

FILE WITH
 INCOME TAX DEPARTMENT
 213 SOUTH MAIN ST.
 P.O. BOX 1007
 FOSTORIA, OH 44830-1007
 PHONE - (419) 435-6449

MAKE CHECKS AND MONEY ORDERS
 PAYABLE TO:
 FOSTORIA INCOME TAX DEPT.

2002 FOSTORIA CITY INCOME TAX RETURN

For Use By All Taxpayers on a Calendar Year Basis or Other
 Taxable Period Beginning _____ and Ending _____

Individual Taxpayers File on or Before April 15, 2003. All other tax-
 payers must file on or before their respective federal due dates.

CHECKED BY
 PROCESSED BY
 AUDITED BY
 REFUND APPROVED
 REFUND CHECK NO.

YOUR LOCAL TELEPHONE NO.
 DID YOU FILE A RETURN FOR 2001 YES NO

HAS INTERNAL REVENUE SERVICE INCREASED
 YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR
 DUE TO AN AUDIT YES NO
 IF SO WHAT YEAR?

DATE OF CHANGE OF ADDRESS SINCE JAN. 1, 2002

DATE MOVED INTO FOSTORIA

DATE MOVED OUT OF FOSTORIA

NEW ADDRESS

SOCIAL SECURITY NUMBER

CHECK YOUR STATUS AS A TAXPAYER: EMPLOYEE RETIRED OWNER PARTNER PARTNERSHIP RESIDENT NON-RESIDENT OTHER CORPORATION

EXEMPTIONS

I AM EXEMPT BECAUSE:
 I AM RETIRED AND HAVE NO TAXABLE INCOME-DATE RETIRED
 I AM UNDER 18 YEARS OF AGE-BIRTH DATE _____ VERIFICATION IS NEEDED.
 I HAD NO TAXABLE INCOME IN 2002. ACTIVE MILITARY UNEMPLOYED DISABLED
 SOCIAL SECURITY PENSION

TAXPAYER _____ SPOUSE _____ If Applicable

NOTE: IF YOU ARE EXEMPT - STOP HERE, SIGN, DATE AND MAIL YOUR RETURN.



ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31, 2002 from each employer or source.
 INCLUDE SICK PAY, amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation, and Section 125 health care plans. Attach all W-2's

| NAME OF EMPLOYER | WHERE EMPLOYED (City and State) | FOSTORIA INCOME TAX WITHHELD | CITY TAX PAID IN OTHER CITIES | GROSS EARNINGS BEFORE DEDUCTIONS |
|-------------------|---------------------------------|------------------------------------|-------------------------------------|--|
| Your Earnings | | \$ | \$ | \$ |
| | | | | |
| Spouse's Earnings | | | | |
| | | | | |

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH all W-2's) (1) \$ _____
- OTHER TAXABLE INCOME (FROM PAGE 2 IF USED OR FROM FEDERAL SCHEDULES ATTACHED) (2) \$ _____
- TOTAL INCOME LINE 1, PLUS LINE 2 (3) \$ _____
- (a) ITEMS NOT DEDUCTIBLE (FROM LINE F, SCHEDULE X) ADD (4a) \$ _____
 (b) ITEMS NOT TAXABLE (FROM LINE M, SCHEDULE X) DEDUCT (4b) \$ _____
 (c) ENTER EXCESS OF LINE 4a or 4b (4c) \$ _____
- (a) ADJUSTED NET INCOME (LINE 3, PLUS OR MINUS LINE 4c) IF SCHEDULE X IS USED (5a) \$ _____
 (b) AMOUNT ALLOCABLE TO FOSTORIA IF SCHEDULE Y, PAGE 2 IS USED _____ % OF LINE 5a (5b) \$ _____
- AMOUNT SUBJECT TO FOSTORIA INCOME TAX (6) \$ _____
- FOSTORIA INCOME TAX, 2% OF LINE 1 OR LINE 6 (7) \$ _____
- CREDITS
 - FOSTORIA CITY TAX WITHHELD (PER W-2's ATTACHED) (8a) \$ _____
 - 2002 ESTIMATED TAX PAID (8b) \$ _____
 - 2002 TAX PAID CITY OR VILLAGE OF _____ (NOT TO EXCEED 2%) (8c) \$ _____
 - PRIOR YEAR OVERPAYMENTS (8d) \$ _____
 - TOTAL CREDITS (8e) \$ _____
- BALANCE TAX DUE, (PAYMENT IN FULL MUST ACCOMPANY THIS RETURN, PAYABLE TO FOSTORIA INCOME TAX DEPT.) (9) \$ _____

To pay by credit card complete the following:

Card #  

Amount Authorized \$ _____ Signature _____ Expiration Date _____

A. LATE FILING PENALTY IF FILED AFTER APRIL 15 ADD \$25.00 \$ _____ INTEREST \$ _____ (9a) \$ _____

B. TOTAL AMOUNT DUECHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO FOSTORIA INCOME TAX DEPT. (9b) \$ _____

10. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE (10) \$ _____

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, 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.

