File this return with CANTON TAX DEPARTMENT on or before April 18, 2011 or on or before the fifteenth day of the fourth month after close of a fiscal year or period. Requests for extensions must be submitted in writing and filed on or before April 18, 2011 or Fiscal Deadline.

City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2010, or

2010

for the _____ months ending _____

FOR USE OF ALL CORPORATE TAXPAYERS SUBJECT TO CANTON INCOME TAX

MAKE NAME OR ADDRESS CORRECTION

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"Robert C. Schirack,
Canton City Treasurer"

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 _____

PHONE: (330) 430-7900
MAIL TO:
ROBERT C. SCHIRACK
TREASURER
CITY OF CANTON
INCOME TAX DEPARTMENT
PO BOX 9951
CANTON, OH 44711-9951
cantonincometax.com

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 _____

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 2011 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 fine 8. $_____
9. Interest Penalty 3% per month, effective the sixteenth of each month 9. $_____
10. Estimate less than 75% - Fine $25.00 _____ Interest Penalty 9% per quarter _____ 10. $_____
11. Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 11. $_____

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

MANDATORY DECLARATION OF ESTIMATED TAX FOR 2011

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 "Robert C. Schirack, Canton City Treasurer" 4. $_____
5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3) 5. $_____

METHOD OF PAYMENT

☐ Check ☐ VISA ☐ MasterCard [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] $ _____ (Amount Authorized) EXPIRATION DATE____/____/____

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.

TY 2010 ATTACH COPIES OF ALL FEDERAL SCHEDULES AND SUPPORTING STATEMENTS

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 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 Yes	2. Resident No	3. Distributive Shares of Partners Percent	3. Distributive Shares of Partners Amount	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
					$	$		$
7. TOTALS				100	$			