

File this return with CANTON TAX DEPARTMENT on or before April 18, 2017 or on or before the fifteenth day of the fourth month after close of a fiscal year or period. 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 or fiscal deadline.

MAKE CHECK OR MONEY ORDER 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

Has your Federal tax liability for any prior year been changed in the year covered by this return as a result of any examination by the Internal Revenue Service?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has an amended City return been filed for such year or years?

Yes \_\_\_\_\_ No \_\_\_\_\_

# City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2016, or

# 2016

for the \_\_\_\_\_ months ending \_\_\_\_\_

FOR USE OF ALL CORPORATE TAXPAYERS SUBJECT TO CANTON INCOME TAX

Indicate Filing Status: \_\_\_\_\_ Corporation \_\_\_\_\_ S Corporation  
\_\_\_\_\_ Partnership \_\_\_\_\_ Other

Principal Business Activity: \_\_\_\_\_

## CORPORATE RETURN

Is the business entity a resident ( ) Yes ( ) No

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

PREV. ADDRESS \_\_\_\_\_

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

PRESENT ADDRESS \_\_\_\_\_

MAKE NAME OR ADDRESS CORRECTION

To receive electronic correspondence, please provide an email address: \_\_\_\_\_@\_\_\_\_\_.com

ACCT. NUMBER

FEDERAL I.D. NUMBER

PHONE ( ) \_\_\_\_\_

**FILING REQUIRED EVEN IF NO TAX DUE OR NET OPERATING LOSS**

1. Canton Taxable Income (Page 2 Line 6) 1. \$ \_\_\_\_\_
2. Canton City Tax (2% of Line 1) 2. \$ \_\_\_\_\_
3. CREDITS
  - 3(A) Municipal tax paid to other cities 3A. \$ \_\_\_\_\_
  - 3(B) Payment of Declaration of Estimated Tax 3B. \$ \_\_\_\_\_
  - 3(C) Credit Adjustment 3C. \$ \_\_\_\_\_
  - 3(D) TOTAL CREDITS (A plus B less C) 3D. \$ \_\_\_\_\_
4. BALANCE DUE (If Line 2 exceeds Line 3D enter difference here) 4. \$ \_\_\_\_\_
5. Overpayment claimed (If Line 3D exceeds Line 2) 5. \$ \_\_\_\_\_
6. Credit to 2017 Estimate (If no Estimate due use Line 7) 6. \$ \_\_\_\_\_
7. TO BE REFUNDED (If Estimate due, use Line 6) 7. \$ \_\_\_\_\_
8. Late filing fine - (returns filed after Filing Deadline) enter \$25.00 per month 8. \$ \_\_\_\_\_
9. Interest Penalty 0.42% per month, effective the sixteenth of each month 9. \$ \_\_\_\_\_
10. Penalty 15% \_\_\_\_\_ (see instructions) 10. \$ \_\_\_\_\_
11. Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 11. \$ \_\_\_\_\_

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

MAY WE DISCUSS THIS RETURN WITH PREPARER  YES  NO

### MANDATORY DECLARATION OF ESTIMATED TAX FOR 2017

1. TOTAL INCOME SUBJECT TO CANTON TAX \$ \_\_\_\_\_ CANTON TAX @ 2% 1. \$ \_\_\_\_\_
2. LESS CREDITS:
  - A. OVERPAYMENT ON PREVIOUS YEAR'S RETURN 2A. \$ \_\_\_\_\_
  - B. PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION 2B. \$ \_\_\_\_\_
  - C. OTHER (SPECIFY) 2C. \$ \_\_\_\_\_
3. NET TAX DUE (LINE 1 LESS TOTAL LINE 2) 3. \$ \_\_\_\_\_
4. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 x line 3) REMITTANCE PAYABLE TO "Kim R. Perez, Canton City Treasurer" 4. \$ \_\_\_\_\_
5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3) 5. \$ \_\_\_\_\_

#### METHOD OF PAYMENT

Check  VISA  MasterCard  DISCOVER  AMERICAN EXPRESS  \_\_\_\_\_ \$ \_\_\_\_\_ EXPIRATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Amount Authorized)

CREDIT CARD SERVICE FEES APPLY: 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.

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

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

Signature of Taxpayer or Agent Required \_\_\_\_\_ Date \_\_\_\_\_

THIS SPACE FOR TAX OFFICE USE ONLY  
AUDITED BY \_\_\_\_\_ NEW ACCOUNT

SUSP \_\_\_\_\_ M/M

POSTED TO \_\_\_\_\_

BANKING DATE \_\_\_\_\_

REFUND CK. NO. \_\_\_\_\_

LINE 1. NET PROFIT/LOSS (FORM 1041, 1065, 1120 1120S, ETC.)

1. \$ \_\_\_\_\_

**SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		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. Other (Explain) .....		_____	.....		_____
f. Total Additions .....		\$ _____	.....		_____
			t. Total Deductions .....		\$ _____

LINE 2. EXCESS INCOME/DEDUCTIONS (SCHEDULE X LINE f MINUS LINE t)

2. \$ \_\_\_\_\_

LINE 3. RECONCILED NET PROFIT/LOSS (LINE 1 PLUS LINE 2)

3. \$ \_\_\_\_\_

**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.	_____	_____	_____ %
4. TOTAL PERCENTAGES.			_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages By 3. A factor is applicable even though it may be allocable entirely in or outside THE CITY of CANTON).			_____ %

LINE 4. ALLOCATED NET PROFIT/LOSS (LINE 3 MULTIPLIED BY STEP 5 SCHEDULE Y)

4. \$ \_\_\_\_\_

LINE 5. NET OPERATING LOSS CARRY FORWARD  
**ATTACH SCHEDULE**

5. \$( \_\_\_\_\_ )

LINE 6. CANTON TAXABLE INCOME (LINE 4 PLUS LINE 5)  
IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT YEAR

6. \$ \_\_\_\_\_

**ENTER LINE 6 ON PAGE 1 LINE 1**

**SCHEDULE Z Partners Distributive Shares of Net Income - From Federal Schedules 1065 K-1 and 1120S K-1**

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	Partner's Social Security No.	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Yes	No.	Percent	Amount			
					\$ _____	\$ _____		\$ _____
<b>7. TOTALS</b>				100	\$ _____			