

File this return with CANTON TAX DEPARTMENT on or before April 15, 2021. 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.

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, 2020.

FOR USE OF ALL INDIVIDUAL TAXPAYERS SUBJECT TO CANTON INCOME TAX

2020

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 2021 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 0.416% 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.

Must be filed if a local tax, of at least 2.25% is not withheld by your employer	MANDATORY DECLARATION OF ESTIMATED TAX FOR 2021		
	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. \$ _____	Total Credits \$ _____
	b. Other (Specify)	4b. \$ _____	
	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 TY2020

	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 on Line 1	2.5%	%	%	%	%	%	
3. AGGREGATE SCHEDULE C INCOME (LOSS)	\$						
4. AGGREGATE SCHEDULE E INCOME (LOSS)	\$						
5. AGGREGATE PARTNERSHIP/S CORP INCOME (LOSS)	\$						
6. MISCELLANEOUS/OTHER INCOME/FORM 1099	\$						
7. TOTAL INCOME (ADD LINES 3,4,5, AND 6)	\$	\$	\$	\$	\$	\$	\$
CANTON TAXABLE INCOME							
8. NOL CARRY FORWARD (ENTER AS NEGATIVE)							
9. ADD LINES 7 AND 8							
10. IF LINE 9 IS POSITIVE, ENTER SUM HERE	\$	\$	\$	\$	\$	\$	\$
ALLOWABLE CREDIT FOR TAX PAID TO OTHER CITIES							
11. APPORTIONABLE LOSS (If Line 7 is LOSS Enter Here)	\$	\$	\$	\$	\$	\$	\$
CANTON TAXABLE INCOME							
12. APPORTIONMENT PERCENTAGE (Divide Line 10 in each column by Line 10G)							
13. IF LINE 10 IS POSITIVE, ENTER HERE.							
14. APPORTIONMENT CURRENT LOSS (Multiply Line 11 G by Line 12)							
15. NOL (Add Lines 13 and 14, and enter NEGATIVE here)							
16. APPORTIONMENT TAXABLE INCOME (Add Lines 13 and 14, and enter POSITIVE here)	\$	\$	\$	\$	\$	\$	\$
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 (Multiply Line 10 by Line 2)							
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 _____