



**Department of Taxation**

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MNP FCW  
Rev. 03/19

## Municipal Net Profit Tax Federal Carryover Worksheet

MNP account number (of primary reporting member) \_\_\_\_\_ FEIN \_\_\_\_\_

Reporting member's name \_\_\_\_\_

Street address \_\_\_\_\_  
Street City State ZIP code

Taxable Year (MM/DD/YY) \_\_\_\_\_ to (MM/DD/YY) \_\_\_\_\_  
(Fiscal year for which this report is being submitted)

### Federal Carryover Information

*For use by taxpayers that are not C corporations.*

Federal Carryovers Beginning of Year	Year Carryover Generated						Available
	20__	20__	20__	20__	20__	20__	
Charitable Contributions							
Capital Loss Carryovers							
Unrecovered §1231 Losses							
Section 179							

Federal Carryovers End of Year	Year Carryover Generated						Available
	20__	20__	20__	20__	20__	20__	
Charitable Contributions							
Capital Loss Carryovers							
Unrecovered §1231 Losses							
Section 179							

**SIGN HERE (Required)**

I declare under penalties of perjury that this return or claim (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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**If sending by mail, send completed worksheet to:  
Ohio Department of Taxation - MNP - Credits, P.O. Box 16158, Columbus, OH 43216-6158**