 Signature of person preparing this return other than Taxpayer

 Signature of Taxpayer or Agent (Date) _____

 Address of Firm or Employer

 Signature of Spouse if Joint Return (Date) _____

PLEASE ATTACH COPIES OF FEDERAL SCHEDULES LISTED BELOW

SCHEDULES C, E, F, 4835, 1065, 1041, 1120, 1120S, and K-1

IF FEDERAL SCHEDULES ARE ATTACHED DO NOT COMPLETE SCHEDULES C, E, AND H ON THIS PAGE.

IF FEDERAL SCHEDULES ARE NOT USED, TAX INFORMATION MUST BE COMPLETED ON THIS PAGE.

SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

- 1. TOTAL RECEIPTS, LESS ALL ALLOWANCES, REBATES AND RETURNS \$ _____
- 2. LESS Cost of Labor \$ _____. Material, supplies and other costs \$ _____
- 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

- 8. Advertising and Promotion \$ _____
- 9. Auto, truck and travel
- 10. Interest on Business Indebtedness
- 11. a. Income taxes on business
- b. Other business taxes
- 12. a. Compensation of Officers
- b. Salaries and Wages
- c. Payment to partners \$ _____
- 13. Depreciation, Amortization
- 14. Rents (Paid to _____)
- 15. Other (List if over 10 percent Line 16)
- 16. Total (Lines 8 thru 15)
- 17. Net Profit or Loss from business \$ _____
(Line 7 less Line 16)

18. SCHEDULE E - INCOME FROM RENTS (If not included in Schedule C)

| Kind & location of property | Amount of Rent | Depreciation | Repairs | Other Expenses | Net Income (or loss) |
|-----------------------------|----------------|--------------|---------|----------------|----------------------|
| | | | | | |
| | | | | | |

NET INCOME (or loss) SCHEDULE E \$ _____

19. SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C or E

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, ETC.

| Received From | For (describe) | Amount |
|---------------|----------------|--------|
| | | |
| | | |

TOTAL INCOME SCHEDULE H \$ _____

20. TOTAL SCHEDULES C, E & H. ENTER AS LINE 2 FRONT OF RETURN

\$ _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

| ITEMS NOT DEDUCTIBLE | ADD | ITEMS NOT TAXABLE | DEDUCT |
|---|----------|---|----------|
| A. Net loss from sale, exchange or other disposition of capital or other assets | \$ _____ | G. Capital Gains | \$ _____ |
| B. All income Taxes paid or accrued | _____ | H. Interest Income | _____ |
| C. Net operating loss deduction per Federal return | _____ | I. Dividends (less Federal exclusion) | _____ |
| D. Payments to partners | _____ | J. Income from Patents and Copyrights | _____ |
| E. Other Expenses not deductible (explain) | _____ | K. Unreimbursed travel expense (per attached Fed. form 2106)..... | _____ |
| F. Total Additions (enter as Line 4a Front of Return | _____ | L. Other income exempt from Fostoria Income Tax | _____ |
| | | M. Total Deductions (enter as Line 4b Front of Return) | \$ _____ |

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

| | a. Located Everywhere | b. Located in Fostoria | c. Percentage (b + a) |
|--|-----------------------|------------------------|-----------------------|
| STEP 1. Average Value of Real & Tangible Personal Property and/or Gross Amount Rentals paid Multiplied by 8 | _____ | _____ | _____ % |
| STEP 2. Gross Receipts From Sales Made and/or Work Or Services Performed | _____ | _____ | _____ % |
| STEP 3. Wages, Salaries, Etc., Paid | _____ | _____ | _____ % |
| STEP 4. Total Percentages | | | _____ % |
| STEP 5. Average Percentage (Divide Total Percentages by Number of Percentages Used - Carry to Line 5b Front of Return) | | | _____ % |

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

| 1. Name of each partner | 2. Address | 3. Distributive Shares of Partners | | 4. Other Payments | 5. Taxable Percentage | 6. Amount Taxable |
|---------------------------------|------------|------------------------------------|----------|-------------------|-----------------------|-------------------|
| | | Percent | Amount | | | |
| (a) | | | \$ _____ | \$ _____ | | \$ _____ |
| (b) | | | | | | |
| (c) | | | | | | |
| (d) | | | | | | |
| 7. TOTALS from Schedule C above | | 100 | \$ _____ | | XXXXXXX | |