File this return with CANTON TAX DEPARTMENT on or before April 15, 2020 or on or MAKE CHECK OR MONEY ORDER PAYABLE TO: PHONE: (330) 430-7900 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 exten-"Kim R. Perez, Treasurer" MAIL TO: KIM R. PEREZ, TREASURER INCOME TAX DEPARTMENT **TAXING AUTHORITY** sion request must be submitted in writing and filed on or before April 15, 2020 or fiscal PO BOX 9951 CANTON, OH 44711-9951 ☐ City of Canton ☐ JEDD District FP City of Canton, Ohio Income Tax Return ☐ JEDD District TWR/SS ☐ JEDD District CD ☐ JEDD District SM ☐ JEDD District TSG For Calendar Year ending December 31, 2019, or for the __ months ending _ Indicate Filing Status: Corporation S Corporation FOR USE OF ALL CORPORATE TAXPAYERS SUBJECT TO CANTON INCOME TAX __ 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: 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) 2. \$_____ 2. Canton City Tax (2.5% of Line 1) 3. CREDITS 3. \$_____ 3(A) Municipal tax paid to other cities 3A.\$____ 3(B) Payment of Declaration of Estimated Tax 3B.\$ 3C.\$ 3(C) Credit Adjustment 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) 6. Credit to 2020 Estimate (If no Estimate due use Line 7) 7. TO BE REFUNDED (If Estimate due, use Line 6) 8. Late filing fine - (returns filed after Filing Deadline) enter \$25.00 per month 8. \$____ Interest Penalty 0.583 % per month, effective the sixteenth of each month 9. \$___ 10. Penalty 15% _____ (see instructions) 11. Total amount due - MUST BE PAID IN FULL WITH THIS RETURN MAY WE DISCUSS THIS ☐ YES RETURN WITH PREPARER ☐ NO ☐ YES NO ASSESSMENTS OR REFUNDS OF \$10.00 OR LESS WILL BE COLLECTED OR PAID MANDATORY DECLARATION OF ESTIMATED TAX FOR 2020 1. TOTAL INCOME SUBJECT TO CANTON TAX \$ ___ CANTON TAX @ 2.5% 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) AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 x line 3) REMITTANCE PAYABLE TO "Kim R. Perez, Canton City Treasurer" BALANCE OF TAX (NOT MORE THAN 3/4 x line 3) PAYMENT BY CREDIT CARD OR ELECTRONIC CHECK Please refer to our website, www.cantonincometax.com, to access the online payment center to pay by credit card or electronic check. 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 **NEW ACCOUNT** POSTED TO BANKING DATE REFUND CK. NO.

LINIC 4 NICT DOOLIT/LO	200 /FORM 1041 1005 1100 11	1000 FTC)				
LINE I. NET PROFIT/LC	OSS (FORM 1041, 1065, 1120 11	1205, ETC.)			1. \$	
SCHEDULE X R	ECONCILIATION WITH FED	ERAL INCOME	E TAX RETURN - At	tach Schedules		
	T DEDUCTIBLE	ADD		MS NOT TAXABLE cluding Ordinary Gains From 4	797) \$_	DEDUCT
Expenses incurred in the p income (At least 5% of Line	oroduction of non-taxable e t)		'			
			s. Other (Explain) .			
		-				
Other (Explain)						
Total Additions		\$				
			t. Total Deductions		\$	
LINE 2. EXCESS INCOM	ME/DEDUCTIONS (SCHEDULE X	KLINE FMINUS	LINE t)		2. \$	
LINE 3. RECONCILED N	IET PROFIT/LOSS (LINE 1 PLU	S LINE 2)			3. \$	
		,				
SCHEDULE Y BUS	SINESS ALLOCATION FORM	MULA	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERC (b -	ENTAGE :- a)
EP 1. AVG. ORIGINAL CO	OST OF REAL & TANG. PERSONAL I	PROPERTY			_	
	ENTALS PAID MULTIPLIED BY 8				_	0
TOTAL STEP 1. EP 2. GROSS RECEIPTS	FROM SALES MADE AND/OR WOF				_	%
_1	THOM CALLS WALL AND ON WO					
OR SERVICES PER	RFORMED (SEE INSTRUCTIONS).				_	%
	RFORMED (SEE INSTRUCTIONS). S, AND OTHER COMPENSATION PAI	ID				
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