



Municipal Net Profit Tax Transfer of Taxpayer Information

Municipality Name

Taxpayer FEIN

Taxpayer Name

Taxpayer does not have a municipal net profit filing requirement in this municipality.

The information provided is from the return for taxable year beginning

The taxpayer has not yet filed its final return with this municipality for the taxable year referenced above. We will provide the required information within 45 days of the filing of the final return, but no later than the first day of the last month of the taxpayer's fiscal year.

The taxpayer filed a consolidated return.
If box is checked, please include a list of the members (legal name and FEIN).

The taxpayer filed using alternative apportionment.
If box is checked, please include information regarding any existing alternative apportionment agreements.

Amount of overpayment to carry forward \$

Net Operating Loss Schedule (All Years)

Number of years a pre-2017 NOL can be carried forward in this municipality:

Pre-2017	Year (YYYY)					
	Loss	\$	\$	\$	\$	\$
	Amount Used	\$	\$	\$	\$	\$
	Remaining Available NOL	\$	\$	\$	\$	\$
2017 & After	Year (YYYY)					
	Loss	\$	\$	\$	\$	\$
	Amount Used	\$	\$	\$	\$	\$
	Remaining Available NOL	\$	\$	\$	\$	\$

Credit Agreements

Refundable Credits

Type of Credit (JCTC or JRTC)	Number of Years Credit is Available (#)	Amount Allowed Each Year (\$xxx,xxx.xx)

Non-Refundable Credits

Type of Credit (JCTC or JRTC)	Year Earned (YYYY)	Amount of Credit (\$xxx,xxx.xx)	Amount Remaining (\$xxx,xxx.xx)	Carry Forward Years (#)

Mail to: Ohio Dept. of Taxation, Business Tax Division, P.O. Box 16158, Columbus, OH 43216-6158

Sign here (required): Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information provided is true, correct and complete.

Contact's Signature _____

Printed Name _____

Date _____

Phone Number: _____ Email Address: _____