

File this return with CANTON TAX DEPARTMENT on or before April 18, 2022. 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 18, 2022.

CREDIT CARD SERVICE FEES APPLY:
\$2.00 or 2.75%, whichever is greater.

PHONE: (330) 430-7900
MAKE CHECK/MONEY
ORDER PAYABLE TO
KIM R. PEREZ, TREASURER
INCOME TAX DEPARTMENT
PO BOX 9951
CANTON, OH 44711-9951
cantonincometax.com

PAYMENT BY CREDIT CARD OR ELECTRONIC CHECK
Please refer to our website, www.cantonincometax.com
to access the payment center to pay by credit card or
electronic check.

City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2021.

FOR USE OF ALL INDIVIDUAL TAXPAYERS SUBJECT TO CANTON INCOME TAX

2021

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 _____

PREVIOUS ADDRESS _____

Moved OUT OF CANTON on _____

DO YOU RENT OR OWN YOUR HOME? OWN RENT

BIRTH DATE _____

MAKE NAME OR ADDRESS CORRECTION

ACCT. NO. _____ Your Social Security No. _____ SPOUSE SS# _____ PHONE _____
To receive electronic correspondence, please provide an email address: _____@_____.com

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 W-2 WAGES
TOTAL				

2. Total Income 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. Taxable Income (Add Lines 1 and 2 subtract Line 3) 4. \$ _____

5. Canton City Tax (2.5% of Line 4) 5. \$ _____

6. CREDITS

(a) Canton income tax withhold by employer(s) 6a \$ _____

(b) Municipal tax paid to other cities (not to exceed 2.5%) 6b \$ _____

(c) Payment of Declaration of Estimated Tax 6c \$ _____

(d) CREDIT ADJUSTMENT 6d \$ _____

(e) TOTAL CREDITS (add a, b, c, less d) 6e \$ _____

7. BALANCE DUE (If Line 5 exceeds Line 6e enter difference here) 7. \$ _____

8. Overpayment claimed (If Line 6e exceeds Line 5) 8. \$ _____

9. Credit to 2022 Estimate (If no estimate due use Line 10) 9. \$ _____

10. TO BE REFUNDED (If estimate due use Line 9) (Must be greater than \$10.00) 10. \$ _____ For direct deposit of your refund, check box and complete bank information on reverse side.

11. Late filing fine - (returns filed after filing deadline), \$25.00 per month penalty 11. \$ _____

12. Interest 0.42% per month 12. \$ _____

13. Penalty: 15% _____ (see instructions) 13. \$ _____

14. Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 14. \$ _____

NO ASSESSMENTS OR REFUNDS OF \$10.00 OR LESS WILL BE COLLECTED OR REFUNDED.

MANDATORY DECLARATION OF ESTIMATED TAX FOR 2022

Must be filed if a local tax, of at least 2.25% is not withheld by your employer

1. Total income subject to Canton tax \$ _____	Canton tax @ 2.5%	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.

May we discuss this tax return with preparer Yes No

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. _____

City of Canton Income Tax Form TY2021

	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G TOTAL COLUMNS A-F
1. Municipality Name; enter each City only once	CANTON						
2. Tax rate for each City	2.5%	%	%	%	%	%	
3. AGGREGATE SCHEDULE C INCOME OR (LOSS)							
4. AGGREGATE SCHEDULE E INCOME OR (LOSS)							
5. AGGREGATE PARTNERSHIP/S-CORP INCOME OR (LOSS)							
6. MISCELLANEOUS/OTHER INCOME/FORM 1099							
7. TOTAL INCOME (ADD LINES 3,4,5, AND 6)	\$	\$	\$	\$	\$	\$	\$
8. COLUMN A-F IF LINE 7 IS A GAIN ENTER EACH COLUMN AND TOTAL ACROSS							
9. COLUMN A-F IF LINE 7 IS A LOSS ENTER EACH COLUMN AND TOTAL ACROSS							

10. NOL CARRY FORWARD

11. ENTER LESSER OF 50% OF 7G OR 50% OF 10G

12. GAIN PERCENTAGE
(Divide each column amount in Line 8 by the total in Line 8 Column G)

13. APPORTIONED LOSS
(Multiply Loss from Line 9G by Line 12)

14. APPORTIONED NOL
(Multiply Loss from Line 11G by Line 12)

15. DEDUCTIBLE LOSS
(Add Line 13 and Line 14)

16. TAXABLE GAIN
(Subtract Line 15 from Line 8. Enter 16G on Page 1 of Tax Return, Line 2)

ALLOWABLE CREDIT FOR TAX PAID TO OTHER CITIES

A. TOTAL TAX PAID OR WITHHELD (Include distributive share of tax paid by Partnership/S Corp)

B. TAX ASSESSED BY OTHER CITY
Please attach other City Tax Returns

C. TAX DUE TO CANTON ON APPORTIONED INCOME
(Multiply Line 16 by 2.5%)

D. TAX PAID TO OTHER CITY ON APPORTIONED INCOME
(Multiply Line 16 by Line 2)

E. COMPARE LINES A, B, C, AND D, AND ENTER SMALLEST AMOUNT

ENTER LINE 16 G ON PAGE 1, LINE 2

ENTER LINE E, COLUMN G, ON PAGE 1, LINE 6 B

IF YOU WOULD LIKE YOUR REFUND DIRECT DEPOSITED
PLEASE COMPLETE THE FOLLOWING

ROUTING NUMBER

TYPE: CHECKING SAVING

ACCOUNT NUMBER

NAME OF BANK