

File this return with CANTON TAX DEPARTMENT on or before April 17, 2018 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 17, 2018 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, 2017, or

2017

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

ACCT. NUMBER FEDERAL I.D. NUMBER PHONE () _____ To receive electronic correspondence, please provide an email address: _____@_____.com

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 2018 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 0.50% 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 2018

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. \$ _____ TOTAL CREDITS \$ _____
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.
\$2.00 or 2.75%, whichever is greater.

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)
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.	_____	_____	_____ %
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 Y-1

Reconciliation to Form W-3, Withholding Reconciliation

Total wages allocated to Canton (from Federal Return or allocation formula) \$ _____

Total wages shown on Form W-3 (Withholding Reconciliation) \$ _____

Please explain any difference: _____
