



DIVISION OF TAXATION  
 ONE GOVERNMENT CENTER, STE 2070  
 TOLEDO, OH 43604  
 PHONE: (419) 245-1662  
 WEB SITE: [WWW.TOLEDO.OH.GOV](http://WWW.TOLEDO.OH.GOV)  
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# TOLEDO BUSINESS RETURN 2018

For filers of Federal Forms 1120, 1120S, 1065, 1041  
 Return due on or before April 15, 2019 or  
 within 3 months 15 days after the close of the fiscal year or period  
**Attach a copy of your Federal return including all supporting schedules  
 and issued 1099-Misc.**

**PLEASE CHECK IF A**  
 REFUND   
 CREDITED TO 2019   
 AMENDED   
 BALANCE DUE

TOLEDO ACCOUNT# \_\_\_\_\_ FED ID# \_\_\_\_\_

NAME \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

**LOCAL BUSINESS ADDRESS IF DIFFERENT FROM ABOVE**

ADDRESS \_\_\_\_\_

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

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

**FILING STATUS**

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 employee(s) 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 3 Adjusted Federal Taxable Income .....	1. \$ _____
2. Loss Carried Forward from Schedule NOL Page 2.....	2. \$ _____
3. Federal Taxable Income before Allocation (Subtract Line 2 from Line 1) .....	3. \$ _____
4. Allocation from Schedule Y Page 2 .....	4. _____ %
5. Toledo Municipal Taxable Income (Multiply Line 3 by line 4) .....	5. \$ _____
6. Tax on Line 5 (Multiply Line 5 by 2.25% (.0225)) .....	6. \$ _____
7a. Toledo resident partnership tax paid to other cities \$ _____ (Attach city returns)	
7b. Other Credits (see instructions) \$ _____	Total Line 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 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 under \$10 will not be refunded or credited)

Returns need to be filed in both cases even when under \$10.

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 – Balance of tax due ..... 12. \$ \_\_\_\_\_

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

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

13. If Line 10 is an overpayment, indicate the amount to be credited to the **2019 ESTIMATE** \$ \_\_\_\_\_ or **REFUNDED** \$ \_\_\_\_\_

**MAIL TO →**

**REFUND:**  
 CITY OF TOLEDO INCOME TAX  
 PO BOX 902  
 TOLEDO, OH 43697-0902

**PAYMENT ENCLOSED:**  
 CITY OF TOLEDO INCOME TAX  
 PO BOX 993  
 TOLEDO, OH 43697-0993

**NO PAYMENT ENCLOSED:**  
 CITY OF TOLEDO INCOME TAX  
 PO BOX 929  
 Toledo, OH 43697-0929

**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 \_\_\_\_\_ PTIN \_\_\_\_\_

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

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

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

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

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

**SCHEDULE X RECONCILIATION WITH FEDERAL TAX RETURN PER OHIO REVISED CODE 718**

1. Income per attached Federal return (Form 1120, Form 1120S, Form 1065 or Form 1041) ..... 1. \$ \_\_\_\_\_

2. a. ADDITIONS (from Line 5J below) ..... 2a. \$ \_\_\_\_\_

b. SUBTRACTIONS (from Line 6F below) ..... 2b. \$ \_\_\_\_\_

c. Combine Lines 2a and 2b ..... 2c. \$ \_\_\_\_\_

3. Adjusted Federal Taxable Income before allocation (Combine Line 2c and Line 1) ..... 3. \_\_\_\_\_

**5. ADDITIONS:**

A. Federally deducted losses from IRS 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 6B, 6C and 6D)..... 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 owner/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 \$ \_\_\_\_\_

**6. SUBTRACTIONS:**

A. Capital/IRS 1231 gains, etc (do not deduct 1245 or 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 SUBTRACTIONS (Enter here and on line 2b above) ..... F \$ \_\_\_\_\_

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

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

**SCHEDULE Y-1 RECONCILIATION OF SCHEDULE Y WAGES LISTED ABOVE TO W-3 WITHHOLDING RETURN**

1. Provide the name, EIN under which the withholding tax was remitted if different  
 NAME \_\_\_\_\_ EIN \_\_\_\_\_

2. 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.

**SCHEDULE NOL NET OPERATING LOSS CARRY-FORWARD – (5 Year Limit)**

(See Instructions)	2013	2014	2015	2016	2017	TAX YR OF FILING	TOTAL
<b>Unused Loss Carryforward</b>							
<b>Percentage</b>	100%	100%	100%	100%	50%		
<b>Loss Used THIS YEAR</b> (Enter TOTAL Line 2, Pg 1)							
Loss Carried Forward to NEXT TAX YEAR							