©© 2021–Net Profit Tax Return

TO

PO BOX 94810

Cleveland OH 44101-4810

Due April 18, 2022, or 105 days from end of fiscal year.

CCA – DIVISION OF TAXATION

216.664.2070 • 800.223.6317 www.ccatax.ci.cleveland.oh.us

4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3A or 3B less Line 3C)						ear Beginning _							• • •			
Address	CC			-	later than	15 days before the	close of tax yea	r. (see ordina	ance)			Extension	Attached			
Computation of City Taxable Income Enclose complete Federal Return including all attachments. Check status as a taxpayer: Pantenchip Corporation Subchapter S. Corp. Cohere Computation of City Taxable Income Enclose complete Federal Return including all attachments (see institutions) from 120, Line 25 from 1204. State 25 from 1204. S										Federal Identification Number						
City, State, 2/p Check status as a taxpayer: Partnership Corporation Subchapter 5. Corp. Other Computation of City Texable Income = Enclose complete Federal Return with all attachments. I. NCOME PER ATTACHED FEDERAL TAX RETURN Antible copy of Federal Return with all attachments (see instructions) from 1/20. Line 28. Form 1/20. Line 24. Form 1/20. Start, K. Line 18, Form 1/20. Start, K. Line 29. Form 1/20. Start	≥ A	Address							Trade Name							
Check tattus as a taxapayer. [Partmethip Corporation Subchapter S. Gerp. Other Computation of City Taxable Income = Enclose complete Facedral Return with all attachments. 1. NACOME PER ATTACHED FEDERAL TAX RETURNAllans vopy of Federal Return in Mills and Bachments (some instructions). From 1102, Line 24: From 11203. Line 27: From 1204. From 1205. Analysis of Net Income (Loss). From 1041. Line 17: From 990 T. Line 30	ÖA	Address						Local Business Address								
Check status as a taxagayer. Partmership Corporation Subchagers S, Cerp. Other Computation of City Taxable Income Enclose complete Federal Return with all attachments. NOOME PER ATTACHED FEDERAL TAX INTURNA-Allesh copy of Federal Return with all attachments (sour instructions)	S C	City, State, Zip							Principal Business Activity Code Phone No.							
1. INCOME PER ATTACHED FEDERAL TAX RETURN. Attach copy of Federal Return, including all attachments (see instructions) = missuations. Form 1120. Line 28 cf. Form 1120.4. Line 12 cf. Form 120.4. Form 120.5 cf. Form 120.4. Line 13 cf. Form 120.4. Line 17 cf. Form 990 T. Line 30	ш		С	heck status as	a taxpayer	: Partnership	☐Corporation [Subchapt	er S. (Corp. Other						
Institutions Form 1105, Analysis of Net Income (bast) Form 11205, Seh. K Line 18, Form 1120-8, Ch. K Line 18,	Com	puta	atio	n of City Ta	xable In	come – Enclos	se complete F	ederal R	etur	n with all atta	achments.					
B. ITEMS DEDUCTED FROM INCOME (From Line 2, Schedule X Below)	ins	tructi	ons) Form 1120,	Line 28; Fo	orm 1120-A, Line	24; Form 1120	S, Sch. K L	ine 1	8; Form 1120-F	REIT, Line 20;		\$			
C. ENTER EXCESS OF LINE 2A OR 2B 3. A ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2C) IF SCHEDULE X IS USED	2. A.	ITEM	IS A	DDED BACK	TO INCO	ME (From Line M	I, Schedule X B	elow)		ADD	(2A.) \$					
8. AADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2C) IF SCHEDULE X IS USED	B.	ITEM	SE	EDUCTED F	ROM INC	OME (From Line	Z, Schedule X E	Below)		DEDUCT	(2B.) \$					
B. AMOUNT ALLOCABLE TO CCA MUNICIPALITIES FROM SCHEDULE Y (see instructions)	C.	ENTE	ΞR	EXCESS OF	LINE 2A O	R 2B						(2C.)	\$			
C. LESS ALLOWABLE AND UNEXPIRED NET OPERATING LOSS (Complete Schedule Y-Part B)	3. A.	ADJU	JST	ED FEDERA	L TAXABI	E INCOME (Line	e 1 plus or minu	s Line 2C)	IF S	CHEDULE X IS	USED	(3A.)	\$			
4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3A or 3B less Line 3C) Not Profitis Tax Distribution — Enclose complete Federal Return with all attachments. Service of the first of the	В.	AMO	UN	T ALLOCABL	E TO CCA	MUNICIPALITIE	S FROM SCHE	DULE Y (s	see in	structions)	% OF LIN	E 3A (3B.)	\$			
Not Profits Tax Distribution — Enclose complete Federal Return with all attachments. For Office of the Column and Column	C.	LESS	S AL	LOWABLE A	ND UNEX	PIRED NET OPE	ERATING LOSS	(Complete	Sch	edule Y–Part B)	(3C.)	\$			
For Office Let of Collum 1 Let all cities where work earlier that in the where work earlier that we want that we want that work earlier that want that want that want that work earlier that want that want that												(4)	\$			
