

Phone: 419-424-7133  
Fax: 419-424-7410

Fiscal period: \_\_\_\_\_, thru \_\_\_\_\_

findlayohio.gov/incometax

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print your full name(s) and current address above.

Your Social Security number(s) must appear below.

Your SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you moved during 2023 or 2024, show the date(s) below

Date moved into village \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date moved out of village \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fed. ID No. \_\_\_\_\_ - \_\_\_\_\_

<b>PAYMENTS</b>	01. <b>Mount Cory village income tax withheld from your wages</b> (W-2 box 19) (To be used by individuals only)	01.	<input type="text"/>
	02. <b>Credit for tax paid to other cities or villages</b> (This line is zero)	02.	<input type="text" value="0"/>
	03. <b>Tax payments you already issued directly for the Village of Mount Cory for 2023</b> (Do not round)	03.	<input type="text"/>
	04. <b>Prior-year overpayments greater than \$10 to be applied to this tax year</b> (Do not round)	04.	<input type="text"/>
	05. <b>Total payments and credits</b> (Add lines 1 thru 4; Do not round)	05.	<input type="text"/>

<b>INCOME</b>	06. <b>Wages:</b> Use box 5 of W-2. If box 5 is zero, see instructions. (Number of W-2s attached _____)	06.	<input type="text"/>
	6a. <b>When applicable, _____% of wages not taxable</b> (Attach explanation and see instructions)	6a.	<input type="text"/>
	07. <b>Business income or (loss)</b> (Attach Federal Schedule C, K-1, Form 1120, 1120S, 1065)	07.	<input type="text"/>
	08. <b>Rental income or (loss)</b> (Attach Federal Schedule E)	08.	<input type="text"/>
	09. <b>Farm income or (loss)</b> (Attach Federal Schedule F)	09.	<input type="text"/>
	10. <b>Other income</b> (Interest, dividends, unemployment, 1099-R income, and alimony are <u>not</u> taxable.)	10.	<input type="text"/>
	11. <b>Carry-forward loss</b> (Five-year limit; Attach carry-forward loss worksheet; See ORC 718.01)	11.	<input type="text"/>
	12. <b>Unreimbursed employee business expenses</b> (Attach Federal Form 2106, 1040, & Schedule A)	12.	<input type="text" value="0"/>
	13. <b>Wages, profits, and other income subject to MountCory income tax</b> (Lines 6 thru 12) See instructions	13.	<input type="text"/>
	14. <b>Mount Cory village income tax liability</b> (1.00% of line 13)	14.	<input type="text"/>

<b>PEN / INT</b>	15. <b>Late filing penalty (\$25 - \$150)</b> _____	16. <b>Late payment penalty</b> _____	<input type="text"/>
	17. <b>Total penalty</b> (Line 15 plus line 16)	17.	<input type="text"/>
	18. <b>Interest</b> (0.833% of the delinquent tax per month)	18.	<input type="text"/>

19. <b>Total tax liability, penalty, and interest</b> (Add lines 14, 17 & 18)	19.	<input type="text"/>
20. If line 19 is greater than line 5, subtract line 5 from line 19. This is the amount you owe.	20.	<input type="text"/>
20a. Payment enclosed with this return. Make check payable to City of Findlay.	20a.	<input type="text"/>
21. If line 5 is greater than line 19, subtract line 19 from line 5. This is the amount you overpaid.	21.	<input type="text"/>

a. Amount to be refunded.

b. Amount to be applied to

I certify, to the best of my knowledge and belief, that the information shown on this document is true, correct, and complete. If necessary, may we contact the preparer? \_\_\_\_\_

If the balance due is \$10 or less, do not pay the balance. If the overpayment is \$10 or less, a refund or credit will not be allowed.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Day Phone \_\_\_\_\_

Signature of preparer \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature (only if joint return) \_\_\_\_\_ Date \_\_\_\_\_

