



# 2021 OREGON, OHIO BUSINESS TAX RETURN

Phone: (419) 698-7034  
Fax: (419) 698-7049

5330 Seaman Road, Oregon, OH 43616  
Web: www.oregonohio.org • E-Mail: incometax@oregonohio.org

AMENDED RETURN <input type="checkbox"/>	CONSOLIDATED RETURN <input type="checkbox"/>	FOR CALENDAR YEAR 2021 OR FISCAL YEAR BEGINNING _____ THRU _____	<b>FILE BY</b> <b>APRIL 15, 2022</b> or on or before the 15th day of the fourth month following the end of the taxable year
FINAL RETURN <input type="checkbox"/>	DATE BUSINESS CEASED _____		
DATE ACTIVITY BEGAN _____			
BUSINESS NAME _____		FED ID # _____	CORPORATION ( ) PARTNERSHIP ( ) OTHER ( )
ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____ PHONE NO _____	
EMAIL _____			

**CAUTION:** If you file your business return using a Federal Schedule C (Sole Proprietorship), you cannot use this form. Use the 2021 Oregon, Ohio Individual Income Tax Return.

**Attach a copy of your federal return including all supporting schedules to the back of this form.**

1. ENTER ADJUSTED NET INCOME (LINE 6 FROM WORKSHEET X) .....	
2. LESS ALLOWABLE POST-2016 NET OPERATING LOSS CARRYFORWARD* Line 2 Enter the allowable loss carryforward incurred in years 2017 and after, limited to 5 years. .... <b>(Please include a copy of your NOL calculations)</b>	
3. TOTAL ADJUSTED INCOME (SUBTRACT LINE 2 FROM LINE 1) .....	
4. AMOUNT OF LINE 3 ALLOCABLE TO OREGON ( _____ % FROM SCHEDULE Y STEP 5) .....	
5. LESS ALLOCABLE PRE-2017 NET OPERATING LOSS CARRYFORWARD (LIMITED TO 5 YEARS) FROM SCHEDULE NOL	
6. AMOUNT SUBJECT TO OREGON INCOME TAX (LINE 4 LESS LINE 5) .....	
7. OREGON TAX: 2.25% OF LINE 6 .....	
8. PAYMENTS AND CREDITS ON YOUR DECLARATION OF ESTIMATED TAX (INCLUDING PRIOR YEAR CREDITS) .....	
9. BALANCE OF TAX DUE (LINE 7 LESS LINE 8) PAYABLE TO THE CITY OF OREGON, OH .....	
(Payment required only if the dollar amount is +\$10.01 or more)	
10. IF LINE 8 IS GREATER THAN LINE 7 ..... <b>ENTER OVERPAYMENT</b> .....	
(Refunds/carryovers made only if the dollar amount is -\$10.00 or more)	
CREDIT TO 2022 TAX ..... <b>AMOUNT TO BE REFUNDED</b>	

**Make check payable to City of Oregon Income Tax and send to: Oregon Income Tax, 5330 Seaman Rd., Oregon, OH 43616.**

**Credit Card Payments: [www.oregonohio.org/tax-department/tax/payments.html](http://www.oregonohio.org/tax-department/tax/payments.html) or 419-698-7034**

If this return was prepared by a tax practitioner, check here if we may NOT contact him/her directly with questions regarding the preparation of this return.

**The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and understands that this information may be released to the Internal Revenue Service.**

Signature of Person Preparing Return \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Preparing Return \_\_\_\_\_ Phone Number \_\_\_\_\_ Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**WORKSHEET X**

**Reconciliation with Federal Income Tax Return Per Ohio Revised Code 718.**

1. FEDERAL TAXABLE INCOME before net operating losses and special deductions per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 17e; Form 1120A, Line 24; Form 1120-REIT, Line 20; Form 1065 "Analysis of Net Income (Loss)", Line 1; Form 1041, Line 17; Form 990T, Line 30) .....	1	
2. Items not deductible (from Line 7J below) .....	2	
3. Items not taxable (from Line 8F below) .....	3	
4. Subtract Line 3 from Line 2 and enter the result here .....	4	
5. Other City taxable income that is not shown on Federal return .....	5	
6. Adjusted net income (total Lines 1, 4 and 5) .....	6	

**ITEMS NOT DEDUCTIBLE**

7. A. Capital / IRS Section 1231 losses deducted on Federal return .....	7A	
B. 5% of expenses not attributable to sale, exchange or other disposition of Sec 1221 property .....	7B	
C. Taxes based on income .....	7C	
D. Guaranteed payments to partners (not included in net profits) .....	7D	
E. Charitable contributions deducted above corp limitations including O.R.C. 718.01 (A)(1)(g) .....	7E	
F. IRS Section 179 expense deducted above corp limitations including O.R.C. 718.01 (A)(1)(g) .....	7F	
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/owner employee .....	7G	
H. Loss carried back or carried forward per Federal return (if included in Line 1 above) .....	7H	
I. Other expenses not deductible (attach documentation and/or explanation) .....	7I	
J. TOTAL ADDITIONS (enter here and on Line 2 above) .....	7J	

**ITEMS NOT TAXABLE**

8. A. Capital / IRS Section 1231 losses gains .....	8A	
B. Interest earned .....	8B	
C. Dividends earned .....	8C	
D. Royalties from intellectual properties that come from patents, copyrights, or trademarks .....	8D	
E. Other exempt income (attach documentation and/or explanation) .....	8E	
F. TOTAL DEDUCTIONS (enter here and on Line 3 above) .....	8F	

**SCHEDULE Y BUSINESS ALLOCATION FORMULA**

**ACCOUNT NAME:** \_\_\_\_\_

**FED ID#:** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

	a. LOCATED EVERYWHERE	b. LOCATED IN OREGON, OH	b. PERCENTAGE (b/a)
<b>STEP 1.</b> Average value of real & tangible personal property .....	_____	_____	
Gross annual rental paid multiplied by 8 .....	_____	_____	
<b>TOTAL STEP 1</b> .....	_____	_____	_____ %
<b>STEP 2.</b> Wages, salaries, etc. paid employees .....	_____	_____	_____ %
<b>STEP 3.</b> Gross receipts from sales made and/or work services performed... ..	_____	_____	_____ %
<b>STEP 4. TOTAL PERCENTAGES</b> .....			_____ %
<b>STEP 5. AVERAGE PERCENTAGE</b> (Divide total percentages by number of percentages used)			_____ %
		<b>CARRY TO LINE 4 OF THE FRONT PAGE</b>	

**SCHEDULE NOL**

**NET OPERATING LOSS CARRY - FORWARD – (5 Year Limit)**

	2016	2017	2018	2019	2020	2021	TOTAL
<b>Unused Loss Carryforward</b>							
<b>Percentage</b>	100%	50%	50%	50%	50%		
<b>Loss Used THIS YEAR*</b>							
Loss Carried Forward to NEXT TAX YEAR							