attach Statement) |
|---|--|
22. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (line 7 less line 21) \$

SCHEDULE G – INCOME FROM RENTS (If Not Included in Schedule C.) - [Attach Federal Schedules](#)

Kind and Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or loss)

TOTAL INCOME (or loss) SCHEDULE G \$

SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULE C OR G - [Attach Federal Schedules](#)

INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, FEES, etc

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H \$

TOTAL SCHEDULES C, G AND H. ENTER AS LINE 2, PAGE 1 \$

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN LIMA	c. (b/a) PERCENTAGE
STEP 1. Average Value of Real and Tangible Personal Property			
Gross Annual Rentals 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 5b - Page 1)			%

SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES ON NET INCOME

1. NAME AND ADDRESS OF EACH PARTNER.	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a).....				\$	\$		\$
(b).....							
(c).....							
(d).....							
6. LINE 22, SCHEDULE C, PAGE 2	XXXXXXXX		100	\$			XXXXXXXXXXXXXXXXXX

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? Yes No If yes, has an amended Lima return been filed for such year or years? Yes No