List all cities where work business located available income by the complete of the control business located available income by the control business located available income			ts									COLUMN 7A	COLUMN 7B	COLUMN 7C		
SCHEDULE X Adjustments to income per Federal Tax Return as reported on Line 1 of this form Items to be ADDED back to income per attached Federal Return (as reported on Line 1 of this form) A. CAPITAL LOSSES AND ORDINARY LOSSES (SEE INSTRUCTIONS)			N	List all cities v	where work	Net	Tax	Tax	N 4	Less: Prior	Less: Tax Paid on Profit	Net Tax				
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(SEE INSTRUCTIONS) \$ (EXCLUDING ORDINARY GAINS)\$ B. EXPENSES ATTRIBUTABLE TO NON-TAXABLE (INCOME (5% of Line 2 less Line N)\$ C. TAXES BASED ON INCOME\$ D. AMOUNTS PAID OR ACCRUED ON BEHALF\$ OF OWNERS FOR QUALIFIED SELF-EMPLOYED RETIREMENT PLANS, HEALTH AND/OR LIFE INSURANCE E. OTHER (attach explanation)\$ M. TOTAL ADDITIONS (Enter as Line 2A above)\$ LOSS CARRYFORWARD SCHEDULE Note: This 5-year Loss Carryforward Schedule must be completed, or a similar schedule attached to this return that includes all required information—see instructions. CCA MEMBER 1'2021 UNAPPORTIONED ADJ FED TAXABLE IND. (AFTER SCH X ADJ.) NOTE: This 5-year Loss Carryforward Schedule must be completed, or a similar schedule attached to this return that includes all required information—see instructions. CCA MEMBER 1'2021 UNAPPORTIONED ADJ FED TAXABLE IND. (AFTER SCH X ADJ.) (ENTER AS NEGATIVE) (ENTER AS NEGATIVE) DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THEY ARE TRUE, CORRECT AND COMPLETE. THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES ADJUSTED TO MUNICIPAL INCOME TAX ORDINANCES. Do you authorize your preparer to contact us regarding this return? YES NO Signature of Officer or Partner (Date) Address of Preparer						per attached re	derai Neturii (a	45								
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CCA MEMBER 2021 UNAPPORTIONED ADJ FED TAXABLE INC (AFTER SCH X ADJ.) ADJ FED TAXABLE INC (AFTER SCH X ADJ.) ADJ FED TAXABLE INC (AFTER SCH X ADJ.) ENTER AS NEGATIVE PRE-2017 UNEXPIRED AND APPORTIONED NOL (ENTER AS NEGATIVE) UNAPPORTIONED NOL (ENTER AS NEGATIVE) So% (ENTER AS NEGATIVE) UNAPPORTIONED AFTI (INAPPORTIONED AFTI (INAPPORTED AFTI (INAPPORTIONED AFTI (INAPPORTIONED AFTI (INAPPORTIONED AFTI (INAPPORTIONED AFTI (INAPPORTED AFTI (INAPPORTED AFTI (INAPPORTIONED AFTI (INAPPORTED AF	LO	ss c	AF	RRYFORWA	RD SCH									chedule		
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3 Enter this amount in Schedule Y - Part A and Multiply by your apportionment ratio to determine taxable income for the Municipality/ Jedd(z) DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THEY ARE TRUE, CORRECT AND COMPLETE. THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES ADJUSTED TO MUNICIPAL INCOME TAX ORDINANCES. Do you authorize your preparer to contact us regarding this return? YES NO Signature of Officer or Partner (Date) Address of Preparer	ADJ FED TA			:MBER	ADJ FED TAXABLE INC AND APPORTIC			ONED NOL		APPORTIONED @ 50% (ENTER A	NOL UNAP	OL UNAPPORTIONED AFTI		apportionable income this amount should equal line 3 A. on the Net		
Title Y - Part A and Multiply by your apportionment ratio to determine taxable income for the Municipality/ Jedd(z) Y - Part A and Multiply by your apportionment ratio to determine taxable income for the Municipality/ Jedd(z) Y - Part A and Multiply by your apportionment ratio to determine taxable income for the Municipality/ Jedd(z) DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THEY ARE TRUE, CORRECT AND COMPLETE. THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES ADJUSTED TO MUNICIPAL INCOME TAX ORDINANCES. Do you authorize your preparer to contact us regarding this return? YES NO Signature of Officer or Partner (Date) Address of Preparer										,			2 See ORC 718	2 See ORC 718.01(D)(3)		
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Title Address of Preparer										DSES ADJUSTED T	O MUNICIPAL INC	OME TAX ORDINAL	EF THEY ARE TRUE NCES.			
	Signatu	ire of (Office	er or Partner			(Date)			Signature	of Person or Firm	Preparing the Retu	ırn	(Date)		
NO Payment Enclosed - Mail to: Payment Enclosed - Mail to: Refund Request - Mail to:	Title									Address o	f Preparer					
MAIL CCA – Division of Taxation CCA – Division of Taxation CCA – Division of Taxation		MAII								sed - Mail to:						

