

CITY TAX DEPT.  
 50 TOWN SQUARE, P.O. BOX 155  
 LIMA, OHIO 45802  
 PHONE: (419) 221-5245  
 FAX: (419) 998-5527

## 2020 LIMA INCOME TAX RETURN

FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS  
 OR OTHER TAXABLE PERIOD BEGINNING \_\_\_\_\_  
 AND ENDING \_\_\_\_\_ 20 \_\_\_\_\_,  
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE  
 APRIL 15, 2021 FISCAL AND PARTIAL YEARS, File on or before  
 the 15th day of the 4th month following close of the tax year.

IF YOU MOVED DURING TAX YEAR  
 STATE DATE \_\_\_\_\_  
 INTO LIMA  OUT OF LIMA

**ATTACH VERIFICATION**

LOCAL PHONE \_\_\_\_\_  
 SSAN \_\_\_\_\_  
 JOINT SSAN \_\_\_\_\_

	LIMA TAX WITHHELD	WAGES ETC.
1. ENTER GROSS WAGES, SALARIES, BONUSES, COMMISSIONS AND OTHER COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS. <b>Attach copies of W-2 Forms ON BACK</b>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
a. TOTAL: IF NO OTHER TAXABLE INCOME ENTER TOTAL WAGES HERE AND ON LINE 6...	\$ _____	XXXXXXXXXXXXX \$ _____
2. OTHER INCOME - FROM PAGE 2 (Attach Federal Schedules) (schedule losses cannot offset qualifying wages) .....		_____
3. TOTAL INCOME (total lines 1 and 2) .....		_____
4a. ITEMS NOT DEDUCTIBLE (from line m Schedule X below) .....		\$ _____
b. ITEMS NOT TAXABLE (from line z Schedule X below) .....		_____
c. ADD EXCESS OF 4a OVER 4b TO LINE 3. DEDUCT EXCESS OF 4b OVER 4a FROM LINE 3 .....		XXXXXXXXXXXXX _____
5a. ADJUSTED NET INCOME (line 3 plus or minus line 4c).....		_____
b. AMOUNT ALLOCABLE TO LIMA IF SCHEDULE Y PAGE 2 IS USED _____ OF LINE 5a.....		_____
c. LESS ALLOCABLE NET LOSS PER PREVIOUS LIMA INCOME TAX RETURN .....		_____
6. AMOUNT SUBJECT TO LIMA INCOME TAX (line 5a or 5b less line 5c) .....		_____
7. LIMA INCOME TAX (1.5% or .015 of amount shown on line 6) .....		_____
8. CREDITS: (a) LIMA tax withheld by employer(s).....		\$ _____
(b) Payments and credits on Declaration of Estimated Tax.....		_____
(c) Earned income, taxes paid City of _____ (By Individuals Only).....		_____
(x) TOTAL CREDITS ALLOWABLE.....		_____
9. BALANCE OF TAX DUE (line 7 less line 8x) <b>PAYMENTS MUST ACCOMPANY THIS FORM</b> (No payment is due for amount under \$10.00)		_____
10. OVERPAYMENT CLAIMED (If line 8x exceeds line 7 enter difference here (No overpayment is to be claimed on amount under \$10.00) \$ _____		INTEREST PENALTY ..... \$ _____
Enter amount of line 10 you want: CREDITED to your ..... Estimated Tax \$ _____ REFUNDED \$ _____		TOTAL ..... \$ _____

### SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC SECTION 718 (For Business Use Only)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deductible losses from IRC 1221 or 1231 property dispositions .....	\$ _____	n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250) .....	\$ _____
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions .....	_____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income .....	_____
c. Taxes based on income (State) .....	_____	p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses .....	_____
d. Taxes based on income (City) .....	_____	q. Not previously deducted IRC Section 179 Expense .....	_____
e. Guaranteed payments or accruals to or for current or former partners or members .....	_____	r. Partnership, S corp, LLC charitable contributions .....	_____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors .....	_____	s. Other .....	_____
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities .....	_____	_____	_____
h. Rental activities by partnership, S corp or LLC, Trusts .....	_____	_____	_____
i. Other .....	_____	_____	_____
m. Total (enter as line 4a above) .....	\$ _____	z. Total (enter as line 4b above) .....	\$ _____

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 are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

**Sign Here**

Your Signature → \_\_\_\_\_ Date \_\_\_\_\_

If a joint return, both must sign Spouse Signature → \_\_\_\_\_ Date \_\_\_\_\_

CHECK BOX IF CITY MAY DISCUSS YOUR RETURN WITH TAX PREPARER.

