



2019 - MASON INCOME TAX RETURN - 2019

FILING IS REQUIRED EVEN IF NO TAX IS DUE. FILE ON OR BEFORE APRIL 15, 2020 OR THE 15TH DAY OF THE FOURTH MONTH AFTER FISCAL YEAR END. LATE FILING AND/OR LATE PAYMENT OF TAX DUE SUBJECTS FILER TO PENALTY. 90% OF THE TAX MUST BE PAID BY THE 15TH DAY OF THE 12TH MONTH AND THE REMAINDER BY THE ABOVE FILING DUE DATE.

CITY OF MASON TAX OFFICE
6000 Mason-Montgomery Road
Mason, Ohio 45040
(513) 229-8535
Fax: (513) 229-8531
www.imagemason.org

TAXPAYER'S NAME AND ADDRESS ACCT # FEDERAL I.D. # FISCAL YEAR DATES From To Corporation S-Corporation Partnership/Assoc Other Contact Information Should your account be inactive? If yes explain:

1. NET ADJUSTED FEDERAL TAXABLE INCOME 2. LOSSES BEING USED FROM TAX YEARS 2017-2018 3. ADJUSTED FEDERAL TAXABLE INCOME BEFORE APPORTIONMENT 4. AMOUNT OF LINE 3 ALLOCABLE TO MASON 5. LOSSES BEING USED FROM TAX YEARS 2014-2016 6. AMOUNT SUBJECT TO MASON INCOME TAX 7. MASON TAX DUE 8a. PAYMENTS ON 2019 DECLARATION OF ESTIMATED TAX 8b. PRIOR YEAR'S OVERPAYMENT CREDITED TO THIS YEAR 8c. TOTAL CREDITS ALLOWABLE 9. NET TAX 9a. TAX DUE 9b. OVERPAYMENT 9c. PENALTY - LATE FILING 9d. PENALTY - LATE PAYMENT INTEREST 10. BALANCE DUE 11. a. OVERPAYMENT CREDIT TO NEXT YEAR'S ESTIMATE 11b. REFUND

DECLARATION OF ESTIMATED TAX FOR 2020 - REQUIRED IF ESTIMATED TAX IS \$200 OR GREATER

12. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1.12% FOR GROSS TAX OF 13. LESS OVERPAYMENT FROM PRIOR YEAR 14. NET TAX DUE 15. AMOUNT PAID WITH THIS DECLARATION

16. AMOUNT ENCLOSED 2019 (Line 10) \$ AND 2020 (Line 15) \$ DUE BY APRIL 15, 2020 TOTAL \$

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

MAY THE CITY OF MASON TAX DEPARTMENT DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? MAY THE MASON TAX OFFICE COMMUNICATE WITH YOU VIA THE EMAIL ADDRESS?

