



Municipal Net Profit Tax Credit Schedule

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) _____

(If credits are being claimed by more than one member of an affiliated group, filing a consolidated tax return, **a separate schedule is required for each entity that is claiming a credit.**)

The MNP account number of the member entitled to the credit may be different than that of the primary reporting member.

Member entitled to credit: Name _____ FEIN _____ MNP account number _____

Credit	Refundable or Nonrefundable	Revised Code Section	Carryforward Period	First Period Can Be Used Against the MNP at ODT
Jobs Creation Tax Credit	Nonrefundable	718.15 & 718.94	Not exceeding fifteen years	Period beginning on or after January 1, 2018
Jobs Retention Tax Credit	Nonrefundable	718.151 & 718.94	Not exceeding fifteen years	Period beginning on or after January 1, 2018
Jobs Creation Tax Credit	Refundable	718.15 & 718.94	N/A	Period beginning on or after January 1, 2018
Jobs Retention Tax Credit	Refundable	718.151 & 718.94	N/A	Period beginning on or after January 1, 2018

Must **attach** a copy of the agreement.

Nonrefundable Credit Schedule

	Municipality Code	Municipality Name	A Opening Unused Credit Balance	B Credit Earned During Current Reporting Period	C Credits Claimed During Current Reporting Period	D Closing Unused Credit Balance
1. Jobs creation tax credit <input type="checkbox"/> Jobs retention tax credit <input type="checkbox"/>						
2. Jobs creation tax credit <input type="checkbox"/> Jobs retention tax credit <input type="checkbox"/>						

Refundable Credit Schedule

	Municipality Name	Municipality Code	Amount
1. Jobs creation tax credit <input type="checkbox"/> Jobs retention tax credit <input type="checkbox"/>			
2. Jobs creation tax credit <input type="checkbox"/> Jobs retention tax credit <input type="checkbox"/>			

If credits are being claimed by more than one member of an affiliated group on a consolidated tax return, please sum all credits from each credit schedule. Enter the appropriate amount for each applicable municipality on the nonrefundable/refundable credit line on Schedule B of the Municipal Net Profit return.

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