

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](http://www.ci.moraine.oh.us)

## 2023 Business Tax Return MORaine

Fiscal Period \_\_\_\_\_ TO \_\_\_\_\_  
**Calendar Year Taxpayers file on or before April 15<sup>th</sup>**  
**Fiscal Year Due on 15<sup>th</sup> Day of 4<sup>th</sup> 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: _____	<b>Filing Status (Check one)</b> <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Fiduciary (Trusts and Estates) <hr/> <input type="checkbox"/> Amended Return Tax Year: _____
<b>**If you have moved during tax year- Give Dates**</b> INTO _____ OUT OF _____	

**Part A 2023 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. Net Operating Loss from tax years 2018-2022.....	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. Moraine taxable income .....	8.	
9. Moraine Income Tax due (Line 8 multiplied by 2.5%).....	9.	
10. Estimates/Extension payments on this year's liability.....	10.	
11. Prior Year Credits applied to this year's liability.....	11.	
12. Total payments and credits (Lines 11 plus 12) .....	12.	
13. <b>Balance Due/ (Overpayment) (Line 9 minus Line 12)</b> .....	13.	
14. Late Filing Penalty (\$25.00 even if no tax due on Line 14)	14.	
15. Penalty Due (15% of the amount not timely paid)	15.	
16. Interest Due (Imposed on all tax not timely paid)	16.	
17. <b>Total Due</b> (Total of Lines 14, 15, 16 and 17) No payment due if Line 18 is \$10.00 or less	17.	
18. Overpayment (If Line 13 is greater than Line 10, enter overpayment)	18.	
19. 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 2024 - Required if estimated tax liability is \$200 or greater**

20. Total estimated income subject to tax \$ _____ Multiply By Tax Rate of <u>2.5%</u> For Gross Tax	20.	
21. Less credit for prior year (from Line 19b above) .....	21.	
22. Net estimated tax due (Line 20 minus Line 21 if greater than zero)*.....	22.	
23. Amount paid with this declaration (not less than 1/4 of Line 23).....	23.	
24. <b>TOTAL AMOUNT DUE</b> —Combine Line 17 above with Line 23 (Make checks payable to the City of Moraine)	24.	

\*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: \_\_\_\_\_