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF MASON TAX OFFICE

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED) DATE E-MAIL ADDRESS

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE E-MAIL ADDRESS

PREPARER'S ADDRESS TELEPHONE NUMBER

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC 718

X-1. **ADJUSTED FEDERAL TAXABLE INCOME (AFTI)(ATTACH COPY OF FEDERAL RETURN).....** \$

FROM FEDERAL FORM NUMBER: _____ PAGE NUMBER ON FEDERAL FORM: _____ LINE NUMBER ON FEDERAL FORM: _____

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. CAPITAL LOSSES (SEC 1221 AND 1231 INCLUDED)..... \$ _____		i. CAPITAL GAINS..... \$ _____	
b. TAXES (On or measured by net income)..... \$ _____		j. INTANGIBLE INCOME (Federally reported intangible income such as, but not limited to, interest dividends, patent and copyright income) \$ _____	
c. GUARANTEED PAYMENTS (To partners, retired partners, members or other owners) \$ _____		k. Net profit of a pass-through entity owned directly or indirectly by the taxpayer and included in the taxpayer's federal taxable income unless the net profit is included in the net profit of an affiliated group in accordance with ORC 718.06 (E)(3)(b) ... \$ _____	
d. EXPENSES ATTRIBUTABLE TO NON-TAXABLE INCOME (5% of Line j) \$ _____		l. OTHER (Explain) \$ _____	
e. REAL ESTATE INVESTMENT TRUST (REIT'S and RIC'S – All amounts allowed as a deduction) ... \$ _____			
f. OWNERS' BENEFITS (Federally deducted amounts paid or accrued to or for Qualified Self-Employment Retirement Plans, Health Insurance Plans and Life Insurance Plans for owners or owner-employees of Non-C Corporation Entities \$ _____			
g. Loss incurred by a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's federal taxable income unless the loss is included in the net profit of an affiliated group in accordance with ORC 718.06 (E)(3)(b) ... \$ _____			
h. OTHER (Explain) \$ _____			
X-2. TOTAL ADDITIONS (Add Lines a-h)..... \$ <input type="text"/>		X-3. TOTAL DEDUCTIONS (Add Lines i-l) \$ <input type="text"/>	
		X-4. NET ADJUSTED FEDERAL TAXABLE INCOME (X-1 PLUS X-2 MINUS X-3) \$ <input type="text"/>	

↳ page 1, line 1

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN MASON	C. PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	_____	_____	
VALUE OF PROPERTY RENTED (Gross Annual Rental Multiplied by 8)	_____	_____	
TOTAL STEP 1 (Cost of Property Plus Value of Property Rented)	_____	_____	_____ %
STEP 2. GROSS RECEIPTS (From Sales Made and Services Performed)	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID (See Schedule Y-1) ..	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES (Add Percentages from Steps 1-3)	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total percentage by Number of Percentages Used – Carry to Page 1, Line 4)			<input type="text"/> %

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

TOTAL WAGES ALLOCATED TO MASON (from Federal Return or Apportionment Formula in Schedule Y) \$ _____
 TOTAL WAGES SHOWN ON FORM W-3 (Withholding Reconciliation) Account # _____ \$ _____

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 FID of the leasing company)

SCHEDULE Y-2 ALLOCABLE LOSSES FROM 2014-2016 INCOME TAX RETURNS (ENTER RESULT ON PAGE 1, LINE 5)

Enter remaining losses only.

YEAR 2014 _____ + YEAR 2015 _____ + YEAR 2016 _____ = TOTAL \$

SCHEDULE Y-3 ALLOWED USAGE OF GROSS LOSSES FROM 2017-2018 (ENTER RESULT ON PAGE 1 LINE 2)

- YEAR 2017 _____ + YEAR 2018 _____ = \$ _____ TOTAL 2017-2018 losses not previously used
 (2017 NOL × 50% _____) + (2018 NOL × 50% _____) = LIMIT (1) \$ _____ (1)
- ADJUSTED FEDERAL TAXABLE INCOME (AFTI) (from **SCHEDULE X**, line **X-4**) \$ _____
- 2014-2016 LOSSES _____ (from **SCHEDULE Y-2**) ÷ MASON APPORTIONMENT _____ % (from **SCH Y, STEP 5**) .. \$ _____
- Line 2a minus line 2b = \$ _____ × 50% = LIMIT (2) \$ _____ (2)
- Allowed 2017-2018 NOL Deduction = SMALLER AMOUNT (1) or (2)** \$

SCHEDULE Z PARTNER/OWNER DISTRIBUTIVE SHARES OF NET INCOME (FOR S-CORPORATIONS AND PARTNERSHIPS)

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTNER/OWNER ON A SEPARATE ATTACHMENT:

- | | | |
|---|----------------------------|-----------------------|
| 1) Individual's Name | 4) Distributive Percentage | 6) Taxable Amount |
| 2) Residency (Name of City or Township) | 5) Other Payments | 7) Taxable Percentage |
| 3) Distributive Share | | |