

File this return with CANTON TAX DEPARTMENT on or before April 15, 2010 or on or before the fifteenth day of the fourth month after close of a fiscal year or period. Requests for extensions must be submitted in writing and filed on or before April 15, 2010 or Fiscal Deadline.

# City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2009, or

# 2009

for the \_\_\_\_\_ months ending \_\_\_\_\_

**FOR USE OF ALL CORPORATE TAXPAYERS SUBJECT TO CANTON INCOME TAX**

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**“Robert C. Schirack,  
Canton City Treasurer”**

Has your Federal tax liability for any prior year been changed in the year covered by this return as a result of any examination by the Internal Revenue Service?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has an amended City return been filed for such year or years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

PHONE: (330) 430-7900

MAIL TO:

**ROBERT C. SCHIRACK  
TREASURER  
CITY OF CANTON  
INCOME TAX DEPARTMENT  
PO BOX 9951  
CANTON, OH 44711-9951  
cantoincometax.com**

Indicate Filing Status: \_\_\_\_\_ Corporation \_\_\_\_\_ S Corporation  
\_\_\_\_\_ 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

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)  | 1. \$ _____  |
| 2. Canton City Tax (2% of Line 1)   | 2. \$ _____  |
| 3. CREDITS  |              |
| 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 2010 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 fine        | 8. \$ _____  |
| 9. Interest Penalty 3% per month, effective the sixteenth of each month               | 9. \$ _____  |
| 10. Estimate less than 75% - Fine \$25.00 _____ Interest Penalty 9% per quarter _____ | 10. \$ _____ |
| 11. Total amount due - <b>MUST BE PAID IN FULL WITH THIS RETURN</b>                   | 11. \$ _____ |

NO TAXES OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED

### MANDATORY DECLARATION OF ESTIMATED TAX FOR 2010

- |  |                                     |
|--|-------------------------------------|
| 1. TOTAL INCOME SUBJECT TO CANTON TAX \$ _____ CANTON TAX @ 2%   | 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)  | 3. \$ _____                         |
| 4. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 x line 3) REMITTANCE PAYABLE TO "Robert C. Schirack, Canton City Treasurer" | 4. \$ _____                         |
| 5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3)   | 5. \$ _____                         |

#### METHOD OF PAYMENT

Check  VISA  MasterCard

\$ \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Amount Authorized)

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.

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  
AUDITED BY \_\_\_\_\_ NEW ACCOUNT \_\_\_\_\_ SUSP \_\_\_\_\_ M/M \_\_\_\_\_ POSTED TO \_\_\_\_\_ BANKING DATE \_\_\_\_\_ REFUND CK. NO. \_\_\_\_\_

LINE 1. NET PROFIT/LOSS (FORM 1041, 1065, 1120 1120S, ETC.)

**SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses		\$ _____	p. Capital gains (Excluding Ordinary Gains From 4797)		\$ _____
b. Expenses incurred in the production of non-taxable income (At least 5% of Line t)		_____	q. Interest Income		_____
c. Taxes based on income		_____	r. Dividends		_____
d. Payments to partners		_____	s. Other (Explain)		_____
e. Other (Explain)		_____			_____
f. Total Additions		\$ _____	t. Total Deductions		\$ _____

LINE 2. EXCESS INCOME/DEDUCTIONS (SCHEDULE X LINE f MINUS LINE t) 2. \$ \_\_\_\_\_

LINE 3. RECONCILED NET PROFIT/LOSS (LINE 1 PLUS LINE 2) 3. \$ \_\_\_\_\_

**SCHEDULE Y BUSINESS ALLOCATION FORMULA**

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
<b>STEP 1.</b> AVG. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1.	_____	_____	_____ %
<b>STEP 2.</b> GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS).	_____	_____	_____ %
<b>STEP 3.</b> WAGES, SALARIES, AND OTHER COMPENSATION PAID.	_____	_____	_____ %
4. TOTAL PERCENTAGES.			_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages By 3. A factor is applicable even though it may be allocable entirely in or outside THE CITY of CANTON).			_____ %

LINE 4. ALLOCATED NET PROFIT/LOSS (LINE 3 MULTIPLIED BY STEP 5 SCHEDULE Y) 4. \$ \_\_\_\_\_

LINE 5. NET OPERATING LOSS CARRY FORWARD 5. \$( \_\_\_\_\_ )  
**ATTACH SCHEDULE**

LINE 6. CANTON TAXABLE INCOME (LINE 4 PLUS LINE 5) 6. \$ \_\_\_\_\_  
 IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT YEAR

**ENTER LINE 6 ON PAGE 1 LINE 1**

**SCHEDULE Z Partners Distributive Shares of Net Income - From Federal Schedules 1065 K-1 and 1120S K-1**

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	Partner's Social Security No.	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Yes	No.	Percent	Amount			
					\$ _____	\$ _____		\$ _____
<b>7. TOTALS</b>				100	\$ _____			