



2025-Net Profit Tax Return

Calendar Year 2025 or Tax Year Beginning _____ And Ending _____

90% payment due no later than 15 days before the close of tax year. (see ordinance)

Due April 15, 2026, or
105 days from end of fiscal year.

Central Collection Agency
Municipal Income Tax
(216) 664-2070 / (800) 223-6317
www.ccaohio.gov

Extension Attached

CCA FORM 120-17-BR

PRINT OR TYPE	Name of Business	Federal Identification Number	
	Address	Trade Name	
	Address	Local Business Address	
	City, State, Zip	Principal Business Activity Code	Phone No.

Check status as a taxpayer: Partnership Corporation Subchapter S. Corp. Other

Computation of City Taxable Income – Enclose complete Federal Return with all attachments.

1. **INCOME PER ATTACHED FEDERAL TAX RETURN**—Attach copy of Federal Return, including all attachments (see instructions) Form 1120, Line 28; Form 1120-A, Line 24; Form 1120S, Sch. K Line 18; Form 1120-REIT, Line 20; Form 1065, "Analysis of Net Income (Loss)"; Form 1041, Line 17; Form 990 T, Line 30(1) \$ _____
2. A. ITEMS ADDED BACK TO INCOME (From Line M, Schedule X Below)ADD (2A.) \$ _____
B. ITEMS DEDUCTED FROM INCOME (From Line Z, Schedule X Below)DEDUCT (2B.) \$ _____
C. ENTER EXCESS OF LINE 2A OR 2B(2C.) \$ _____
3. A. **ADJUSTED FEDERAL TAXABLE INCOME** (Line 1 plus or minus Line 2C) IF SCHEDULE X IS USED(3A.) \$ _____
B. AMOUNT ALLOCABLE TO CCA MUNICIPALITIES FROM SCHEDULE Y (see instructions) % OF LINE 3A(3B.) \$ _____
C. LESS ALLOWABLE AND UNEXPIRED NET OPERATING LOSS (Complete Schedule Y—Part B)(3C.) \$ _____
4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3A or 3B less Line 3C)(4) \$ _____

Net Profits Tax Distribution – Enclose complete Federal Return with all attachments.

For Office Use Only	LINE	COLUMN 1 List all cities where work actually performed or business located	COLUMN 2 Net Taxable Income	COLUMN 3 Tax Rate	COLUMN 4 Tax Due	COLUMN 5 Less: Prior Year Credit	COLUMN 6 Less: Tax Paid on Profit Tax Estimate	COLUMN 7A Net Tax Due	COLUMN 7B Credit	COLUMN 7C Refund
	5.									
	6.	Total each column								

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)	Items to be DEDUCTED from income per Federal Return (as reported on Line 1 of this form)
A. CAPITAL LOSSES AND ORDINARY LOSSES (SEE INSTRUCTIONS)\$ _____	N. CAPITAL GAINS (EXCLUDING ORDINARY GAINS)\$ _____
B. EXPENSES ATTRIBUTABLE TO NON-TAXABLE INCOME (5% of Line Z less Line N)\$ _____	O. DIVIDENDS\$ _____
C. TAXES BASED ON INCOME\$ _____	P. INTEREST INCOME\$ _____
D. AMOUNTS PAID OR ACCRUED ON BEHALF OF OWNERS FOR QUALIFIED SELF- EMPLOYED RETIREMENT PLANS, HEALTH AND/OR LIFE INSURANCE	Q. ROYALTY INCOME\$ _____
E. OTHER (attach explanation).....\$ _____	R. OTHER (attach explanation).....\$ _____
M. TOTAL ADDITIONS (Enter as Line 2A above)\$ _____	Z. TOTAL DEDUCTIONS (Enter as Line 2B 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 2025 UNAPPORTIONED ADJ FED TAXABLE INC (AFTER SCH X ADJ.)	² 2020, 2021, 2022, 2023, 2024 UNAPPORTIONED NOL (ENTER AS NEGATIVE)	³ ADJUSTED 2025 UNAPPORTIONED AFTI	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(z)

I 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)

Signature of Person or Firm Preparing the Return (Date)

Title

Address of Preparer

MAIL TO	NO Payment Enclosed - Mail to: CCA – Municipal Income Tax PO Box 94810 Cleveland, OH 44101-4810	Payment Enclosed - Mail to: CCA – Municipal Income Tax PO Box 94723 Cleveland, OH 44101-4723	Refund Request - Mail to: CCA – Municipal Income Tax PO Box 94520 Cleveland, OH 44101-4520
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1. Date Business or Trust Created _____

2. Did you file a return last year? Yes No

3. Did you have any employees during 2025? Yes No

4. On which basis are your records kept? Cash Accrual

Completed Contract Other _____

5. Has your Federal Tax Liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service? Yes No

You must complete the following if the business was sold, terminated or is no longer required to file a CCA tax return.