Address & phone number of preparer \_\_\_\_\_

**Schedule T Credit for Tax Paid to Other Cities or Villages** (To be used by Mount Cory resident individuals only)

$$\frac{\text{— 0 —}}{\text{Income Earned in Other City or Village}} \times \frac{\text{— 0 —}}{\text{Credit Rate}} = \frac{\text{— 0 —}}{\text{Allowed Credit (To line 2 on front)}}$$

**Schedule X Reconciliation With Federal Income Tax Return** (For businesses only; See Ohio Revised Code 718.01)

1. Federal taxable income before net operating loss and special deductions: Form 1120, Line 28 If not a C corporation, the Form, Schedule, and line number with which you began:	1	\$	
2. Deduct: Intangible income included in the amount reported on line 1 above such as interest, dividends, patent and copyright income, and royalties derived from intangible property except intangible income that is directly related to the sale, exchange, or other disposition of property described in IRC Section 1221	2	-	
3. Deduct: Income and gain included in the amount reported on line 1 above directly related to the sale, exchange, or other disposition of property described in IRC Sections 1221 or 1231 except to the extent the income and gains apply to those described in IRC Sections 1245, 1250, or 291	3	-	
4. Deduct: Partnership, LLC, or S corporation IRC Section 179 expenses not already deducted in arriving at the amount reported on line 1 above	4	-	
5. Deduct: Partnership, LLC, or S corporation charitable contributions not already deducted in arriving at the amount reported on line 1 above, to the extent they would be deductible by a C corporation	5	-	
6. Deduct: Other sources of nontaxable income included in the amount reported on line 1 above Describe	6	-	
7. Deduct: Other amounts as allowed by Ohio Revised Code Chapter 718 Describe	7	-	
8. Add: Five percent of intangible income reported on line 2 above	8	+	
9. Add: Taxes based on or measured by net income and deducted in arriving at the amount reported on line 1 above. Deductions for the Ohio CAT are allowable.	9	+	
10. Add: Losses deducted in arriving at the amount reported on line 1 above directly related to the sale, exchange, or other disposition of property described in IRC Sections 1221 or 1231	10	+	
11. Add: Guaranteed payments or similar amounts paid or accrued to current or former partners or members and deducted in arriving at the amount reported on line 1 above	11	+	
12. Add: Dividends, distributions, or amounts set aside for or credited to the benefit of REIT or RIC investors and deducted in arriving at the amount reported on line 1 above	12	+	
13. Add: Amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of a non-C corporation business and deducted in arriving at the amount reported on line 1 above	13	+	
14. Add: Other items that are not deductible for Ohio municipal income tax purposes Describe	14	+	
15. Add: Other items that are not deductible for Ohio municipal income tax purposes Describe	15	+	
16. Equals adjusted Federal taxable income for Ohio municipal income tax purposes	16	=	
17. Line 16 times % from Step 5 of Schedule Y below. Forward to line 7 on the front of this return	17	\$	

Tax is imposed first on adjusted Federal taxable income of a partnership, LLC, or S corporation to the extent the business' income is apportioned to Mount Cory determined by using the Business Allocation Formula in Schedule Y below. Resident individual partners and members must then report their untaxed distributive shares and guaranteed (or similar) payments.

**Schedule Y Business Allocation Formula** (Not for Resident Individuals; See Ohio Revised Code 718.02)

	A. In Mount Cory	B. Everywhere	C. (A ÷ B)
Step 1. Average original cost of real & tangible personal property .....	_____	_____	_____ %
Gross annual rental expense multiplied by 8 .....	_____	_____	_____ %
Total Step 1 .....	_____	_____	_____ %
Step 2. Wage, salary, & compensation expenses .....	_____	_____	_____ %
Step 3. Gross receipts from sales .....	_____	_____	_____ %
Step 4. Add the percentages in column C .....	_____	_____	_____ %
Step 5. Average percentage (Divide total in Step 4 by number of percentages used) .....	_____	_____	_____ %
If A and B in a step are zero, the percentage is not used.			