

City of Moraine
 Income Tax Division
 4200 Dryden Rd
 Moraine, Oh 45439
 Phone: (937) 535-1026
 Fax: (937) 535-1026
 Website: www.ci.moraine.oh.us

2020 Business Tax Return MORaine

Fiscal Period _____ TO _____
Calendar Year Taxpayers file on or before April 15th
Fiscal Year Due on 15th Day of 4th Month After Year End
 (A copy of the federal extension must be attached if filed late.)

Federal ID # _____
 Contact Name: _____
 Business Telephone # _____

Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a combined corporate return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Name and Address Email Address:	Filing Status (Check one) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Fiduciary (Trusts and Estates) <input type="checkbox"/> Amended Return Tax Year: _____
If you have moved during tax year- Give Dates INTO _____ OUT OF _____	

Part A 2020 TAX CALCULATION (Attach Copy of Federal Return)

1. Federal Taxable Income before net operating losses and special deductions	1.	
2. Adjustments (From Schedule X)	2.	
3. Adjusted Federal Taxable income before apportionment (Line 1 plus/minus Line 2).....	3.	
4. Losses beginning 1/1/2017 or tax years after (subject to 50% limitation)	4.	
5. Net Profit (Line 3 plus Line 4)	5.	
6. Apportionment percentage (From Step 5, Schedule Y).....	6.	%
7. Apportioned Moraine Net Profit (Line 5 multiplied by Line 6)	7.	
8. 2015-2016 loss carryforward	8.	
9. Moraine taxable income (Line 7 minus Line 8).....	9.	
10. Moraine Income Tax (Line 9 multiplied by 2.5%).....	10.	
11. Estimates/Extension payments on this year's liability.....	11.	
12. Prior Year Credits applied to this year's liability.....	12.	
13. Total payments and credits (Lines 11 plus 12)	13.	
14. Balance Due/ (Overpayment) (Line 10 minus Line 13)	14.	
15. Late Filing Penalty (\$25.00 per month even if no tax due on Line 14)	15.	
16. Penalty Due (15% of the amount not timely paid)	16.	
17. Interest Due (Imposed on all tax not timely paid)	17.	
18. Total Due (Total of Lines 14, 15, 16 and 17) No payment due if Line 18 is \$10.00 or less	18.	
19. Overpayment (If Line 13 is greater than Line 10, enter overpayment)	19.	
20. a. Amount to be refunded \$ _____ b. Credit to next year \$ _____ (Amounts less than \$10.00 will not be refunded)		

Part B Declaration of Estimated Tax for 2021 - Required if estimated tax liability is \$200 or greater

21. Total estimated income subject to tax \$ _____ Multiply By Tax Rate of <u>2.5%</u> For Gross Tax	21.	
22. Less credit for prior year (from Line 20b above)	22.	
23. Net estimated tax due (Line 21 minus Line 22 if greater than zero)*.....	23.	
24. Amount paid with this declaration (not less than ¼ of Line 23).....	24.	
25. TOTAL AMOUNT DUE—Combine Line 18 above with Line 24 (Make checks payable to the City of Moraine)	25.	

*Subsequent estimated payments are due by the 15th of June, September and December

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.

Signature of Person Preparing Return _____ Date _____ Signature of Officer or Agent _____ Date _____

Name of Person Preparing Return _____ Phone Number _____ Name and Title _____ Phone Number _____

Check here to give us permission to contact your paid tax practitioner directly if we have questions regarding the preparation of this return.

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses	\$ _____	H. Capital Gains.....	\$ _____
B. Taxes on or measured by net income	_____	I. Intangible income.....	_____
C. Guaranteed Payments to partners, retired partners, members or other owners.	_____	J. Other income exempt (Explain).....	_____
D. Expenses attributable to non-taxable income (5% of Line I.)	_____		_____
E. Real Estate Investment Trust distributions.....	_____		_____
F. Other.....	_____		_____
	_____		_____
	_____		_____
G. Total additions.....	\$ _____	K. Total deductions.....	\$ _____

L. Combine Lines G and K and enter net on Part A, Line 2 _____

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

		a. Located Everywhere	b. Located in Moraine	Percentage (b ÷ a)
STEP 1.	Original cost of real and tangible personal property.....	_____	_____	
	Gross annual rentals paid multiplied by 8.....	_____	_____	
	TOTAL STEP 1.....	_____	_____	%
STEP 2.	Wages, salaries, and other compensation paid *See Schedule Y-1.....	_____	_____	%
STEP 3.	Gross receipts from sales made and/or work or services performed.....	_____	_____	%
STEP 4.	Total percentages (Add percentages from Steps 1-3)			%
STEP 5.	Average percentage (Divide total percentage by number of percentages used—Carry to Part A, Line 4) **A factor may be excluded only if when it does not exist anywhere**			%

SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)

Total wages allocated to Moraine (from Federal Return or apportionment formula).....	\$ _____
Total wages shown on Form W-3 (Withholding Reconciliation).....	\$ _____

Please explain any difference:

Are there any employees leased in the year covered by this return? _____ YES _____ NO

If YES, please provide the name, address and FEID number of the leasing company.

Name: _____

Address: _____

FEID Number: _____