

IMPORTANT INFORMATION

You **must** file the MANDATORY DECLARATION OF ESTIMATED TAX FOR 2010 below, together with the first quarter estimated tax due (1/4 of the annual estimated tax) within 4 months of the start of the tax year. Additional payments of at least 1/4 of the annual estimated tax each must be paid every 3 months after that.

Please send in the Quarterly Estimate Payment forms below to identify your payments. (No quarterly payment notices will be sent to remind you to make your quarterly payments, so please mark your calendars.)

A DECLARATION OF ESTIMATED TAX WHICH IS LESS THAN 75% OF THE TAX DUE ON THE FINAL RETURN WILL BE SUBJECT TO INTEREST OF 9 % PER QUARTER ON THE DIFFERENCE AND A PENALTY OF \$25.00.

No Declaration of Estimated Tax and no quarterly payments are required if you may reasonably expect to have less than \$5,000.00 of income subject to the estimated tax this year. You may amend your Declaration of Estimated Tax during the year in writing for good cause shown.

Record of Payments

PAYMENT NO.	DUE DATE	CHECK NO.	DATE PAID	AMOUNT PAID
1.	April 15, 2010*			
2.	June 15, 2010*			
3.	September 15, 2010*			
4.	December 15, 2010*			

* OR FISCAL DUE DATE

Robert C. Schirack, Treasurer
CITY OF CANTON
INCOME TAX DEPARTMENT
P.O. BOX 9940
CANTON, OHIO 44711-9940



CITY OF CANTON, OHIO
QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON
2010 1st Quarter

Federal I.D. No.	Account Number	Due on or Before* 4-15-2010
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Name & Address

AMOUNT PAID \$

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$  
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* OR THE FIFTEENTH DAY OF THE FOURTH MONTH OF THE FISCAL YEAR

CARDHOLDER

Robert C. Schirack, Treasurer
CITY OF CANTON
INCOME TAX DEPARTMENT
P.O. BOX 9940
CANTON, OHIO 44711-9940



CITY OF CANTON, OHIO
QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON
2010 2nd Quarter

Federal I.D. No.	Account Number	Due on or Before* 6-15-2010
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Name & Address

AMOUNT PAID \$

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$  
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

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* OR THE FIFTEENTH DAY OF THE FOURTH MONTH OF THE FISCAL YEAR

CARDHOLDER

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CITY OF CANTON, OHIO
QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON
2010 3rd Quarter

Federal I.D. No.	Account Number	Due on or Before* 9-15-2010
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Name & Address

AMOUNT PAID \$

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$  
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

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* OR THE FIFTEENTH DAY OF THE FOURTH MONTH OF THE FISCAL YEAR

CARDHOLDER

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CANTON, OHIO 44711-9940



CITY OF CANTON, OHIO
QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON
2010 4th Quarter

Federal I.D. No.	Account Number	Due on or Before* 12-15-2010
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Name & Address

AMOUNT PAID \$

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$  
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

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* OR THE FIFTEENTH DAY OF THE FOURTH MONTH OF THE FISCAL YEAR

CARDHOLDER