**IF YOU OWE MORE THAN \$200 QUARTERLY ESTIMATE PAYMENTS ARE REQUIRED** and you may be subject to penalties and interest due to lack of estimated payments. Further, you may need to make estimate payments for 2019 if you expect to owe the same or greater amount next year.

**Paid Preparer's Use Only**

Your Signature → \_\_\_\_\_ Date \_\_\_\_\_

Print Name → \_\_\_\_\_ PTIN \_\_\_\_\_

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS ..... \$ \_\_\_\_\_
2. LESS, (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable \_\_\_\_\_ (indicate labor charges included) ..... \$ \_\_\_\_\_
3. GROSS PROFIT FROM SALES, ETC. (line 1 less line 2) ..... \$ \_\_\_\_\_
4. DIVIDENDS \$ \_\_\_\_\_ , INTEREST \$ \_\_\_\_\_ , ROYALTIES ..... \$ \_\_\_\_\_
5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS ..... \$ \_\_\_\_\_
6. OTHER BUSINESS INCOME (Specify) ..... \$ \_\_\_\_\_
7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS ..... \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- |  |  |
|--|--|
| 8. COMPENSATION OF OFFICERS..... \$ _____  | 14. UTILITIES..... \$ _____                        |
| 9. SALARIES and WAGES not deducted elsewhere \$ _____                                    | 15. INSURANCE ..... \$ _____                       |
| 10. PAYMENTS TO PARTNERS..... \$ _____   | 16. DEPRECIATION, Amortization, Depletion \$ _____ |
| 11. RENTS (paid to _____ ) \$ _____  | 17. REPAIRS ..... \$ _____                         |
| 12. INTEREST ON BUSINESS INDEBTEDNESS \$ _____   | 18. ADVERTISING AND PROMOTION \$ _____             |
| 13. BUSINESS TAXES (Income)..... \$ _____  | 19. AUTO, TRUCK AND TRAVEL .. \$ _____             |
| (Other business taxes) ..... \$ _____  | 20. OTHER (Attach Statement).... \$ _____          |
| 21. TOTAL BUSINESS DEDUCTIONS (total of lines 8 to 20)..... \$ _____                     |  |
| 22. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (line 7 less line 21)..... \$ _____ |  |

**SCHEDULE G – INCOME FROM RENTS (IF NOT INCLUDED IN SCHEDULE C.) - ATTACH FEDERAL SCHEDULES**

Kind and Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or loss)

TOTAL INCOME (or loss) SCHEDULE G ..... \$ \_\_\_\_\_

**SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULE C OR G - ATTACH FEDERAL SCHEDULES**

INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, FEES, etc

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H ..... \$ \_\_\_\_\_

TOTAL SCHEDULES C, G AND H. ENTER AS LINE 2, PAGE 1 ..... \$ \_\_\_\_\_

**SCHEDULE Y – BUSINESS ALLOCATION FORMULA**

	A. LOCATED EVERYWHERE	B. LOCATED IN LIMA	C. (B ÷ A) PERCENTAGE
<b>STEP 1.</b> Average Value of Real and Tangible Personal Property.....	_____	_____	_____
Gross Annual Rentals Multiplied by 8.....	_____	_____	_____
TOTAL STEP 1.....	_____	_____	_____
<b>STEP 2.</b> Wages, Salaries, Etc., Paid .....	_____	_____	_____
<b>STEP 3.</b> Gross Receipts from Sales made and/or Work or Services Performed .....	_____	_____	_____
<b>STEP 4.</b> TOTAL PERCENTAGES .....	_____	_____	_____
<b>STEP 5.</b> Average PERCENTAGE (Divide Total Percentages by Number of Percentages Used – Carry to Line 5b - Page 1)	_____	_____	_____

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

(See Instructions)	2015	2016	2017	2018	2019	2020	TOTAL
<b>Unused Loss Carryforward</b>							
<b>Percentage</b>	100%	100%	50%	50%	50%		
<b>Loss Used THIS YEAR</b> (Enter TOTAL Line 5c, Page 1)							
Loss Carried Forward to NEXT TAX YEAR							