



**Department of
Taxation**

P.O. Box 530
Columbus, OH 43216-0530

MCF 2
Rev. 10/14

Natural Gas Distribution Company Tax Return

Account number _____ Period _____

Name _____

Address _____

Street address

City

State

ZIP code

Column A	Column B	Column C
	Number of MCFs Distributed	Tax
1. \$.1593 tax rate		\$
2. \$.0877 tax rate		\$
3. \$.0411 tax rate		\$
4. Flex customers		\$
5. Tax due (total of lines 1 plus 2 plus 3 plus 4)		\$
6. Interest (see instructions)		\$
7. Total amount paid (total of lines 5 plus 6)		\$

Quarterly tax returns and payments are due by the 20th day of May, August, November and February for the preceding calendar quarter. If the due date falls on a weekend or state holiday, the due date is the next business day. Each natural gas distribution company shall file a return with the tax commissioner, and shall make payment of the full amount of tax due as prescribed by R.C. 5727.83. Failure to timely file the return or timely pay the tax may result in an additional charge of up to fifty dollars (\$50) or 10% of the tax, whichever is greater. Late payments are subject to interest.

Signature _____ Title _____

Telephone _____ Date _____

I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and report.

Internal Use Only