

Form CO-16 Income Tax Mantua, Ohio	THIS IS NOT A FEDERAL RETURN File this Return with the Mantua Income Tax Dept., P.O. Box 775, Mantua, Ohio 44255, on or before April 15, 2017 or within 105 days after the close of a fiscal year.	(Tax Office Use Only) Processed by _____ Cash _____ Check _____ Paid with this Return \$ _____
(Tax Office Use Only) Cashier's Stamp	2016 CORPORATION, PARTNERSHIP OR FIDUCIARY 2016 INCOME TAX RETURN Mantua, Ohio, Income Tax For Taxable Period from January 1, 2016 through December 31, 2016 or Fiscal Period from _____, 20____, through _____, 20____.	

Taxpayer's Name: _____ FEIN: _____
Address: _____
City/State/Zip: _____

NET INCOME COMPUTATION				
	COLUMN A As shown by Federal Return		COLUMN B Allocable to Mantua, OH (*See Note)	
1. Net Income per Federal Return. (Attach Copy)	\$.	\$.
2. Add items not deductible under Mantua Tax Ordinance (Schedule X)	\$.	\$.
3. Deduct items not taxable under Mantua Income Tax Ordinance (Schedule X)	\$.	\$.
4. Adjusted Net Income	\$.	\$.
5. _____% (as determined by Schedule Y) of line 4,	\$.	X X X X	X X
6. Less Allocable Net Loss per previous _____ income tax return				
7. Amount Subject to Mantua Income Tax (line 4, Col. A or line 5, Col. B)	\$.	\$.
8. Mantua Income Tax, one and one-half per cent (1-1/2%) of line 7	\$.	\$.
9. Less: Payments made on account of Declaration of Estimated Mantua Income Tax, or amount of tax paid on prior return IF this is an amended return	\$.	\$.
10. Unpaid Balance of Mantua Income Tax, which amount must be paid with the filing of this return	\$.	\$.
11. Overpayment of Mantua Income Tax	\$.	\$.
12. Use "X" to indicate whether overpayment is to be refunded _____, or applied against your 2016 Declaration _____. No refund will be made until 2017 Declaration is filed. For amounts under \$10.00 no tax due nor refund made.				
*NOTE - If Business Allocation Percentage Formula (Schedule Y) is used, disregard Column B				

CERTIFICATION

The undersigned Officer or Partner (or Chief Accounting Officer) of the Business for which this return is made,
declares that this return is to the best of his knowledge and belief, a true, correct and complete return.

(Signature of Firm or person, other than taxpayer, preparing return) Date _____
(Signature of Taxpayer) Date

*May the Village of Mantua discuss this return with the preparer shown above? ____ YES ____ NO