



Municipal Net Profit Tax Net Operating Loss Deduction 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)

Municipality Name: _____ Municipality Code: _____

Note: Please complete one worksheet per municipality

Post-2016 Net Operating Loss ("New NOL")

Prior Taxable Year (2)	NOL (3)	Prior Years		Current Taxable Year	Future Taxable Year
		NOL Utilized (Income Offset) (4)	Carryforward (5)	Carryforward NOL Used (6)	Carryforward (7)
20 ____					
20 ____					
20 ____					
20 ____					
20 ____					
Post-2016 NOL Carryforward Available for Current Taxable Year. See Instructions of Page 2 for Phase-In Calculation.			(8)		
Post-2016 NOL Carryforward for Current Taxable Year. See Instructions of Page 2 for Phase-In Calculation.				(9)	
Post-2016 NOL Carryforward Available for Future Taxable Year.					(10)

Pre-2017 Net Operating Loss ("Old NOL")

Number of years old NOL can be carried forward: _____ (1)

Prior Taxable Year (2)	NOL (3)	Prior Years		Current Taxable Year	Future Taxable Year
		NOL Utilized (Income Offset) (4)	Carryforward (5)	Carryforward NOL Used (6)	Carryforward (7)
2016					
2015					
2014					
2013					
2012					
2011					
2010					
2009					
2008					
2007					
Pre-2017 NOL Carryforward Available for Current Taxable Year.			(8)		
Pre-2017 NOL Carryforward for Current Taxable Year.				(9)	
Pre-2017 NOL Carryforward Available for Future Taxable Year.					(10)

MNP Net Operating Loss Deduction Worksheet Instructions

To complete the Municipal Net Profit Tax Net Operating Loss Deduction Worksheet (MNP NOL DW), include the municipal net profit tax account number, primary reporting member's FEIN, name, address, and the taxable year for which this form is being submitted. Please note, one worksheet is required for every municipality in which the NOL is claimed.

***For more information please see Information Release - MNP 2018-04: Net Operating Loss Deductions**

1. For Pre-2017 NOL, enter the number of years the NOL may be carried forward in this municipality.
2. Enter the taxable year in which the NOL was incurred.
3. Enter the amount of NOL incurred for the taxable year referenced in column 2.
4. Enter the amount of NOL incurred in the taxable year referenced in column 2 that has been used in years prior to the current year.
5. Enter the amount of NOL incurred in the taxable year referenced in column 2 remaining for use in the current year. This is calculated by subtracting column 4 from column 3.
6. Enter the amount of NOL that will be utilized on the current year's return. This amount cannot be greater than column 5.
7. Enter the amount of NOL that is available for use on future returns. This is calculated by subtracting column 6 from column 5. If the carryforward period has expired, enter zero (-0-).
8. Sum of column 5. Represents the total NOL available for use in the current year.
9. Sum of column 6 (cannot be greater than column 8). Represents the total NOL utilized in the current taxable year. Note - when claiming a Post-2016 NOL, please use the Phase-In Calculation below, if applicable, to determine the maximum amount of Post-2016 NOL allowed.
10. Sum of column 7. Represents the total NOL available for use in future taxable years.

Post-2016 NOL Carryforward Phase-In Calculation

- | | |
|--|--|
| 1. Post-2016 NOL available (8) | |
| 2. NOL after phase-in limitation (line 1 x 50%) | |
| 3. Adjusted Federal Taxable Income | |
| 4. Pre-2017 NOL (if applicable) | |
| 5. Apportionment Percentage | |
| 6. Line 4 divided by Line 5 | |
| 7. NOL deduction necessary to reduce taxable income to zero (line 3 - line 6) | |
| 8. NOL after phase-in limitation (line 7 X 50%) | |
| 9. Post-2016 NOL deduction available to claim this year (lesser of line 2 or line 8) | |

***if Line 7 is negative, enter -0-**

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

Fax worksheet(s) to: (206) 666-4465
If sending by mail, send all completed worksheet(s) to:
Ohio Department of Taxation, P.O. Box 16158, Columbus, OH 43216-6158