

File this return with CANTON TAX DEPARTMENT on or before April 15, 2013 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, 2013 or Fiscal Deadline.

City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2012, or

2012

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
 cantonincometax.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 2013 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 - MUST BE PAID IN FULL WITH THIS RETURN | 11. \$ _____ |

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

MANDATORY DECLARATION OF ESTIMATED TAX FOR 2013

- | | |
|--|--------------|
| 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. \$ _____ |
| 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. \$ _____ |

MAY WE DISCUSS THIS TAX RETURN WITH PREPARER YES NO

METHOD OF PAYMENT

Check   _____

\$ _____ 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.)

1. \$ _____

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)
STEP 1. AVG. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1.	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS).	_____	_____	_____ %
STEP 3. 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
ATTACH SCHEDULE

5. \$(_____)

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			
					\$ _____	\$ _____		\$ _____
7. TOTALS				100	\$ _____			