

City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2015.

2015

FOR USE OF ALL INDIVIDUAL TAXPAYERS SUBJECT TO CANTON INCOME TAX

METHOD OF PAYMENT - IF PAYING BY CHECK OR MONEY ORDER

MAKE PAYABLE TO:
KIM R. PEREZ, TREASURER

PHONE: (330) 430-7900
 MAIL 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 _____

PREV. ADDRESS _____

Moved OUT OF CANTON on _____

PRESENT ADDRESS _____

BIRTH DATE _____

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 FILING REQUIRED EVEN IF NO TAX DUE OR NO INCOME EARNED ALL W-2'S MUST BE ATTACHED

EMPLOYER	CITY PAID	TAX PAID OTHER CITIES	CANTON TAX WITHHELD	TOTAL W-2 WAGES
TOTAL				

- 2. Total adjustments from Back of Form (if applicable) 2. \$ _____
- 3. Wages earned outside Canton by part year non-resident or prior to 18th birthday 3. Deduct \$ _____
- 4. Allowable Employee Business Expense (attach Form 2106, detail Line 4, & schedule A filed) 4. Deduct \$ _____
- 5. Taxable Income (Add Lines 1 and 2 subtract Lines 3 and 4) 5. \$ _____
- 6. Canton City Tax (2% of Line 5) 6. \$ _____
- 7. Senior citizen tax credit (see instruction sheet) 7. Deduct \$ _____
- 8. Canton city tax liability (Line 6 less Line 7) 8. \$ _____
- 9. CREDITS
 - (a) Canton income tax withhold by employer(s) 9a. \$ _____
 - (b) Municipal tax paid to other cities (not to exceed 2%) 9b. \$ _____
 - (c) Payment of Declaration of Estimated Tax 9c. \$ _____
 - (d) CREDIT ADJUSTMENT 9d. \$ _____
 - (e) TOTAL CREDITS (add a, b, c, less d) 9e. \$ _____
- 10. BALANCE DUE (If Line 8 exceeds Line 9e enter difference here) 10. \$ _____
- 11. Overpayment claimed (If Line 9e exceeds Line 8) 11. \$ _____
- 12. Credit to 2016 Estimate (If no estimate due use Line 13) 12. \$ _____
- 13. TO BE REFUNDED (If estimate due use Line 12) 13. \$ _____ For direct deposit of your refund, check box and complete bank information on reverse side.
- 14. Late filing fine - (returns filed after filing deadline), enter \$25.00 fine 14. \$ _____
- 15. Interest Penalty 3% per month, effective the sixteenth of each month 15. \$ _____
- 16. Estimate less than 75% - Fine \$25.00 _____ Interest Penalty 9% per quarter _____ 16. \$ _____
- 17. Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 17. \$ _____

NO TAXES OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED

MANDATORY DECLARATION OF ESTIMATED TAX FOR 2016			
Must be filed if a local tax, of at least 1.8% is not withheld by your employer	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.

May we discuss this tax return with preparer Yes No

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

TY 2015

ATTACH COPIES OF ALL FEDERAL SCHEDULES

PART I PASSIVE ACTIVITY

FEDERAL SCHEDULES	DESCRIPTION	AMOUNT
TOTAL	a.	

ATTACH W2'S HERE

- b. Schedule X Adjustment (Attach Schedule X) b. + _____
- c. (a + b) c. = _____
- d. Allocation Percentage (Attach Schedule Y) d. X _____ %
 If business conducted entirely in Canton enter 100%
- e. (c x d) e. = _____
- f. Loss carry forward (Attach Schedule of Losses) f. - _____
- g. Passive net profit (if less than zero, enter zero and carry loss forward) g. = _____
 Passive loss carry forward to 2016 _____

PART II NON PASSIVE ACTIVITY

FEDERAL SCHEDULES	DESCRIPTION	AMOUNT
A. TOTAL	A.	

- B. Schedule X Adjustment (Attach Schedule X) B. + _____
- C. (A + B) C. = _____
- D. Allocation Percentage (Attach Schedule Y) D. X _____ %
 If business conducted entirely in Canton enter 100%
- E. (C X D) E. = _____
- F. Loss carry forward (Attach Schedule of Losses) F. - _____
- G. Non Passive Net Profit/Loss G. = _____
 IF LESS THAN ZERO, **ENTER LOSS**

TAXABLE/INCOME FROM BUSINESS ACTIVITIES

H. NET AGGREGATE INCOME (g + G) H. _____

IF LESS THAN ZERO ENTER ZERO AND CARRY LOSS FORWARD

*NON-PASSIVE LOSS CARRY FORWARD TO 2016 _____

ENTER LINE H ON LINE 2 ON FRONT OF FORM

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

Routing number

Type: Checking Savings

Account number

Name of Bank

TY 2015

PASSIVE

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules

ITEMS NOT DEDUCTIBLE		ADD	DEDUCT	
a. Capital Losses	-----	\$ _____	p. Capital Gains (Excluding Ordinary Gains From 4797)	\$ _____
b. Expenses incurred in the production of non-taxable income (At least 5% of Line t)	-----	_____	q. Interest Income	_____
c. Taxes based on income	-----	_____	r. Dividends	_____
d. Payments to partners	-----	_____	s. Other (Explain)	_____
e. Sick pay/3rd party insurance payment	-----	_____	-----	_____
f. Other (Explain)	-----	_____	-----	_____
g. Total Additions	-----	\$ _____	t. Total Deductions	\$ _____

NET ADJUSTMENTS (g-t) _____

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1. AVG. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS).	_____	_____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID.	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES.	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by number of percentages used. A factor is applicable even though it may be allocable entirely in or outside THE CITY OF CANTON).	_____	_____	_____ %

NON-PASSIVE

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules

ITEMS NOT DEDUCTIBLE		ADD	DEDUCT	
a. Capital Losses	-----	\$ _____	p. Capital Gains (Excluding Ordinary Gains From 4797)	\$ _____
b. Expenses incurred in the production of non-taxable income (At least 5% of Line t)	-----	_____	q. Interest Income	_____
c. Taxes based on income	-----	_____	r. Dividends	_____
d. Payments to partners	-----	_____	s. Other (Explain)	_____
e. Sick pay/3rd party insurance payment	-----	_____	-----	_____
f. Other (Explain)	-----	_____	-----	_____
g. Total Additions	-----	\$ _____	t. Total Deductions	\$ _____

NET ADJUSTMENTS (g-t) _____

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1. AVG. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS).	_____	_____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID.	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES.	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by number of percentages used. A factor is applicable even though it may be allocable entirely in or outside THE CITY OF CANTON).	_____	_____	_____ %