

OFFICE (419) 897-7120  
MON. THRU FRI.: 8:00 TO 4:30  
www.maumee.org  
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# 2023 MMT JEDZ INCOME TAX RETURN

DIVISION OF INCOME TAX  
400 CONANT STREET · MAUMEE, OHIO 43537-3300  
DUE APRIL 15, 2024 OR THE IRS DUE DATE for Calendar Year 2023  
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

Date Moved In or Out of MMT JEDZ in 2023  
IN OUT DATE \_\_\_\_\_

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

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

Will you have 2024 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.
	EMAIL

1. Business Income from Worksheet B, Line 5 (Attached Federal Schedules & Forms).....1 \$ \_\_\_\_\_
2. Partnership or Corporation Income (Attach Federal Form(s) 1065, 1120 or 1120S) .....2 \$ \_\_\_\_\_
3. Schedule X, page 2, item (I) ADD \$ \_\_\_\_\_, item (Z) DEDUCT \$ \_\_\_\_\_ Net difference Plus or (Minus).....3 \$ \_\_\_\_\_
4. Total Adjusted Business Income (Add Lines 1-3).....4 \$ \_\_\_\_\_
5. Amount of Business Income allocable to MMT JEDZ if Schedule Y is used (\_\_\_\_%).....5 \$ \_\_\_\_\_
6. Less allocable Net Operating Loss (NOL) Carryforward (limited to 5 years).....6 \$ \_\_\_\_\_
7. Total taxable Business Income (Line 5 - Line 6).....7 \$ \_\_\_\_\_
8. MMT JEDZ INCOME TAX (1.5% of Line 7).....8 \$ \_\_\_\_\_
9. Estimated tax payments and prior year overpayments.....9 \$ \_\_\_\_\_
10. BALANCE OF TAX DUE (Amounts of \$10.00 or less will not be billed/refunded).....10 \$ \_\_\_\_\_
11. LATE FILING PENALTY - \$25.00 \$ \_\_\_\_\_  
LATE PAYMENT PENALTY (15% of Line 10)\$ \_\_\_\_\_ INTEREST (See Instructions) \$ \_\_\_\_\_  
TOTAL PENALTIES AND INTEREST.....11 \$ \_\_\_\_\_
12. AMOUNT DUE INCLUDING PENALTIES AND INTEREST (Line 10 + 11).....12 \$ \_\_\_\_\_
13. If Line 12 is an overpayment of more than \$10.00, indicate the amount to be credited to the 2024 estimate \$ \_\_\_\_\_  
or the amount to be refunded \$ \_\_\_\_\_

### DECLARATION OF ESTIMATED TAX FOR YEAR 2024

14. Total income subject to Tax \$ \_\_\_\_\_ . Multiply by tax rate of 1.5% (.015).....14 \$ \_\_\_\_\_
15. Overpayment from prior year.....15 \$ \_\_\_\_\_
16. Net Tax Due for 2024 (Line 14 - Line 15).....16 \$ \_\_\_\_\_
17. Amount paid with this declaration (Minimum payment 22.5% of Line 16).....17 \$ \_\_\_\_\_
18. TOTAL PAYMENT DUE Remit to: **MMT JEDZ Tax Commissioner** (Line 12 + Line 17).....18 \$ \_\_\_\_\_

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 Preparers signature Date

\_\_\_\_\_  
Signature or Title of Person Signing for Business Date

\_\_\_\_\_  
Name and email address of Tax Preparer Phone Number

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

	<b>Schedules</b>	<b>Column A</b> Profit (Loss) from Federal Schedules	<b>Column B</b> MMT JEDZ %	<b>MMT JEDZ Taxable Income</b> 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 MMT JEDZ 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 1			\$

**SCHEDULE X - RECONCILIATION**

For use ONLY if income on Line 2, page 1, is from a 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 3, 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 3, Page 1).....\$ \_\_\_\_\_

**SCHEDULE Y – BUSINESS ALLOCATION FORMULA**

(NOT FOR USE BY RESIDENT INDIVIDUALS)

	a. Located Everywhere	b. Located in MMT JEDZ	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 5 page 1 _____ %