| FORM FR 1077 669  | BUSINE   | ESS  |  |  |                                       |  |
|---|--|--|--|--|---------------------------------------|--|
| MAKE CHECK OR MONEY ORDER TO:   | INCOME T   | AX RETURN  | 1101   | 31188118118111 188181 118119811118811 18811 8811   |                                       |  |
| SYCAMORE TWP JEDZ - NORTHWEST   | SYCAMORE TWP JEDZ  |  | Federal ID#  |  |                                       |  |
| c/o Deer Park Tax<br>7777 Blue Ash Road   | Fiscal Period  | to   |  | BusinessTelephone No.  |                                       |  |
| Deer Park OH 45236  |  |  |  | Principal<br>Business  |                                       |  |
|   | Federal Schedules N  |  | this   | Activity   |                                       |  |
| Voice 513-794-8863 Ext Fax 513-794-8866   | re   | eturn.   |  | NAICS Code  IF YOU HAVE MOVED D  | DURING TAX YEAR - GIVE DATES          |  |
|   | j  |  |  |  |                                       |  |
| Name  |  |  |  | CHECK ONE  | OUT OF / /                            |  |
| And   |  |  |  | CORPORATION  | ☐ ESTATE                              |  |
|   |  |  |  | SOLE PROPRIETOR  |                                       |  |
| Address   |  |  |  | PARTNERSHIP S-CORPORATION  | FIDUCIARY                             |  |
|   |  |  |  | OTHER  |                                       |  |
|   |  |  | -  |  |                                       |  |
| 1 Total taxable income 2 Adjustments ( SCHEDULE X, PG 2)  |  |  | 1  | and the second s |                                       |  |
| 3 Taxable income before allocation (Line 1 plu  | s/minus lines 2)   |  | 2  |  |                                       |  |
| 4 Allocation percentage (SCHEDULE Y, PG   | 2)   |  | 4  | %  |                                       |  |
| 5 Adjusted Net Income (Multiply line 3 by line  | : 4)   |  | 5  |  |                                       |  |
| 6 Allocable Net Loss Carry Forward  |  |  | 6  |  |                                       |  |
| <ul><li>7 Sycamore Twp Jedz Taxable income (Line 5</li><li>8 Sycamore Twp Jedz income tax (Multiply lin</li></ul>                                     | minus Line 6)  |  | 7  |  |                                       |  |
| 9 Credits applied from previous year(s) to this   | e / by 0./50%)   |  | 8  |  |                                       |  |
| 10 Estimates paid on this year's liability  | year's nability  |  | 9  |  |                                       |  |
| 11 Other credits  |  |  | 10   |  |                                       |  |
| 12 Total credits (Total line 9, 10 and 11)  |  |  | 11   | Management of the second of th | [                                     |  |
| 13 Tax due (If line 8 is greater than line 12, subt   | ract line 12 from line 8 ) :   | (10.00)  |  |  | 12                                    |  |
| 14 Penalty  | ruot ime 12 from ime 6 / IT  |  | 14   | and the first of the control of the second o | 13                                    |  |
| 15 Interest   |  |  | 14   |  |                                       |  |
| 16 Total due (Total line 13, 14 and 15)   |  |  | 15[  | and and the same of the Annual Annual Annual State of the Annual  | 16                                    |  |
| 17 Overpayment (Issued if greater than \$10.0   | 00)  |  |  |  | 17                                    |  |
| 18 Amount to be refunded  |  |  | 18   |  | 17                                    |  |
| 19 Amount to be credited to next year   |  |  | 19   |  |                                       |  |
| Declaration of Estimate For   |  | A CONTRACTOR OF THE PROPERTY O | ALCOHOL STATE OF THE STATE OF T |  |                                       |  |
| 20 Total estimated income subject to tax  | C4.75  | 2  | 20   |  |                                       |  |
| 21 Estimated tax due. (Multiply line 20 by 0.750  | 1%)  |  |  |  | 21                                    |  |
| <ul><li>22 Less credits (from 19 above)</li><li>23 Net estimated tax due (subtract line 22 from l</li></ul>   | ! 21V  |  | - Development  | and the second s | 22                                    |  |
| 24 Minimum amount due for first quarter (Multi  |  |  | 23   |  | -                                     |  |
| Amount You Owe  | pry line 23 by 23 /6)  |  |  |  | 24                                    |  |
| 25 Total amount due (add lines 16 and 24)   |  |  |  |  | 25                                    |  |
|   |  | Tax Off  | ice Use  | Only: Tax Office Use O   | Only : Tax Office Use Only            |  |
|   |  |  |  |  |                                       |  |
| The undersigned declares that this return (and accompanying schedules) is and that the figures used herein are the same as used for Federal Income Ti | a true, correct and complete return for th   | e taxable period stated  |  |  |                                       |  |
|   | ıx purposes.   |  |  |  |                                       |  |
| THERE IS A 3% FEE FOR ANY CARD PAYMENT  |  |  |  |  |                                       |  |
|   |  | CREDIT CARD  | INFOR  | MATION FOR PAYM  | IFNT                                  |  |
| TaxPayer's Signature  | Date   |  |  | ACCOUNT NUMBER   |                                       |  |
|   |  |  | HSC VER  |  | I I I I I I I I I I I I I I I I I I I |  |
| Tax Preparer's Signature  | The state of the s | VISA   | 44.  | SECURITY PIN   | CARD EXPIRATION                       |  |
| (If other than taxpayer)  | Date   |  | Allen 1994   |  |                                       |  |
| Phone No.   |  |  |  |  | •                                     |  |

