

**MAKE CHECK OR MONEY ORDER TO:**  
**MAYOR OF NEW BOSTON, INCOME TAX**  
**BUREAU**  
**1980 RHODES AVENUE**  
**NEW BOSTON OH 45662-4999**

Voice 740-456-4103 Fax 740-456-6473  
 E-mail NBLTD@ADELPHIA.NET

**INCOME TAX RETURN**  
**NEW BOSTON**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**Due Date** \_\_\_\_\_

**Federal schedules MUST be attached to this return.**

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /                      OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

1 Total taxable income	1		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2 )	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 New Boston Taxable income (Line 5 minus Line 6)	7		
8 New Boston income tax (Multiply line 7 by 2.500%)	8		
9 Credits applied from previous year(s) to this year's liability	9	0.00	
10 Estimates paid on this year's liability	10	0.00	
11 Other credits	11		
12 Total credits (Total line 9, 10 and 11)			12
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than			13
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)			16
17 Overpayment ( Issued if greater than )			17
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

**Declaration of Estimate For 2008**

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 2.500%)			21
22 Less credits (from 19 above)			22
23 Net estimated tax due (subtract line 22 from line 21)	23		
24 Minimum amount due for first quarter (Multiply line 23 by )			24

**Amount You Owe**

25 Total amount due (add lines 16 and 24)	25	
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Last Five Tax Year(s) Not Filed      Balance \$0.00

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.

**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**

TaxPayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Tax Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (If other than taxpayer)

Phone No. \_\_\_\_\_