

OFFICE (419) 897-7120
MON. THRU FRI.: 8:00 TO 4:30
www.maumee.org
email: tax@maumee.org



2020 MAUMEE INCOME TAX RETURN

DIVISION OF INCOME TAX

400 CONANT STREET • MAUMEE, OHIO 43537-3300

DUE APRIL 15, 2021 OR THE IRS DUE DATE for Calendar Year
2020 or Tax year Beg. _____ 20__ & Ending _____ 20__

OFFICE USE ONLY

PAID W/RET. _____
 CHECK CASH
BAL _____ REF _____
LI _____ CRTR _____
CR _____ AUD _____
P & I _____ POSTED _____
NEEDS _____

NAME (S)

ADDRESS

CITY STATE ZIP

If you are a Maumee resident working in another taxing municipality and you travel as part of your job please check here and see specific instructions.

MAUMEE RESIDENT YES NO

Date Moved In or Out of Maumee in 2020:

IN OUT DATE _____

Previous Address: _____

Present Address: _____

Will you have 2021 taxable income? YES NO

If not, please explain _____

Do you own this Property YES NO If renting \$ _____

Name and Address of landlord: _____

SS# OR FEIN	PHONE NO.
SPOUSE SS#	EMAIL

- Wages and Salaries (Complete Worksheet A on back of return and enter Column G total)..... 1 \$ _____
- Business Income from Worksheet B Line 5 (Attach Federal Schedules & Forms)..... 2 \$ _____
- Partnership or Corporation Income (Attach Federal Form 1065, 1120, 1120S, 1120A) 3 \$ _____
- Schedule X, page 2, item (1) ADD\$ _____, item (Z) DEDUCT\$ _____ Net difference Plus or (Minus) 4 \$ _____
- Less allowable Post-2016 Net Operating Loss Carryforward from worksheet (limited to 5 years) 5 \$ _____
- Total Adjusted Business Income (Add Lines 2 through 5 - See instructions for Business Net Loss) 6 \$ _____
- Amount of Business Income allocable to Maumee if Schedule Y is used (____%)..... 7 \$ _____
- Less allocable Pre-2017 Net Operating Loss Carryforward (limited to 5 years) 8 \$ _____
- Total taxable Business Income (Line 7 - Line 8) 9 \$ _____
- Total Income Subject to Maumee Income Tax (Line 1 + Line 9 - Losses not deductible from W-2 income)..... 10 \$ _____
- MAUMEE INCOME TAX (1.5% of Line 10) 11 \$ _____
- Total Maumee City Tax Withheld (Worksheet A, Column D)..... 12 \$ _____
- Other city tax credit not to exceed 1-1/2% (.015) of taxable income (Worksheet A, Column F)..... 13 \$ _____
(See 7b of General instructions to calculate tax credit)
- Other City Taxes Paid City of _____ (Not to exceed 1.5%)(Attach copy of Return) 14 \$ _____
- Estimated tax payments and prior year overpayments 15 \$ _____
- TOTAL CREDITS (Line 12 through 15) 16 \$ _____
- BALANCE OF TAX DUE Amounts of \$10.00 or less will not be billed/refunded..... 17 \$ _____
- LATE FILING PENALTY - \$25.00 per month or fraction of a month (Maximum of \$150) \$ _____
LATE PAYMENT PENALTY (15% of Line 17)\$ _____ INTEREST(See Instructions) \$ _____
TOTAL PENALTIES AND INTEREST 18 \$ _____
- AMOUNT DUE INCLUDING PENALTIES AND INTEREST (Line 17 + 18) 19 \$ _____
- If Line 17 is an overpayment of more than \$10.00, indicate the amount to be credited to the 2020 estimate _____
or the amount to be refunded _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2021

- Total income subject to Tax \$ _____. Multiply by tax rate of 1.5% (.015) 21 \$ _____
- Less Expected Tax Credits:
 - Withheld by employer (Not to exceed 1.5% of taxable wages) 22a \$ _____
 - Overpayment from prior year 22b \$ _____
 - Payments on taxable income to another Municipality 22c \$ _____
 Total Credits (Add Lines a through c above) 22 \$ _____
- Net Tax Due for 2021 (Line 21 - Line 22) 23 \$ _____
- Amount paid with this declaration (Minimum payment 22.5% of Line 23) 24 \$ _____
- TOTAL PAYMENT DUE Remit to: **City of Maumee Tax Commissioner** (Line 19 + Line 24) 25 \$ _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 60 days. Check the box next to your signature to authorize us to speak directly to your preparer regarding your return.

