FORM FR 1077 INDIVIDUAL INCOME TAX RETURN MAKE CHECK OR MONEY ORDER TO: SYCAMORE TWP JEDZ - NORTHWEST Security No. SYCAMORE TWP JEDZ HomeTelephone No. BusinessTelephone No. c/o Deer Park Tax Federal Schedules MUST be attached to 7777 Blue Ash Road Spouse's Social Deer Park OH 45236 this return. Security No. Spouse's Voice 513-794-8863 Ext Fax 513-794-8866 HomeTelephone No. BusinessTelephone No. Filing Status IF YOU HAVE MOVED DURING Name TAX YEAR - GIVE DATES RESIDENT Single INTO Married filing joint NON-RESIDENT And Married filing separate OUT OF IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION Address ADDRESS Income 1 Wages, salaries, tips,etc. 2 Other taxable income 3 Total taxable income (add lines 1 and 2) Tax and Credits 4 Sycamore Twp Jedz tax due before credits (0.750% of line 3) 5 Estimated tax payments made to Sycamore Twp Jedz 6 Taxes withheld and paid to Sycamore Twp Jedz 7 Overpayment from prior year(s) 8 Taxes withheld and paid to other localities Credit cannot exceed 100.0% of tax withheld up to 0.75% of income earned in each location. 9 Total credits (add lines 5 through 8) Refund (Issued if greater than \$10.00) 10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 11 Amount of line 10 to be credited to next years estimate 11 12 Amount of line 10 to be refunded 12 Tax Due (Issued if greater than \$10.00) 13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 14 Penalties and interest Late File Late Pay Interest **Declaration of Estimate For** 15 Estimated income 15 16 Estimated tax due. Multiply line 15 by 0.750% 16 17 Taxes to be withheld and paid to Sycamore Twp Jedz and other localities 17 18 Prior credit applied to estimated tax payments (From line 11) 18 19 Net estimated tax due (subtract line 17 and 18 from 16) 19 20 Minimum amount due for first quarter (multiply line 19 by 25%) 20 **Amount You Owe** 21 Total amount due (add lines 13, 14 and 20) Tax Office Use Only: Tax Office Use Only: Tax Office Use Only 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 CREDIT CARD INFORMATION FOR PAYMENT Taxpayer's Signature Date ACCOUNT NUMBER DISCOVER Spouse's Signature Date MasterCare SECURITY PIN CARD EXPIRATION Tax Preparer's Signature Date

AMOUNT

Phone No.

(If other than taxpayer)