

**2006 HEATH INCOME TAX RETURN**  
**FILING IS REQUIRED WHETHER OR NOT A TAX IS DUE**

FOR OFFICE USE ONLY

AMT. REC. \_\_\_\_\_  
 DATE REC. \_\_\_\_\_  
 CASH \_\_\_\_ CHECK \_\_\_\_ # \_\_\_\_\_  
 CAP \_\_\_\_ ISSU. \_\_\_\_ BY. \_\_\_\_\_  
 AUD.REQ. Y \_\_\_\_ N \_\_\_\_  
 COPY MAILED DATE \_\_\_\_ BY \_\_\_\_\_  
 LETTER MAILED DATE \_\_\_\_ BY \_\_\_\_\_

TAXPAYER SOCIAL SECURITY # \_\_\_\_\_

SPOUSE SOCIAL SECURITY # \_\_\_\_\_

PHONE # \_\_\_\_\_

DATE MOVED IN OR OUT OF HEATH  
 IN \_\_\_\_\_ OUT \_\_\_\_\_

CORRECT NAME AND ADDRESS ABOVE IF WRONG.

COMPLETE THIS SECTION IF ONLY INCOME IN 2006 WAS NON-TAXABLE. SEE INSTRUCTION NO. 1.  
 I AM RETIRED AND HAVE NON-TAXABLE INCOME OF  SOCIAL SECURITY/PENSION  INTEREST/DIVIDENDS  
 I HAD NON-TAXABLE INCOME OF  ACTIVE MILITARY PAY  UNEMPLOYMENT  DISABILITY  ADC  
 NOTE: IF YOU HAD NO OTHER SOURCES OF INCOME IN 2006 - STOP HERE, SIGN, DATE AND MAIL YOUR RETURN.

**SECTION A INCOME**

ATTACH ALL APPROPRIATE W-2'S, FEDERAL 1040, SCHEDULES, EXPLANATIONS ETC. ...

- 1. Total W-2 wages. ....
- 1a. Total Adjustments (Page 2, Line A3) .....
- 2. **PAGE 2 INCOME SECTION I, LINE 6** .....
- 3. **INCOME SUBJECT TO HEATH TAX (Line 1 minus line 1a, plus Line 2)** .....
- 4. **HEATH INCOME TAX - 1.5% OF LINE 3** .....

|    |  |
|----|--|
| 1  |  |
| 1a |  |
| 2  |  |
| 3  |  |
| 4  |  |

**SECTION B CREDITS**

- 5. 2006 Estimated tax paid to Heath
- 6. HEATH TAX WITHHELD (W-2 "Local Tax") .....
- 7. HEATH TAX WITHHELD .....
- 8. ALL OTHER CITIES (NOT TO EXCEED 1.25%) .....

| DO NOT EXCEED 1.25% CREDIT |                               | TAX CREDITS |  |
|----------------------------|-------------------------------|-------------|--|
| 5                          |                               | 5           |  |
| 6                          | INCOME \$ ..... x 1.5% .....  | 6           |  |
| 7                          | INCOME \$ ..... x .25% .....  | 7           |  |
| 8                          | INCOME \$ ..... x 1.25% ..... | 8           |  |
|                            | INCOME \$ ..... x % .....     |             |  |
|                            | INCOME \$ ..... x % .....     |             |  |

- 9. **TOTAL CREDITS (Add Lines 5, 6, 7, 8)** .....
- 10. If Line 4 is greater than Line 9, enter difference. Balance due .....
- 11. Assessed penalty \$25.00 \_\_\_\_\_ and interest (1.5%) (per month) \_\_\_\_\_ Complete if filed or paid after 4/15/2007 .....
- 12. TOTAL DUE Make check payable to Heath Income Tax. (Payments under \$5.00 are not required) .....
- 13. If Line 9 is greater than Line 4 resulting in overpayment, please indicate if you desire Refund \_\_\_\_\_ or credit to 2007 tax \_\_\_\_\_. (Overpayments under \$5.00 are not refunded nor carried forward) .....

|    |  |
|----|--|
| 9  |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |

**SECTION C DECLARATION OF ESTIMATED TAX FOR 2007**

Required where tax due exceeds \$100.00

- 14. Total income subject to tax ..... \$ ..... Multiply by tax rate of 1.5% .....
- 15. Tax withheld by employer (Do not exceed 1.25%) .....
- 16. 2007 Net tax due (Line 14 less 15) .....
- 17. Divide Line 16 by 4 .....
- 18. Carryover from prior year. (Line 13, if carryover indicated) .....
- 19. Subtract Line 18 from Line 17 (Pay this amount. If less than zero, enter zero) .....
- 20. PENALTY .....
- 21. **Total payment (Add Lines 12, 19, and 20) (Payments under \$5.00 are not required)** .....

|    |  |
|----|--|
| 9  |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |
| 14 |  |
| 15 |  |
| 16 |  |
| 17 |  |
| 18 |  |
| 19 |  |
| 20 |  |
| 21 |  |

THE UNDERSIGNED DECLARES THAT THIS RETURN IS TRUE, CORRECT AND COMPLETE FOR TAX YEAR 2006.

