



Division of Taxation  
 One Government Center, Ste 2070  
 Toledo, OH 43604-2280  
 Phone: (419) 245-1662  
 web site: www.toledo.oh.gov  
 email: incometax@toledo.oh.gov

# TOLEDO BUSINESS RETURN 2017

For filers of Federal Forms 1120, 1120S, 1065, 1041

Return due on or before April 17, 2018 or  
 within 3 months 15 days after the close of fiscal year or period

**Schedule C Filers Do Not Use This Form**

Attach a copy of your Federal return including all supporting schedules  
 to the back of this return

PLEASE CHECK IF A  
 REFUND   
 CREDIT TO 2018   
 AMENDED

TOLEDO AC # \_\_\_\_\_ FED ID # \_\_\_\_\_

NAME \_\_\_\_\_

TRADE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**LOCAL BUSINESS ADDRESS IF DIFFERENT**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FOR FISCAL YEAR  
 BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_  
 (Short period return  Yes  No)

**FILING STATUS CHECK ONLY ONE**

C-Corporation  Fiduciary (Trust & Estates)  
 S-Corporation  Partnership/Association  
 (Do not use this form for Schedule C filers)

Did you file a Toledo return last year  Yes  No

Is this a consolidated return  Yes  No

Should your account be closed  Yes  No

Reason \_\_\_\_\_

Do you have employees in Toledo?  Yes  No

Nature of business \_\_\_\_\_

**PART A TAX CALCULATION — DO NOT COMPLETE TAX CALCULATION UNTIL SCHEDULE X HAS BEEN COMPLETED:**

1. TOTAL FROM SCHEDULE X LINE 5 ADJUSTED FEDERAL TAXABLE INCOME ..... 1. \$ \_\_\_\_\_
2. ALLOCATION FROM SCHEDULE Y PAGE 2 ..... 2. \_\_\_\_\_ %
3. MULTIPLY Line 1 BY Line 2 ..... 3. \$ \_\_\_\_\_
4. Loss Carried Forward (limited to 5 most recent prior years) ..... 4. \$ \_\_\_\_\_
5. TOLEDO TAXABLE INCOME Line 3 minus Line 4 ..... 5. \$ \_\_\_\_\_
6. TAX ON Line 5 @ 2.25% ..... 6. \$ \_\_\_\_\_
7. 7a. Toledo resident partnership tax paid to other cities \$ \_\_\_\_\_  
 7b. Other Credits (see instructions) \$ \_\_\_\_\_ Total 7a + 7b = 7c \$ \_\_\_\_\_
8. Subtract Line 7c from Line 6 ..... 8. \$ \_\_\_\_\_
9. Total amount of credits from prior year 9a \$ \_\_\_\_\_ total estimate payments 9b \$ \_\_\_\_\_  
 Total credits Line 9a + 9b = 9c \$ \_\_\_\_\_

**(A DECLARATION OF ESTIMATED CITY TAX IS REQUIRED FOR ALL ENTITIES AND INDIVIDUALS WHO OWE MORE THAN \$200 TAX FOR THE YEAR)**

10. Subtract Line 9c from Line 8 – Balance of tax Due ..... 10. \$ \_\_\_\_\_  
 If Line 10 is **Positive**, you have a balance of tax due; go to Line 11. (Do not remit amounts under \$10 as no billing or collection will occur)  
 If Line 10 is **Negative**, you have an Overpayment; go to Line 13. (Amounts of \$9.99 or less will not be refunded or credited)  
 Returns need to be filed in both cases even when under \$10.00
11. See instructions to calculate  
 11a. penalty \$ \_\_\_\_\_ 11b. interest \$ \_\_\_\_\_ 11c. late filing fee \$ \_\_\_\_\_ 11d. total 11a+11b+11c=11d. \$ \_\_\_\_\_
12. Total Line 10 and Line 11d ..... 12. \$ \_\_\_\_\_

**PAYMENT MUST ACCOMPANY RETURN. MAKE PAYMENT PAYABLE TO THE "COMMISSIONER OF TAXATION"**

(or see instructions to pay by credit card) (If paying online, return still needs to be mailed)

13. If Line 10 is an overpayment, indicate the amount to be credited to the 2018 estimate (\$ \_\_\_\_\_)  
 or the amount to be refunded (\$ \_\_\_\_\_). Please check appropriate box at top of page.

