File this return with CANTON TAX DEPARTMENT on or before April 15, 2021 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 15, 2021 or fiscal deadline.	"Kim R. Perez, Treasurer"     TAXING AUTHORITY     □ City of Canton   □ JEDD District CE	MAIL TO: KIM R. PEREZ, TREASUREF INCOME TAX DEPARTMENT PO BOX 9951 CANTON, OH 44711-9951		
City of Canton, Ohio Income Tax Return	JEDD District TWR/SS JEDD District TS JEDD District SM JEDD District TG	50		
For Calendar Year ending December 31, 2020, or 2020	□ JEDD District FP			
for the months ending ZUZU	Indicate Filing Status: Corporation	S Corporation		
FOR USE OF ALL CORPORATE TAXPAYERS SUBJECT TO CANTON INCOME TAX	Partnership	ip Other		
	Principal Business Activity:	BETURN		
	Is the business entity a resident ( ) Yes			
	Moved INTO CANTON on			
	PREV. ADDRESS OR Moved OUT OF CANTON on			
MAKE NAME OR ADDRESS CORRECTION	PRESENT ADDRESS			
ACCT. NUMBER FEDERAL I.D. NUMBER	PHONE ( )	electronic correspondence, please provide an ress:@com		
FILING REQUIRED EVEN IF NO TAX DUE	E OR NET OPERATING LOSS			
1. Canton Taxable Income (Page 2 Line 6)		1. \$		
2. Canton City Tax (2.5% of Line 1)		2. \$		
3. CREDITS		3. \$		
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 2021 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 0.416 % per month, effective the sixteenth of each month		9. \$		
		10 0		
10. Penalty 15% (see instructions)		10. \$		
11. Total amount due - MUST BE PAID IN FULL WITH	I THIS RETURN	11. \$		
NO ASSESSMENTS OR REFUNDS OF \$10.00 OR LESS WILL BE COLLECTED OR PA	ID MAY WE DIS RETURN WI	CUSS THIS CUSS THE		
MANDATORY DECLARATION OF ESTI	IMATED TAX FOR 2021			
1. TOTAL INCOME SUBJECT TO CANTON TAX \$ CANTON TA	AX @ 2.5%	1. \$		
2. LESS CREDITS: A. OVERPAYMENT ON PREVIOUS YEAR'S RETURN	2A. \$			
B. PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLAR/				
C. OTHER (SPECIFY)	2C. \$ TOTAL CR			
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 PAY.	ABLE TO "Kim R. Perez, Canton City Treasurer"	4. \$		
5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3)	5.\$			
PAYMENT BY CREDIT CARD OR ELECTRONIC CHECK				
Please refer to our website, www.cantonincometax.com, to access the online payme	ent center to pay by credit card or electro	nic check.		
Signature of Person Preparing, If Other Than Taxpayer Date				
Address or Name and Address of Firm Signatur	re of Taxpayer or Agent Required	Date		
THIS SPACE FOR TAX OFFICE USE ONLY	and an	Duio		

## TY 2020

## 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 F	EDERAL INCOME	TAX RETURN - At	ttach Schedules		
Capital Losses Expenses incurred ir income (At least 5% Taxes based on inco Payments to partner Other (Explain) Total Additions	S NOT DEDUCTIBLE	ADD \$ \$ \$ LE X LINE f MINUS	p. Capital gains (Ex q. Interest Income r. Dividends s. Other (Explain) .  t. Total Deductions	EMS NOT TAXABLE	Ψ	DEDUCT
LINE 3. RECONCIL	ED NET PROFIT/LOSS (LINE 1 F	PLUS LINE 2)			3. \$	
EP 1. AVG. ORIGIN	BUSINESS ALLOCATION F	NAL PROPERTY	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	(b	CENTAGE ÷ a)
TOTAL STEP EP 2. GROSS RECI OR SERVICE		WORK S)				%
	ENTAGES. ERCENTAGE (Divide Total Percentages ble entirely in or outside THE CITY of 0		able even though it			%
LINE 4. ALLOCATE	D NET PROFIT/LOSS (LINE 3 MU	JLTIPLIED BY STEP	5 SCHEDULE Y)		4. \$	
LINE 5. NET OPER	ATING LOSS CARRY FORWARD ATTACH SCHEDULE				5. \$(	)
	AXABLE INCOME (LINE 4 PLUS NTER ZERO AND CARRY FORW,	,	l		6. \$	
IF LOSS EN						
IF LOSS EN		ENTER LINE 6 ON P	PAGE 1 LINE 1			
IF LOSS EN			-	ation		
SCHEDULE		Form W-3, With	nolding Reconcilia		\$	