Tax Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number (ID Number) \_\_\_\_\_ Phone \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Phone \_\_\_\_\_

**WORKSHEET A****ADJUSTMENTS TO LINE 1 INCOME**

1. W-2 income earned Out of City While Not A Resident (attach calculations) .....A1 \$ \_\_\_\_\_
2. 2106 Business Expenses (Attach Federal Form 2106 and Schedule A) .....A2 \$ \_\_\_\_\_
3. WORKSHEET A-TOTAL ADJUSTMENTS. (Enter on Pg.1, Line 1a) .....A3 \$ \_\_\_\_\_

**SECTION I****OTHER INCOME**

1. Profit/Loss from any Business Owned (Attach Federal Schedule C) ..... \$ \_\_\_\_\_
2. Rental and/or Farm Income/Loss (Attach Federal Schedule E or F) ..... \$ \_\_\_\_\_
3. Partnership Income/Loss and S Corp. Shares Income/Loss (Attach Federal Schedule E, 1065 or K-1) ..... \$ \_\_\_\_\_
4. Other Income (Attach Taxable 1099's Or Explain Source) ..... \$ \_\_\_\_\_
5. TOTAL (Add lines 1, 2, 3, 3A, and 4) ..... \$ \_\_\_\_\_

**DEDUCTIONS**

- A. Income Earned Out of City While Not A Resident (Do Not Include W-2 Income) (attach calculations) ..... \$ \_\_\_\_\_
- B. TOTAL DEDUCTIONS ..... \$ \_\_\_\_\_
6. NET Other Taxable Income or Deductions (Line 5 minus B) ..... carry to Page 1 Line 2 ..... \$ \_\_\_\_\_

THE FOLLOWING IS A LIST OF WHAT INCOME IS TAXABLE AND WHAT INCOME IS NOT. PLEASE BE AWARE THAT THESE LISTS ARE NOT ALL INCLUSIVE, AND IF YOU HAVE RECEIVED ANY TYPE OF INCOME THAT DOES NOT APPEAR ON THE LIST, CONTACT THE INCOME TAX BUREAU FOR ASSISTANCE.

**TAXABLE INCOME****Gross wages, salaries, commission and other compensation to include:**

1. Sick pay and vacation pay (including annual leave).
2. Income from wage-continuation plans.
3. Stock options - taxed when exercised on amount indicated on W-2 form.
4. Cost of group term life insurance over \$50,000.00
5. Severance pay.
6. Compensation paid in property or the use thereof at fair market value to the same extent as taxable under the Federal Internal Revenue Act and so indicated on the W-2 from.
7. Tips.
8. Deferred Income Plans.
9. 401-K Plans.
10. Income from guaranteed annual wage contracts.
11. Bonuses/Prizes connected with employment.
12. Gambling/Lottery Winnings (Losses Not Deducted.)
13. Directors fees.
14. Union steward fees.
15. Ordinary income from Form 4797.
16. Profit Sharing - if from non-qualified plan.
17. Residents entire share, whether distributed or not, of the net profits of a subchapter S Corporation.

**NET PROFITS FROM:**

- Unincorporated businesses:
- a. Sole proprietorships - Schedule C
  - b. Rental properties - Schedule E
  - c. Partnerships - Schedule B
  - d. Farm Net Income - Schedule F
- Trusts and Estates (file and pay as entity)

**NON-TAXABLE INCOME**

- A. Military pay including reserve pay.
- B. Income earned while under 16 years of age.
- C. Alimony and Child Support.
- D. Capital gains - unless filed on Form 4797.
- E. Interest.
- F. Dividends.
- G. Social Security benefits.
- H. Worker's Compensation.
- I. State unemployment benefits.
- J. Welfare payments.
- K. Income of religious, fraternal, charitable, scientific, literary or educational institutions to the extent that such income is derived from tax-exempt real estate, tax-exempt tangible or intangible property or tax-exempt activities.
- L. Housing for Clergy.
- M. Pension income - includes lump sum distributions.
- N. Annuities-at time of distribution.