

**2020 ORRVILLE, OHIO
BUSINESS NET PROFIT TAX RETURN**

Form NP

OR FISCAL YEAR _____ TO _____

**DUE DATE:
15-Apr-21**

BUSINESS NAME AND ADDRESS:

CITY OF ORRVILLE
INCOME TAX DEPARTMENT
PO BOX 61
ORRVILLE, OH 44667

Federal Tax ID Number: _____
Filing status:
Corporation _____ Partnership _____
S Corporation _____ Other _____

PHONE: (330) 684 5008
fax: (330) 684 5023
WWW.ORRVILLE.COM

TAX CALCULATION

1 Federal taxable income before operating loss or special deductions		1
2 Adjustments (Schedule X, page 2)		2
3 Adj Taxable income before apportionment (line 1 + or - line 2)		3
4 Less previous year NOL (if applicable) See Instructions	4	
5 Municipal Taxable Income (line 3 less line 4)		5
6 Apportionment % from Sch Y		
7 Orrville Taxable Income (line 5 multiplied by % on line 6)		7
8 Orrville income tax (Line 7 times 1.0%)		8
9 Estimated tax payments and carryforward credit		9
10 Balance due/(Overpayment) (Line 8 minus line 9)		10
11 Overpayment refunded		11
12 Overpayment carried forward		12
13 Penalty due (\$25 per month up to \$150)		13
14 Late filing penalty (15% of tax due)		14
15 Interest due (.583% per month on tax not paid)		15
16 Total due (Line 10 plus 13, 14 and 15)		16

DECLARATION OF ESTIMATED TAX FOR 2021

17 Estimated Orrville income for 2021		17
18 Estimate tax due (line 17 time 1.0%)	18	
19 First quarter payment (Line 18 times 22.5%)		19
20 2020 credit applied to first quarter payment (line 12)		20
21 Total amount due (Add line 16, line 19 and subtract line 20)		21

Signature of Officer or Agent Date

Signature of tax preparer Date

Print name/ title

Print name Phone No#

**SCHEDULE Y
BUSINESS APPORTIONMENT FORMULA**

	A LOCATED EVERYWHERE	B LOCATED IN ORRVILLE	C PERCENTAGE (B/A)
Step 1			
			%
Step 2			%
Step 3			%
Step 4			%
Step 5			%

ENTER THE AVERAGE PERCENTAGE ON PG 1, LINE 6

**SCHEDULE X
RECONCILIATION WITH FEDERAL RETURN**

Items not Deductible	Add	Items not Taxable	Deduct
a. Capital losses and IRC Section 1231 losses		i. Capital gains and IRC Section 1231 gains	
b. Taxes measured by net income (State and City)		j. Intangible income	
c. Add 5% of intangible excluding capital gains		k. Other exempt income attach documentation	
d. Guaranteed payments to partners			
e. Payments to self employed retirement plans			
f. Payments to health and life insurance plans for owners/owner employees			
g. Other expenses not deductible attach documentation			
h. TOTAL ADDITIONS		i. TOTAL DEDUCTIONS	

NET ADJUSTMENTS (LINE H MINUS LINE I) ENTER TOTAL ON PAGE 1, LINE 2

**SCHEDULE Z
ALLOCABLE LOSSES FROM PREVIOUS YEARS**

NOL credit may be taken beginning with year 2018. The amount of credit is limited to 50% for years 2018 through 2022. The NOL credit is to be utilized on a pre-apportionment basis.	Unutilized NOL from 2019		2019 NOL times 50%	Total to page 1, line 4
	\$	X	\$	= \$

Amt of NOL
utilized in 2020