AMOUNT

## SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

| ITEMS NOT DEDUCTIBLE   | ADD  | ADD ITEMS NOT TAXABLE                            |  |  | DEDUCT                                 |  |
|--|--|--|--|--|--|--|
| A. Capital Losses (Sec 1221 or 1231 Included)                                  | \$   | H. Capital Gains                                 | ***************************************  | \$   |  |  |
| B. Taxes on or measured by net Income  | Mongartupestonglinestrateglis/Mangarayanga antigenyinggapan          | l. Intangible income                             |  |  |  |  |
| C. Guaranteed Payments to partners, retired partners, members or other owners. | 1  | J. Other Income exempt (Explain)                 |  |  |  |  |
| D. Expenses attributable to non-taxable income (5% of Line I.)                 | <del>(manimus varion quantition q</del> e ette analytique a tetres a | _  |  | Miller districts at the public of the destination of the open public o | <del>leanery</del>                     |  |
| E. Real Estate Investment Trust  |  | <u>,</u>   |  |  |  |  |
| distributions  |  |  | *******************************  | **************************************   | harat val                              |  |
|  | ***************************************                              |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |  |  |
|  | ***************************************                              | <br>***********************************          |  |  |  |  |
| G. Total additions   | , Branditus a hadra adda and hassas longuages relevan                | K. Total deductions                              | ***************************************  | \$   |  |  |
| L. Combine Lines G   | and K and enter  | r net on Part A, Line 2                          | n de la companya de la companya de companya de la c | •  |  |  |
| SCHE   | ULE Y—BUSII  | NESS APPORTIONMENT FO                            | PRMULA   |  | persons                                |  |
| OTTEN 4  |  | a. Located Everywhere                            | b. Located in $\mathbf{JEDZ}$  | Percentage<br>(b / a)  |  |  |
| STEP 1. Original cost of real and tangible p                                   |  | E  | have not any and a second of the second of t | •  |  |  |
| Gross annual rentals pald multiplie  |  |  | y popularina de descripcio constitución de la const | to 4 M s tyrumowek s museumowsky apodemio polytypus  | %                                      |  |
| STEP 2. Wages, salarles, and other competence schedule Y-1                     | nsatlon pald   | **************************************           | Management of the state of the  |  | %                                      |  |
| STEP 3. Gross receipts from sales made ar performed                            | d services   | ACCOUNTY AND |  |  | %                                      |  |
| STEP 4. Total percentages (Add percentage                                      | es from Steps 1-3)   | ·  |  | B-Arofort-makessakk, propinsional and a signal a   | %                                      |  |
| STEP 5. Average percentage (Divide total p                                     | ercentage by numb  | per of percentages used—Carry to Pa              | art A, Line 4)   | ****   | %                                      |  |
| *SCHEDULE Y-1 REC  | ONCILIATION  | TO FORM W-3 (WITHHOLD                            | ING RECONCILIATION   | J)   | e <del>zheni vivili</del>              |  |
| Total wages allocated to . JEDZ (from Feder                                    |  |  |  | \$   | ······································ |  |
| Total wages shown on Form W-3 (Withholding                                     | xeconollietion),   |  |  | \$   |  |  |
| Please explain any difference:   |  |  |  | •  |  |  |
| Pro-   |  |  |  |  | <b></b>                                |  |
| Are there any employees leased in the yea                                      |  |  |  |  | ne leanning                            |  |
| If YES, please provide the name, address                                       | and FID number   | of the leasing company.                          |  |  |  |  |
| Name:  |  |  |  |  |  |  |
| Address  |  |  |  |  |  |  |
| FID Number:  |  |  |  |  |  |  |