

FORM R	THIS IS NOT A FEDERAL RETURN		(Tax Office Use Only)
FILE THIS RETURN WITH: Tax Administrator Village of Cygnet P. O. Box 22 Cygnet, OH 43413	2005	INCOME TAX RETURN CYGNET, OHIO, INCOME TAX FOR CALENDAR YEAR 2005 OR FISCAL YEAR BEGINNING _____, ending _____	2005 Date Received _____ Date Audited _____ Amount Paid _____
	Assistance is available at Tax Administrator: P.O. Box 54, Deshler, OH 43516 Phone 419-278-7015, Fax 419-278-2896 Hours: Mon.-Fri. 9-12 and 1-5		Method of payment: Cash or check (Circle one)

NAME: _____ ADDRESS: _____ Make necessary changes to name and/or address	Social Security # _____ - ____ - ____ Spouse Social Security # _____ - ____ - ____ If you moved during 2005, please indicate the following information: What date did you move into Cygnet _____ What date did you move out of Cygnet _____ List any year that the IRS changed your taxable income _____ If you will not need to file next year, ATTACH AN EXPLANATION
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Enter your TOTAL local wages, salaries, bonuses, incentive payments, commissions BEFORE ANY DEDUCTIONS, received between January 1st and December 31, 2005, from each employer or source. INCLUDE SICK PAY, ANNUITIES AND EXCESS INSURANCE PREMIUMS.		
Name of Employer	Cygnet Tax Withheld	Local Taxable Wages, Etc.
	\$	\$
Total wages (to be listed on line 1 of this return.)	\$	\$

STAPLE FORMS W-2 ACROSS BOTTOM OF PAGE 2.

1. Total wages, etc. (if no other taxable income, enter total wages here and compute tax on line 7)	(1)
2. Other income (from Schedules C, E, F and Form 4797, pg 2) from Federal Schedules attached)	(2)
3. Total income (line 1 plus line 2)	(3)
4. a Add items not deductible (from line m, Schedule X, if excluded in line 3)	(4a)
b Deduct items not taxable (from line z, Schedule X, if included in line 3)	(4b)
c Add excess of line 4a over line 4b, or deduct excess of line 4b over line 4a	(4c)
5. a Adjusted net income (line 3 plus or minus line 4c)	(5a)
b Amount allocable to Cygnet: _____% of business income only in line 5a (from Schedule Y, page 2)	(5b)
c Less allocable net loss per previous year's Cygnet income tax return. (LIMITED TO 5 YEARS)	(5c)

Entity #1 _____	Entity #2 _____
Year _____	Year _____
_____	_____
_____	_____
_____	_____

6. Amount subject to Cygnet income tax (line 1, line 3, 5a or line 5b, plus or minus line 5c)	(6)
7. Cygnet income tax, 1% of line 1 or line 6	(7)
8. Tax credits	
(a) Cygnet tax withheld (in agreement with total listed aboveZ)	(8a)
(b) Estimates paid towards this liability	(8b)
(c) Total	(8c)
9. Balance of tax due (make check payable to VILLAGE OF CYGNET). If under \$1, enter -0-	(9)
10. Late penalties: The greater of 1/2% of the unpaid tax or \$10.00 per month plus interest of 1/2% per month	(10)
11. Balance due: MAKE CHECK PAYABLE TO THE VILLAGE OF CYGNET	(11)
12. Credit to be: APPLIED TO NEXT YEAR \$ _____ REFUNDED \$ _____	

The undersigned declares that this return (and all accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figurs used herein are the same as used for Federal income tax purposes, & if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.		
X Signature X Spouse's signature	Date Telephone #	X Signature of preparer if other than taxpayer (address below)

PHOTO COPIES OF FEDERAL SCHEDULES SUPPORTING THE BELOW LISTED INFORMATION ARE REQUIRED TO BE PROVIDED WITH THIS RETURN.

SCHEDULE C	Profit (loss) from Business or Profession - Support information required	\$
FORM 4797	Ordinary Income - Support information required	\$
SCHEDULE E	Rental and Other Income - Support information required	\$
SCHEDULE F	Farm Income from Schedules F or 4835 - Support information required	\$
TOTALS	Schedules C, E & F, AND FORM 4797 (Enter on Page 1, Line 2)	\$

SCHEDULE X - Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE

a. Capital loss	\$
b. Expenses applicable to non-taxable income	
c. All income taxes paid or accrued	
d. Net operating loss deduction per Federal return ...	
e. Payments to partners (from Federal Form 1065) ..	
f. Sick pay not included in line 1 on front	
g. Contributions, Retirement Plans, etc.	
m. Total additions (enter on line 4a, page 1)	\$

ITEMS NOT TAXABLE

n. Capital gain	\$
o. Interest earned or accrued	
p. Dividends (less Federal exclusion)	
q. Income from Patents and Copyrights	
r. Unreimbursed travel expense - show support	
s. Other	
z. Total deductions (enter on line 4b, page 1)	\$

SCHEDULE Y Business Allocation Formula - Support information required

Average percentage to be carried to Line 5b, Page 1 %

SCHEDULE Z Partnership income from Form 1065 - Support information required

ATTACH W-2 FORMS HERE