

File this return with CANTON TAX DEPARTMENT on or before April 18, 2017. If you received a federal extension, please attach a copy of your federal extension request to the Canton return when you file. For taxpayers not on a federal extension, an extension request must be submitted in writing and filed on or before April 18, 2017.

CREDIT CARD SERVICE FEES APPLY: \$2.00 or 2.75%, whichever is greater.

PHONE: (330) 430-7900  
MAKE CHECK/MONEY ORDER PAYABLE TO  
**KIM R. PEREZ, TREASURER**  
INCOME TAX DEPARTMENT  
PO BOX 9951  
CANTON, OH 44711-9951  
cantonincometax.com

Check   Amt \_\_\_\_\_

ACCT. # \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Indicate Filing Status: \_\_\_\_\_ Individual \_\_\_\_\_ Joint Return \_\_\_\_\_ Other

Occupation or Principal Business Activity: \_\_\_\_\_

Are you or the business entity a resident ( ) Yes ( ) No

Moved INTO CANTON on \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Moved OUT OF CANTON on \_\_\_\_\_

DO YOU RENT OR OWN YOUR HOME?  OWN  RENT

BIRTH DATE \_\_\_\_\_

# City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2016.

# 2016

FOR USE OF ALL INDIVIDUAL TAXPAYERS SUBJECT TO CANTON INCOME TAX

MAKE NAME OR ADDRESS CORRECTION

ACCT. NO.	Your Social Security No.	SPOUSE SS#	PHONE	To receive electronic correspondence, please provide an email address: _____@_____ .com			
1. WAGES	<b>FILING REQUIRED EVEN IF NO TAX DUE OR NO INCOME EARNED</b>					<b>ALL W-2'S MUST BE ATTACHED</b>	
EMPLOYER		CITY PAID	TAX PAID OTHER CITIES	CANTON TAX WITHHELD	TOTAL W-2 WAGES		
TOTAL							

- Total Income from Back of Form (if applicable) 2. \$ \_\_\_\_\_
- Wages earned outside Canton by part year non-resident or prior to 18th birthday 3. Deduct \$ \_\_\_\_\_
- Allowable Employee Business Expense (attach Form 2106, detail Line 4, & schedule A filed) 4. Deduct \$ \_\_\_\_\_
- Taxable Income (Add Lines 1 and 2 subtract Lines 3 and 4) 5. \$ \_\_\_\_\_
- Canton City Tax (2% of Line 5) 6. \$ \_\_\_\_\_
- CREDITS
  - Canton income tax withhold by employer(s) 7a. \$ \_\_\_\_\_
  - Municipal tax paid to other cities (not to exceed 2%) 7b. \$ \_\_\_\_\_
  - Payment of Declaration of Estimated Tax 7c. \$ \_\_\_\_\_
  - CREDIT ADJUSTMENT 7d. \$ \_\_\_\_\_
  - TOTAL CREDITS (add a, b, c, less d) 7e. \$ \_\_\_\_\_
- BALANCE DUE (If Line 6 exceeds Line 7e enter difference here) 8. \$ \_\_\_\_\_
- Overpayment claimed (If Line 7e exceeds Line 6) 9. \$ \_\_\_\_\_
- Credit to 2017 Estimate (If no estimate due use Line 11) 10. \$ \_\_\_\_\_
- TO BE REFUNDED (If estimate due use Line 10) (Must be greater than \$10.00) 11. \$ \_\_\_\_\_  For direct deposit of your refund, check box and complete bank information on reverse side.
- Late filing fine - (returns filed after filing deadline), \$25.00 per month penalty 12. \$ \_\_\_\_\_
- Interest 0.42% per month 13. \$ \_\_\_\_\_
- Penalty: 15% \_\_\_\_\_ (see instructions) 14. \$ \_\_\_\_\_
- Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 15. \$ \_\_\_\_\_

NO ASSESSMENTS OR REFUNDS OF \$10.00 OR LESS WILL BE COLLECTED OR REFUNDED.