Date business was sold, terminated, or date no longer required to file with CCA _____

If the business was sold or your business activity is now reported under another FEIN, complete the following regarding the business purchaser or new entity:

Name _____

FEIN _____

Address _____

If business entity changed during the year (i.e. from a C Corp. to S Corp.), complete the following:

Previous entity type: _____; New entity type: _____

SCHEDULE Y Business Allocation Formula

A. LOCATED EVERYWHERE

PART A

STEP 1. Average original cost of real and tangible property \$ _____

Gross annual rentals multiplied by 8 \$ _____

Total STEP 1 \$ _____

STEP 2. Total wages, tips and other employee and/or owner compensation deducted on the attached federal tax return \$ _____

STEP 3. Gross receipts from sales made and work or services performed \$ _____

B. CITY PORTION—LIST CCA PORTION OF ABOVE 3 STEPS BELOW. COMPUTING PERCENTAGE FOR EACH APPROPRIATE CCA MUNICIPALITY AS FOLLOWS: B divided by A for each CCA municipality listed

CITY	STEP 1	STEP 2	STEP 3	AVERAGE PERCENTAGE	TAXABLE INCOME
	\$ _____	\$ _____	\$ _____	% _____	Adjusted Federal Taxable Income From Line 3(A) on front of this return \$ _____
	\$ _____ % _____	\$ _____ % _____	\$ _____ % _____	% _____	Multiply this figure by the average percentage for each city, and enter allocable amount by city in the space at the right.
	\$ _____ % _____	\$ _____ % _____	\$ _____ % _____	% _____	Determine average percentage by dividing total percentages by number of percentages used.
	\$ _____ % _____	\$ _____ % _____	\$ _____ % _____	% _____	The amounts of taxable income listed in the right hand column are to be entered on the Net Profit Return Column 2 by appropriate city.
	\$ _____ % _____	\$ _____ % _____	\$ _____ % _____	% _____	\$ _____
TOTAL AVERAGE PERCENTAGE ENTER LINE 3 (B) CCA 120-17 BR _____					\$ _____
TOTAL ADJUSTED NET MUNICIPAL TAXABLE INCOME _____					\$ _____

PART B

CCA MEMBER	(A) ¹ 2025 UNAPPORTIONED ADJ FED TAXABLE INC (AFTER SCH X ADJ.)	(B) ² 2020, 2021, 2022, 2023, 2024 UNAPPORTIONED NOL (ENTER AS NEGATIVE)	Sum(A) through (B) ³ ADJUSTED 2025 UNAPPORTIONED AFTI
Burton			
Clayton			
Cleveland			
Dalton			
Edon			
Elida			
Geneva-on-the-Lake			
Grand Rapids			
Grand River			
Highland Hills			
Linndale			
Marble Cliff			
Mentor-on-the-Lake			
Montpelier			
Munroe Falls			
New Carlisle			
New Madison			
New Miami			
New Paris			
North Baltimore			

CCA MEMBER	(A) ¹ 2025 UNAPPORTIONED ADJ FED TAXABLE INC (AFTER SCH X ADJ.)	(B) ² 2020, 2021, 2022, 2023, 2024 UNAPPORTIONED NOL (ENTER AS NEGATIVE)	Sum(A) through (B) ³ ADJUSTED 2025 UNAPPORTIONED AFTI
North Randall			
Oakwood (Paulding Cnty)			
Obetz			
Orwell			
Paulding			
Phillipsburg			
Pitsburg			
Riverside			
Rock Creek			
Russells Point			
Seville			
Shreve			
Somerset			
South Russell			
Union			
West Milton			
Revenue Sharing JEDD/JEDZ - complete below			

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(z)

If your calculation is different attach a page showing the detail.

NOL calculations are subject to adjustment pending changes to ORC 718.