PO BOX 94723

Cleveland OH 44101-4723

PO BOX 94520

Cleveland OH 44101-4520

						1							
Date Business or Trust Created							You must complete the following if the business was sold, terminated or is no longer required to file a CCA tax return.						
2. Did you file a return last year?				□Yes	□No		Date business was sold			red to file with Co	CA		
3. Did you have any employees during 2021?				□Yes	□No		If the business was sold or your business activity is now reported under another						
4 On v	vhich basis a	are your record	s kept?	□Cash	Accrual	FEIN, complete the following regarding the business purchaser or new entity:					w entity:		
☐ Completed Contract ☐ Other							Name						
							FEIN						
	•	I Tax Liability for		_			Address		year (i.e. from a	C Corp. to S C	orn) complete		
the year covered by this return as a result of an examination b					•	If business entity changed during the year (i.e. from a C Corp. to S Corp.), c the following:					orp.), complete		
Internal Revenue Service?							Previous entity type:; New entity type:						
SCH	EDULE Y	Business A	Allocation Fo	ormula			, , , ,		•	, ,,			
	_	A. LOCATED	EVERYWHER	RE									
PAR ⁻	τΑ	STEP 1. Ave	rage original c	ost of real and	l tangible prope	rty.	\$	s					
							\$						
		the	ai wages, tips a attached feder	and otner emp al tax return	ioyee and/or ow	mer 	compensation dedu	ciea on	\$				
		STEP 3. Gro	ess receipts fro	m sales made	and work or se	rvice	es performed	• • • • • • • • • • • • • • • • • • • •	\$				
							PS BELOW. COMPL CA municipality listed		ITAGE FOR EA	ACH APPROP	RIATE CCA		
	CITY	STI	EP 1	STEP 2	STEP 3		AVERAGE PERCENTAGE			TAXABLE INCOME			
		\$	\$		\$			Adjusted Federal T		rom Line			
			%	%		%	3	(A) on front of this	return	\$			
		\$	\$		\$		\$						
			%	%		%	% fo	Multiply this figure I	by the average pe	ercentage			
		[\$	\$		\$			or each city, and i ity in the space at		nount by			
			%	%		%) Determine average		dividing ¢			
				70	\$	70		otal percentages b					
			%	%	<u> </u>	%		ised.		•			
		\		70	\$	70		he amounts of ta					
				%	Ψ	%		ight hand column a Profit Return Colum					
	TOTAL AV	/FRAGE PERO			B) CCA 120-17		<u>%</u>			•			
					•								
PAR	_												
FAN	עו ט	(A)	(B)	(C)	Sum(A) through (C)			(A)	(B)	(C)	Sum(A) through (C		
		¹ 2021	PRE-2017	² 2017, 2018,				¹ 2021	PRE-2017	² 2017, 2018,	ourn(A) through (O		
CCA MEMBER		UNAPPORTIONED ADJ FED TAXABLE INC (AFTER SCH X ADJ.)			3 ADJUSTED 2021 UNAPPOR- TIONED AFTI		CCA MEMBER	UNAPPORTIONED ADJ FED TAXABLE INC (AFTER SCH X ADJ.)		2017, 2016, 2019, 2020 UNAPPORTIONE NOL @ 50% (ENTER AS NEGATIVE)	³ ADJUSTED 2021 UNAPPOR- TIONED AFTI		
Burton							Oakwood (Paulding Cnty)						
Clayton						_	Obetz						
Clevela	and					_	Orwell						
Dalton							Paulding						
Elida Geneva-on-the-Lake						_	Phillipsburg Pitsburg						

Riverside

Seville

Shreve

Union Waynesfield

Rock Creek

Rushsylvania

Russells Point

South Russell

West Milton

Revenue Sharing JEDD/JEDZ - complete below

Germantown

Grand River

Linndale

Marble Cliff

Montpelier

Munroe Falls New Carlisle

New Madison New Miami New Paris North Baltimore North Randall

Mentor-on-the-Lake

Grand Rapids

Highland Hills

¹ For each municipality with apportionable income this amount should equal line 3 A. on the Net Profit return
2 See ORC 718.01(D)(3)
3 Enter this amount in Schedule Y - Part A and Multiply by your apportionment ratio to determine taxable income for the Municipality/Jedd(2)
If your calculation is different attach a page showing the detail.
NOL calculations are subject to adjustment pending changes to ORC 718.