

File this return with CANTON TAX DEPARTMENT on or before April 15, 2014. Requests for extensions must be submitted in writing and filed on or before April 15, 2014.

City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2013.

FOR USE OF ALL INDIVIDUAL TAXPAYERS SUBJECT TO CANTON INCOME TAX

2013

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
 cantonincometax.com

Check   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			

- 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 2014 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 2014	
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. Yes No
 May we discuss this tax return with preparer

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 2013

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 2014 _____

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 2014 _____

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 _____ Name of Bank

Account number

TY 2013

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)
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.	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES.	_____	_____	_____ %
STEP 5. 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

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)
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.	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES.	_____	_____	_____ %
STEP 5. 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).	_____	_____	_____ %