

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

# CITY OF CANTON

## 2018 INCOME TAX RETURN

*FILING REQUIRED EVEN IF NO TAX DUE*

**DUE ON OR BEFORE APRIL 15, 2019**

CHECK ONE:	
<input type="checkbox"/>	Resident
<input type="checkbox"/>	Non-Resident
<input type="checkbox"/>	Part Year Resident

Account Number \_\_\_\_\_  
 SOC. SEC. NO. \_\_\_\_\_  
 SOC. SEC. NO. \_\_\_\_\_  
 Taxpayer's Occupation \_\_\_\_\_  
 Spouse's Occupation \_\_\_\_\_

FILING STATUS:	
<input type="checkbox"/>	Single
<input type="checkbox"/>	Married
<input type="checkbox"/>	Married, Filing Separate

Complete if moved since last return or part year resident:  
 Old Address \_\_\_\_\_  
 Date Moved (in) \_\_\_\_\_ (out) \_\_\_\_\_  
 Do you rent or own your home? \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**SECTION A RETIRED AND/OR TAXPAYERS WITH NO TAXABLE INCOME.** PLEASE CHECK APPROPRIATE BOX BELOW:

Under 18 years of age for entire year. Date of Birth: \_\_\_\_\_ (attach verification - copy of driver's license or birth certificate)       Active duty military for entire year.

All income was from a federally qualified retirement plan. Date retired: \_\_\_\_\_       All income was from a non-taxable source. List source: \_\_\_\_\_

**SECTION B** Enter wages, salaries, bonuses, incentive payments, commissions and other compensation, received between January 1 and December 31. Please attach all W-2(2).

	Income Earned from 1/1/18 through 6/30/18	Income Earned from 7/01/18 through 12/31/18	TOTALS
1. Total Qualifying Wages .....			
2. Wages earned outside Canton by part year non-resident or prior to 18th birthday .....			
3. Taxable Wages (Line 1 less Line 2) .....			
4. Income Other Than Wages (see Page 2, Section 2) .....			
5. Total Taxable Income (Line 3 + Line 4) .....			5.
6. Tax Due .....	x 2%	x 2.5%	6.
7. Tax Credits .....			
7-A. Canton City Tax Withheld .....			
7-B. Other City Tax Credit .....	2%	2.5%	
7-C. Other: Estimates, Direct Payments, Credit from Prior Year .....			
7-D. Total Credits Available (Line 7-A + 7-B + 7-C) .....			7-D.
8. Balance of Tax Due (Line 6 TOTAL - Line 7-D TOTAL) .....			8.
9. PENALTY \$ _____ INTEREST \$ _____ LATE FEE \$ _____ .....			9.
10. TOTAL AMOUNT DUE (Make check payable to (City of Canton) (No payment due if \$10.00 or less) .....			10.
11. IF OVERPAYMENT, CREDIT TO NEXT YEAR (\$10.01 minimum): \$ _____ or REFUND \$ _____ .....			11.

For direct deposit of your refund, check box and complete bank information on reverse side.

**SECTION C - DECLARATION OF ESTIMATED TAX FOR 2019**

12. Total Income Subject to Tax \$ _____ X Tax Rate (2.5%) .....	12.
13. Subtract Credit for Tax Withheld (Other city credit not to exceed 2.5%) .....	13.
14. Net Tax Due (Line 12 - Line 13) .....	14.
15. Quarterly Amount Due (1/4 of Line 14) .....	15.
16. Credit from Line 11 (\$10.01 minimum) .....	16.
17. Amount of Estimated Tax Due (Line 15 - Line 16) .....	17.
18. Total of this Payment (Line 10 + Line 17) .....	18.

**SECTION D PAYMENT BY CREDIT CARD OR ELECTRONIC CHECK**

Please refer to the website, [www.cantonincometax.com](http://www.cantonincometax.com), to access the online payment center to pay by credit card or electronic check.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for federal income tax purposes, adjusted to the ordinance requirements for local tax purposes. If an audit of the federal return is made which affects the tax liability shown on the return, an amended return is required to be filed within three months. If this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return?     Yes     No

Signature of Person Preparing Return (If Other Than Taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

1. WAGES

DATES WORKED

ALL W-2'S MUST BE ATTACHED

EMPLOYER	FROM DATE MM/DD/YY	TO DATE MM/DD/YY	CITY PAID	TAX PAID OTHER CITIES	CANTON TAX WITHHELD	TOTAL W-2 WAGES
TOTAL						

2. NON-EMPLOYEE INCOME

	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	%	%	%	%	%	%	
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)	\$	\$	\$	\$	\$	\$	\$
8. NOL CARRY FORWARD (ENTER AS NEGATIVE) (ATTACH SCHEDULE)							
9. ADD LINES 7 AND 8							
10. IF LINE 9 IS POSITIVE, ENTER SUM HERE	\$	\$	\$	\$	\$	\$	\$
11. APPORTIONABLE LOSS (If Line 7 is LOSS Enter Here)	\$	\$	\$	\$	\$	\$	\$
<b>CANTON TAXABLE INCOME</b>							
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 CARRY FORWARD TO 2019 (Add Lines 13 and 14, and enter NEGATIVE here)							
16. APPORTIONMENT TAXABLE INCOME (Add Lines 13 and 14, and enter POSITIVE here)	\$	\$	\$	\$	\$	\$	\$
<b>ALLOWABLE CREDIT FOR TAX PAID TO OTHER CITIES</b>							
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%)							
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 4

ENTER LINE E, COLUMN G, ON PAGE 1, LINE 7 B

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

ROUTING NUMBER

▶ TYPE:  CHECKING  SAVING

ACCOUNT NUMBER

NAME OF BANK \_\_\_\_\_