

<b>Form CO-17 Income Tax Mantua, Ohio</b>	<p style="text-align: center;"><b>THIS IS NOT A FEDERAL RETURN</b> File this Return with the Mantua Income Tax Dept., P.O. Box 775, Mantua, Ohio 44255, on or before April 16, 2018 or within 105 days after the close of a fiscal year.</p>	<p style="text-align: center;"><b>(Tax Office Use Only)</b> Processed by _____ Cash _____ Check _____ Paid with this Return \$ _____</p>
(Tax Office Use Only) Cashier's Stamp	<p style="text-align: center;"><b>2017 CORPORATION, PARTNERSHIP OR FIDUCIARY 2017 INCOME TAX RETURN</b> Mantua, Ohio, Income Tax For Taxable Period from January 1, 2017 through December 31, 2017 or Fiscal Period from _____, 20____, through _____, 20____.</p>	

Taxpayer's Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

<b>NET INCOME COMPUTATION</b>				
	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 2018 Declaration _____.				
No refund will be made until 2018 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