<p><b>Must be filed if a local tax, of at least 1.8% is not withheld by your employer</b></p>	<b>MANDATORY DECLARATION OF ESTIMATED TAX FOR 2017</b>			
	1. Total income subject to Canton tax \$ _____	Canton tax @ 2%.	1. \$ _____	
	2. LESS TAX TO BE WITHHELD		2. \$ _____	
	3. Balance estimated Canton tax		3. \$ _____	
	4. Less Credits:			
	a. Overpayment on previous year's return	4a. \$ _____		
	b. Other (Specify)	4b. \$ _____	Total Credits \$ _____	
5. Net tax due (Line 3 less total of Line 4)		5. \$ _____		
6. Amount paid with this return (not less than 1/4 X line 3 minus Line 4) Make remittance payable to: Kim R. Perez, Canton City Treasurer		6. \$ _____		
7. Balance of Tax		\$ _____		

I CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT, AND COMPLETE.  Yes  No  
May we discuss this tax return with preparer

Signature of Person Preparing, If Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Signature of Taxpayer or Agent Required \_\_\_\_\_ Date \_\_\_\_\_

Address or Name and Address of Firm \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_

THIS SPACE FOR TAX OFFICE USE ONLY  
AUDITED BY \_\_\_\_\_ NEW ACCOUNT \_\_\_\_\_ SUSP \_\_\_\_\_ M/M \_\_\_\_\_ POSTED TO \_\_\_\_\_ BANKING DATE \_\_\_\_\_ REFUND CK. NO. \_\_\_\_\_

City of Canton Income Tax Form TY2016

	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G TOTAL COLUMNS A-F
1. Municipality name; enter each City only once	CANTON						
2. Tax rate for each City on Line 1	2%	%	%	%	%	%	
3. AGGREGATE SCHEDULE C INCOME (LOSS)	\$						
4. AGGREGATE SCHEDULE E INCOME (LOSS)	\$						
5. AGGREGATE PARTNERSHIP/S CORP INCOME (LOSS)	\$						
6. MISCELLANEOUS/OTHER INCOME/FORM 1099	\$						
7. TOTAL INCOME (ADD LINES 3,4,5, AND 6)	\$	\$	\$	\$	\$	\$	\$

8. NOL CARRY FORWARD (ENTER AS NEGATIVE)							
9. ADD LINES 7 AND 8							
10. IF LINE 9 IS POSITIVE, ENTER SUM HERE	\$	\$	\$	\$	\$	\$	\$

11. APPORTIONABLE LOSS (If Line 7 is LOSS Enter Here)	\$	\$	\$	\$	\$	\$	\$
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CANTON TAXABLE INCOME							
12. APPORTIONMENT PERCENTAGE (Divide Line 10 in each column by Line 10G)							
13. IF LINE 10 IS POSITIVE, ENTER HERE.							
14. APPORTIONMENT CURRENT LOSS (Multiply Line 11 G by Line 12)							
15. NOL (Add Lines 13 and 14, and enter NEGATIVE here)							
16. APPORTIONMENT TAXABLE INCOME (Add Lines 13 and 14, and enter POSITIVE here)	\$	\$	\$	\$	\$	\$	\$

ALLOWABLE CREDIT FOR TAX PAID TO OTHER CITIES							
A. TOTAL TAX PAID OR WITHHELD (Include distributive share of tax paid by Partnership/S Corp)							
B. TAX ASSESSED BY OTHER CITY (Multiply Line 10 by Line 2)							
C. TAX DUE TO CANTON ON APPORTIONED INCOME (Multiply Line 16 by 2%)							
D. TAX PAID TO OTHER CITY ON APPORTIONED INCOME (Multiply Line 16 by Line 2)							
E. COMPARE LINES A, B, C, AND D, AND ENTER SMALLEST AMOUNT	\$	\$	\$	\$	\$	\$	\$

ENTER LINE 16 G ON PAGE 1, LINE 2

ENTER LINE E, COLUMN G, ON PAGE 1, LINE 7 B

IF YOU WOULD LIKE YOUR REFUND DIRECT DEPOSITED  
PLEASE COMPLETE THE FOLLOWING

ROUTING NUMBER

▶ TYPE:  CHECKING  SAVING

ACCOUNT NUMBER

NAME OF BANK