



2020 - MASON INCOME TAX RETURN - 2020

FILING IS REQUIRED EVEN IF NO TAX IS DUE. FILE ON OR BEFORE APRIL 15, 2021 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? No Yes
If yes explain:

1. NET ADJUSTED FEDERAL TAXABLE INCOME (from page 2, Schedule X, line X-4) 1. \$
2. LOSSES BEING USED FROM TAX YEARS 2017-2019 (from page 2, Schedule Y-3, line 3) 2. \$
3. ADJUSTED FEDERAL TAXABLE INCOME BEFORE APPORTIONMENT (line 1 plus line 2) 3. \$
4. AMOUNT OF LINE 3 ALLOCABLE TO MASON (Multiply line 3 by % from page 2, Schedule Y, Step 5.) 4. \$
5. LOSSES BEING USED FROM TAX YEARS 2015-2016 (from page 2, Schedule Y-2) 5. \$
6. AMOUNT SUBJECT TO MASON INCOME TAX (line 4 plus line 5) 6. \$
7. MASON TAX DUE (Multiply Line 6 by 1.12%) 7. \$
8. a. PAYMENTS ON 2020 DECLARATION OF ESTIMATED TAX 8a. \$
b. PRIOR YEAR'S OVERPAYMENT CREDITED TO THIS YEAR 8b. \$
c. TOTAL CREDITS ALLOWABLE (Add Lines 8a and 8b.) 8c. \$
9. NET TAX
a. TAX DUE (If line 7 is greater than line 8c, subtract line 8c from line 7.) 9a. \$
b. OVERPAYMENT (If line 7 is less than line 8c, subtract line 7 from line 8c.) 9b. \$
c. PENALTY - LATE FILING \$ 9c. \$
\$25/month or fraction thereof, NTE \$150
d. PENALTY - LATE PAYMENT \$ INTEREST \$ 9d. \$
15% of amount not timely paid Imposed on all tax not timely paid
10. BALANCE DUE (Add lines 9a, 9c, & 9d or subtract lines 9c & 9d from line 9b.) (Enter 0 if \$10.00 or less.) 10. \$
11. a. OVERPAYMENT CREDIT TO NEXT YEAR'S ESTIMATE \$ 11b. REFUND \$
(NO CARRYOVER OR REFUND IF \$10.00 OR LESS)

DECLARATION OF ESTIMATED TAX FOR 2021 - 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 12. \$
13. LESS OVERPAYMENT FROM PRIOR YEAR (from line 11a above) 13. \$
14. NET TAX DUE (line 12 minus line 13) NOTE: 90% of actual tax liability is due by the 15th day of the 12th month. 14. \$
15. AMOUNT PAID WITH THIS DECLARATION (not less than 22 1/2% of line 14) 15. \$

16. AMOUNT ENCLOSED 2020 (line 10) \$ AND 2021 (line 15) \$ DUE BY APRIL 15, 2021 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? YES NO
MAY THE MASON TAX OFFICE COMMUNICATE WITH YOU VIA THE EMAIL ADDRESS? YES NO

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) ..... \$ _____  |     |   |        |
| <b>X-2. TOTAL ADDITIONS</b> (Add lines a-h).....\$ <input type="text"/>  |     | <b>X-3. TOTAL DEDUCTIONS</b> (Add lines i-l) ..... \$ <input type="text"/>  |        |
|  |     | <b>X-4. NET ADJUSTED FEDERAL TAXABLE INCOME</b> (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)  |
|---|-----------------------|---------------------|------------------------|
| <b>STEP 1.</b> 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) ..... \$ _____  | \$ _____              | \$ _____            | _____ %                |
| <b>STEP 2.</b> GROSS RECEIPTS (From Sales Made and Services Performed) ..... \$ _____   | \$ _____              | \$ _____            | _____ %                |
| <b>STEP 3.</b> WAGES, SALARIES AND OTHER COMPENSATION PAID (See Schedule Y-1) .. \$ _____                                       | \$ _____              | \$ _____            | _____ %                |
| <b>STEP 4.</b> TOTAL PERCENTAGES (Add Percentages from Steps 1-3.) ..... _____  |                       |                     | _____ %                |
| <b>STEP 5.</b> 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 2015-2016 INCOME TAX RETURNS (Enter result on page 1, line 5.)**

Enter remaining losses only.

YEAR 2015 \$ \_\_\_\_\_ + YEAR 2016 \$ \_\_\_\_\_ = TOTAL ..... \$

**SCHEDULE Y-3 ALLOWED USAGE OF GROSS LOSSES FROM 2017-2019 (Enter result on page 1, line 2.)**

Enter remaining losses only.

1. YEAR 2017 \$ \_\_\_\_\_ + YEAR 2018 \$ \_\_\_\_\_ + YEAR 2019 \$ \_\_\_\_\_ = TOTAL 2017-2019: \$ \_\_\_\_\_

× 50% = **LIMIT (1)** \$ \_\_\_\_\_ **(1)**

2a. ADJUSTED FEDERAL TAXABLE INCOME (AFTI) (from **SCHEDULE X**, line **X-4**) ..... \$ \_\_\_\_\_

2b. 2015-2016 LOSSES \$ \_\_\_\_\_ (from **SCHEDULE Y-2**) ÷ MASON APPORTIONMENT \_\_\_\_\_ % (from **SCH Y, STEP 5**) \$ \_\_\_\_\_

2c. Line 2a minus line 2b = \$ \_\_\_\_\_ × 50% = **LIMIT (2)** ..... \$ \_\_\_\_\_ **(2)**

3. **Allowed 2017-2019 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                   |                            |                       |