

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

**2021 MAUMEE INCOME TAX RETURN**  
DIVISION OF INCOME TAX  
400 CONANT STREET · MAUMEE, OHIO 43537-3300  
DUE APRIL 18, 2022 OR THE IRS DUE DATE for Calendar Year 2021  
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 \_\_\_\_\_

ACCOUNT #

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.

Date Moved In or Out of Maumee in 2021

IN OUT DATE \_\_\_\_\_

Previous Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Will you have 2022 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 PENAL TIES 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 2022 estimate \_\_\_\_\_  
or the amount to be refunded \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR YEAR 2022**

- 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 2022 (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.	<b>Schedule C - Business Income</b> (Combine the net profit and loss of all Schedule C's)		%	\$
2.	<b>Schedule E - Rental Income &amp; Royalties</b> (Residents enter profit(loss) from ALL properties, Nonresidents enter only profit(loss) from Maumee properties)		100%	\$
3.	<b>Schedule E - Partnership/Shareholder K-1 Income</b> (Residents enter profit(loss) Schedule E Line 32)		100%	\$
4.	<b>Miscellaneous Income</b> (Gambling income, 1099-MISC, Schedule F, Form 4797 Part II, etc.)		%	\$
5.	<b>Total Business Income (Loss)</b> 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)
<b>STEP 1:</b> Original Cost of Real & Tang. Personal Property	_____	_____	
Gross Annual Rentals Paid multiplied by 8	_____	_____	
Total Step 1	_____	_____	_____%
<b>STEP 2:</b> Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____%
<b>STEP 3:</b> Wages, Salaries, and Other Compensation paid	_____	_____	_____%
<b>STEP 4:</b> Total Percentages			_____%
<b>STEP 5:</b> Average Percentage (Divide Total Percentages by Number of Percentages Used)			Carry to Line 7, page 1 _____%