

# City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2014.

# 2014

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  
cantontax.com

Check  VISA  MasterCard 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 \_\_\_\_\_

**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 1.7%) 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 2015 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 2015**

Must be filed if a local tax, of at least 1 1/2% 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 \_\_\_\_\_

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. \_\_\_\_\_

**TY 2014**

ATTACH COPIES OF ALL FEDERAL SCHEDULES

**PART I PASSIVE ACTIVITY**

ATTACH W2'S HERE

FEDERAL SCHEDULES	DESCRIPTION	AMOUNT
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. Passive net profit (if less than zero, enter zero and carry loss forward) g. = \_\_\_\_\_  
 Passive loss carry forward to 2015 \_\_\_\_\_

**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 2015 \_\_\_\_\_

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 2014

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)
<b>STEP 1.</b> AVG. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.	_____	_____	_____ %
<b>STEP 2.</b> GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS).	_____	_____	_____ %
<b>STEP 3.</b> WAGES, SALARIES, AND OTHER COMPENSATION PAID.	_____	_____	_____ %
<b>STEP 4.</b> TOTAL PERCENTAGES.	_____	_____	_____ %
<b>STEP 5.</b> 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

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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) \_\_\_\_\_

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