**Signature** **IMPORTANT This return is NOT considered filed until signed.**  
*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 are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.*

TAX PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

FIRM NAME \_\_\_\_\_ PHONE \_\_\_\_\_

TAXPAYER MUST SIGN (Signature of Taxpayer) \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

FED ID NUMBER \_\_\_\_\_

Check box if City may discuss your return with tax preparer.

**SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER ORC 718**

- 1. Income per attached Federal return (Form 1120, Form 1120S, Form 1065 or Form 1041) ..... 1. \$ \_\_\_\_\_
- 2. a. Items not deductible (from Line 6J below) ..... 2a. \$ \_\_\_\_\_
- b. Items not taxable (from Line 7F below) ..... 2b. \$ \_\_\_\_\_
- c. Combine Lines 2a and 2b ..... 2c. \$ \_\_\_\_\_
- 3. Combine Line 2c and Line 1 ..... 3. \$ \_\_\_\_\_
- 4. Partnership income previously filed and paid at entity level ..... 4. \$ \_\_\_\_\_
- 5. Adjusted Federal Taxable Income before allocation (Line 3 minus Line 4 Enter in Part A Line 1)..... 5. \$ \_\_\_\_\_

**6. ITEMS NOT DEDUCTIBLE**

- A. Federally deducted losses from IRS 1221 or 1231 property dispositions ..... A \$ \_\_\_\_\_
- B. Amount equal to 5% of intangible income not attributable to sale, exchange or other disposition of IRS 1221 property (5% of Line 7B, 7C, and 7D) ..... B \$ \_\_\_\_\_
- C. Federally deducted taxes based on income ..... C \$ \_\_\_\_\_
- D. Guaranteed payments or accruals to or for current or former partners or members ..... D \$ \_\_\_\_\_
- E. Charitable contributions deducted above corporate limitations ..... E \$ \_\_\_\_\_
- F. IRS 179 expense deducted above corporate limitations ..... F \$ \_\_\_\_\_
- G. Qualified retirement, health insurance and life insurance plans on behalf of owners/owner employees of non C-Corporation businesses ..... G \$ \_\_\_\_\_
- H. Federally deducted dividends, distributions or amounts set aside for, credited to, or distributed to REIT or RIC investors.. H \$ \_\_\_\_\_
- I. Other expenses not deductible (attach documentation explaining) ..... I \$ \_\_\_\_\_
- J. TOTAL ADDITIONS (Enter here and on Line 2a above)..... J \$ \_\_\_\_\_

**7. ITEMS NOT TAXABLE**

- A. Capital/IRS 1231 gains, etc (do not deduct Section 1245 and 1250 gains)..... A \$ \_\_\_\_\_
- B. Interest earned or accrued ..... B \$ \_\_\_\_\_
- C. Dividends..... C \$ \_\_\_\_\_
- D. Income from patents, trademarks, copyrights and royalties from intangible sources ..... D \$ \_\_\_\_\_
- E. Other exempt income (attach documentation or explanation) ..... E \$ \_\_\_\_\_
- F. Total Items not taxable ..... F \$ \_\_\_\_\_

**SCHEDULE Y BUSINESS APPORTIONMENT FORMULA (SEE INSTRUCTIONS)**

	A. Located Everywhere	B. Located in Toledo	C. Percentage (B ÷ A)
<b>Step 1. Average Original Cost of Real &amp; Tangible Personal Property</b>			
Gross Annual Rentals Multiplied by 8 .....	_____	_____	
Total Step 1 .....	_____	_____	_____ %
<b>Step 2. Total wages, salaries, commissions and other compensation of all employees .....</b>	_____	_____	_____ %
<b>Step 3. Gross receipts from sales made and work or services performed .....</b>	_____	_____	_____ %
<b>Step 4. Total percentages .....</b>			_____ %
<b>Step 5. Average percentage (Divide total percentages by number of percentages used) .....</b>			_____ %

**SCHEDULE Y-1 RECONCILIATION OF SCHEDULE Y WAGES LISTED ABOVE TO W3 WITHHOLDING RETURN**

- 1. Total workplace Toledo wages shown on your withholding tax returns filed for the year covered by this return. .... \$ \_\_\_\_\_
- 2. Explanation of any difference between total wages remitted and total wages shown on Schedule Y above.  
\_\_\_\_\_
- 3. Provide the EIN, name and address under which the withholding tax was remitted if different.  
NAME \_\_\_\_\_ EIN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
- 4. Were 1099-MISC forms issued to Toledo residents or to anyone working in Toledo? Yes  No   
If YES, attach copies to this return when filed.