

INDIVIDUAL AND BUSINESS TAX RETURN

CITY OF LORAIN

605 WEST 4TH ST, LORAIN, OH 44052-1605

2022

OR

FISCAL PERIOD TO

INCOME TAX DEPARTMENT
(440) 204-1002 FAX (440) 204-1006
www.cityoflorain.org
If under 18 - Attach proof of age

THIS RETURN IS DUE BY THE IRS DUE DATE.

FISCAL YEAR FILERS MUST FILE ON OR BEFORE THE 15TH DAY OF THE FOURTH MONTH AFTER THE CLOSE OF THAT FISCAL YEAR.

FOR INCOME TAX DEPARTMENT USE ONLY

PAID W/RETURN: CK NO.

DUE CR TO 2023 REFUND

DECLARING EXEMPTION

Exemption Certificate on Pg. 2 Must Be Completed

IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK

Date moved into Lorain

Previous Address

Date moved out of Lorain

Present Address

SSN or FID

JOINT SSN

W-2 WORKSHEET

SEE INSTRUCTIONS BEFORE COMPLETING

ROUND TO NEAREST WHOLE DOLLAR

COLUMN 1

COLUMN 2

COLUMN 3

COLUMN 4

COLUMN 5

W-2 COPIES MUST BE ATTACHED

Table with 7 columns: Date wages were Earned (Month/Day) From To, CITY WHERE EMPLOYED, GROSS WAGES-HIGHEST WAGE ON W-2, WAGES EARNED WHILE LORAIN RESIDENT SEE INSTRUCTIONS, LORAIN TAX WITHHELD, OTHER CITY TAX WITHHELD, MAX CREDIT 2.0% OF TAXED WAGES. Includes a TOTALS row.

ATTACH A COPY OF 1040, ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC...

Table with 3 columns: Description, Amount, Tax. Rows include INCOME (Total W-2 wages, Partial year wages, TAXABLE WAGES, Other income, TOTAL LORAIN INCOME), TAX (LORAIN INCOME TAX), TAX WITHHELD, PAYMENTS AND CREDITS (Lorain income tax withheld, Prior year credits, Estimated payments, Credit for taxes withheld to other cities, Credit for taxes paid to other cities, TOTAL PAYMENTS AND CREDITS), BALANCE DUE, REFUND OR CREDIT (TAX BALANCE, Late Filing Penalty, Late Payment Penalty, TOTAL DUE, OVERPAYMENT, AMOUNT FROM LINE 17 TO BE REFUNDED, AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR).

Table with 3 columns: Description, Amount, Tax. Rows include ESTIMATE FOR NEXT YEAR (Total estimated income subject to tax, Subtract any estimated income tax to be withheld or paid to other cities, Balance of city income tax declared, Tax due before credits, Less credits, Net estimated tax due), TAX DUE (Enter total due from line 16 above, TOTAL DUE. ADD LINES 25 & 26. MAKE CHECKS PAYABLE TO LORAIN INCOME TAX DEPT.).

If this return was prepared by a tax practitioner, check here if we may NOT contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER

DATE

NAME AND ADDRESS OF PREPARER (PLEASE PRINT)

TELEPHONE NUMBER

SIGNATURE OF SPOUSE (IF JOINT RETURN)

TELEPHONE NUMBER

Attach copies of all Federal forms and schedules used to compute your local income.

SCHEDULE C - PROFIT OR LOSS FROM BUSINESS OR PROFESSION

1. Net Profit or Loss
2. Add Items not Deductible
3. Deduct Items not Taxable
4. Adjusted Net Profit or Loss
5. % allocable to Lorain from Schedule Y Line 5
(Resident individuals should report 100% of their profit or loss)
6. Multiply line 4 by line 5 - Total Schedule C income/loss

{ For Corporations and Partnerships Only }
- See Sch. X at www.cityoflorain.org

	Profit Col. A	Loss Col. B
1.	\$ _____	\$ (_____)
2.	\$ _____	\$ _____
3.	\$ (_____)	\$ (_____)
4.	\$ _____	\$ _____
5.	_____ %	_____ %
6.	\$ _____	\$ (_____)

SCHEDULE E - PROFIT OR LOSS FROM RENTS

Addresses of properties must be listed on Federal Schedule E

SCHEDULE H - ALL OTHER TAXABLE INCOME

Do not report W2G or 1099 Misc Income here.

- 9 & 9a. Total Line 6, 7 and 8
10. Total of Lines 9 and 9a
11. Prior NOL (5 yr. limit - schedule must be attached)
 - 11a. 2016 Losses \$ _____
 - 11b. 2017-2020 Losses \$ _____ X 50% = \$ (_____)
(limited to 50%)
12. Carry profit on line 12 to the front of the return, line 4

7.	\$ _____	\$ (_____)
8.	\$ _____	\$ (_____)
9.	\$ _____	9a. \$ (_____)
10.	\$ _____	

If taxes paid to other cities, documentation must be attached. No credit will be given on profit negated by loss.

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

For Non-Resident Businesses

	A. All Locations	B. Lorain Locations	C. Column B ÷ A
1. a) Avg. Original Cost of Real & Tangible Personal Property	\$ _____	\$ _____	
b) Gross Annual Rental Receipts Multiplied by 8.....	\$ _____	\$ _____	
c) Total of Line 1.....	\$ _____	\$ _____	%
2. Gross Receipts from Sales.....	\$ _____	\$ _____	%
3. Wages, Salaries Paid.....	\$ _____	\$ _____	%
4. Total Percentages			%
5. AVERAGE PERCENT (Divide Total Percent by # of Percentages Used) .			%
	Enter here and on Line 5 of Schedule C		%

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EXEMPTION CERTIFICATE (Signature is required on front of this form)

No taxable income to be reported due to the reason(s) below:

- UNDER 18 for the entire year of _____. My date of birth is ___/___/___ (Attach proof of DOB)
- RETIRED - I received only pension, Social Security and/or interest or dividend income.
- ACTIVE MEMBER OF THE U.S ARMED FORCES FOR THE ENTIRE YEAR OF _____.
(This exemption does not include civilians employed by the military or the National Guard)
- DOMICILED OUTSIDE THE CITY OF LORAIN FOR THE ENTIRE YEAR OF _____.
- NO EARNED INCOME FOR THE ENTIRE YEAR OF _____.
(Public Assistance, SSI, Unemployment, etc. is not considered earned income.)