Signature _____ Date _____

Tax Preparer's Signature _____ Date _____

Spouse Signature or Title of Person Signing for Business _____ Date _____

Name and Address of Firm of Employer _____ Phone No. _____

WORKSHEET A - COMPENSATION FROM WAGES (Attach W-2 Forms)

A PRINT EMPLOYER'S NAME	B LOCATION WORK WAS PERFORMED	C TAX WAS PAID TO WHAT CITY	D MAUMEE TAX WITHHELD	E OTHER CITY TAX WITHHELD	F TAX CREDIT ALLOWED AT 1.5%	G QUALIFYING WAGES (GREATER OF BOX 5 OR 18)
1. TOTALS - COLUMN G TO LINE 1, COLUMN D TO LINE 12, COLUMN F TO LINE 13						

WORKSHEET B - BUSINESS INCOME Attach copies of Federal Forms and Schedules used to compute return.

	Schedules	Column A Profit (Loss) from Federal Schedules	Column B Maumee %	Maumee Taxable Income Column A x Column B
1.	Schedule C - Business Income (Combine the net profit and loss of all Schedule C's)		%	\$
2.	Schedule E - Rental Income & Royalties (Residents enter profit(loss) from ALL properties, Nonresidents enter only profit(loss) from Maumee properties)		100%	\$
3.	Schedule E - Partnership/Shareholder K-1 Income (Residents enter profit(loss) Schedule E Line 32)		100%	\$
4.	Miscellaneous Income (Gambling income, 1099-MISC, Schedule F, Form 4797 Part II, etc.)		%	\$
5.	Total Business Income (Loss) Combine Lines 1 through 4 and enter this amount on Page 1, Line 2			\$

SCHEDULE X - RECONCILIATION

For use ONLY if income on Lines 3-4, page 1, is from Federal Tax Return

Items Not Deductible

- A. Federally deducted losses from IRC 1221 or 1231
Property dispositions.....\$ _____
- B. Five percent of intangible income reported in letter O,
except that from IRC 1221 property dispositions..... _____
- C. Federally deducted taxes based on income _____
- D. Guaranteed payments or accruals to or for current
or former partners or members _____
- E. Federally deducted dividends, distributions or
amounts set aside for, credited to, or distributed
to REIT or RIC investors..... _____
- F. Federally deducted amounts paid or accrued to or
for qualified retirement plans, health insurance plans,
and all insurance planes for owners or owner-employees
or non-C corporation entities..... _____
- G. Other _____
- H. Other _____
- I. Total Items Not Deductible (Enter on Line 5, Page 1)..... _____

Items Not Taxable/Items Not Deductible on Federal Forms

- N. Federally reported income and gains from IRC 1221
or 1231 property dispositions except to the extent the
income and gains apply to those described in IRC
1245 or 1250\$ _____
- O. Federally reported intangible income such as, but
not limited to interest, dividends, and patent and
copyright income _____
- P. Not Previously Deducted IRC Section 179 Expense _____
- Q. Partnership, S corp, LLC charitable contributions _____
- R. Other _____
- Z. Total Items Not Taxable/Deductible on Federal Forms
Enter on Line 5, Page 1).....\$ _____

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

(NOT FOR USE BY RESIDENT INDIVIDUALS)

	a. Located Everywhere	b. Located in Maumee	c. Percentage (b ÷ a)
STEP 1: Original Cost of Real & Tang. Personal Property	_____	_____	
Gross Annual Rentals Paid multiplied by 8	_____	_____	
Total Step 1	_____	_____	_____%
STEP 2 Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____%
STEP 3: Wages, Salaries, and Other Compensation paid	_____	_____	_____%
STEP 4: Total Percentages			_____%
STEP 5: Average Percentage (Divide Total Percentages by Number of Percentages Used)			Carry to Line 7, page 1 _____%