

OFFICE (419) 897-7120
 MON. THRU FRI.: 8:00 TO 5:00
 www.maumee.org
 email: tax@maumee.org

2013 MAUMEE INCOME TAX RETURN

DIVISION OF INCOME TAX
 400 CONANT STREET • MAUMEE, OHIO 43537-3300
 DUE APRIL 15, 2014 for Calendar Year 2013
 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 Instruction D.

MAUMEE RESIDENT YES NO
 Date Moved In or Out of Maumee in 2013:
 IN OUT DATE _____

Previous Address: _____

Present Address: _____

Will you have 2014 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

1. Compensation from Wages (Attach W-2's Top of Reverse Side)

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 FOR OTHER CITIES	G QUALIFYING WAGES (GREATER OF BOX 5 OR 18)	
			\$	\$	\$	\$	
1. TOTAL - IF NO OTHER TAXABLE INCOME COMPUTE YOUR TAX ON LINE 12							

2. Income from self-employment (Attach Federal Schedule, C, E, F, or K-1's).....

3. Income from rents or leases (Attach Federal Schedule E) or Ordinary income (Attach Form 4797)

4. Partnership income (Attach Federal Form 1065)

5. Corporation income (Attach Federal 1120, 1120S, 1120A)

6. Miscellaneous income (Attach 1099's or explain source) Do not include dividends or interest.....

7. Schedule X, page 2, item (I) ADD \$ _____, Item (Z) DEDUCT \$ _____ Net difference Plus or (Minus)

8. Total Adjusted Income subject to Maumee Income Tax (Losses not deductible from W-2 income).....(Lines 1 thru 7)

9. Amount of Business Income Only allocable to Maumee Schedule Y, page 2 (_____%).....

10. Less allocable Maumee Net Loss from previous year (limited to 5 years)

11. Income subject to Maumee Income Tax

12. MAUMEE INCOME TAX (1.5% of Line 11. This line must be completed whether or not you work or pay taxes to the City of Maumee)

13. Total Maumee City Tax Withheld (Line 1, Column D).....

14. Other city tax credit not to exceed 1 1/2% (.015) of taxable income (Line 1, Column F).....
 (See 7b General Instructions to calculate tax credit)

15. Tax on income with no withholding, Paid or Due City of _____ (Not to Exceed 1.5%) (Attach copy of return)

16. Estimated tax payments and prior year overpayments

17. TOTAL CREDITS(Lines 13 + 14 + 15 + 16)

18. BALANCE OF TAX DUE (make check payable to **Commissioner of Taxation**) Amounts under \$5.00 will not be billed or refunded.....(Lines 12 - 17)

19. LATE FILING PENALTY - \$10.00 First 30 days - \$5.00 each 30 day period thereafter.....\$ (19a) _____
 PENALTY 1% per month of Line 18 \$ (19b) _____. INTEREST 1% per month of Line 18 \$ (19c) _____

(Lines 19a + 19b + 19c)

20. TOTAL AMOUNT DUE - Remit Amount due to: City of Maumee Tax Commissioner(Lines 18 + 19)

21. If Line 18 is an overpayment, indicate the amount to be credited to the 2014 estimate (_____ . ____)
 or the amount to be refunded (_____ . ____)

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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 3 months. 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. _____

SCHEDULE X – RECONCILIATION

For use ONLY if income on Lines 4-5, 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 life insurance plans for owners or owner-employees of non-C corporation entities _____
- G. Other _____
- H. Other _____
- I. Total Items Not Deductible (Enter on Line 7, 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 7, 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 9, page 1 _____ %

SCHEDULE Z – PARTNERSHIP INCOME

Name and address of partnership and EID No. (Attach K-1's)

_____ \$ _____
 _____ \$ _____
 TOTAL PARTNERSHIP INCOME \$ _____

PARTNERS' DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME

To Be Completed If Partnership Files An Information Only Return

Name, Residence Address and S.S. Number of Each Partner	Distributive Share of Each Partner Amount
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL \$ _____