

2020 CITY OF CANFIELD INCOME TAX RETURN

Acct _____ Amt _____ Chk # _____

FOR CALENDAR YEAR 2020 OR FISCAL PERIOD _____ TO _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2021 FISCAL FILERS FILE WITHIN 105 DAYS OF PERIOD END

DECLARING EXEMPTION: Please fill out exemption certificate on page 2 and sign on this page

FILING REQUIRED EVEN IF NO TAX IS DUE

Mail To: City of Canfield
Income Tax Department
104 Lisbon Street
Canfield, OH 44406
PH: 330-533-1101
FAX: 330-533-2668

TAXPAYER(S) NAME AND ADDRESS PHONE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY # OR FEDERAL ID #: _____ SPOUSE SOCIAL SECURITY #: _____

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2020, COMPLETE THE FOLLOWING:

Date moved into City of Canfield _____

Previous Address _____

Date moved out of City of Canfield _____

If name change, give previous name _____

W-2/W-2G WORKSHEET

**W-2/W-2G
COPIES
MUST BE
ATTACHED**

Dates wages were Earned (Month/Day)	1		2	3	4	5	6	
	From	To	PRINT EMPLOYER'S NAME	CITY WHERE EMPLOYED	QUALIFYING WAGES ON W-2/W-2G (greater of Box 5 or 18 on W2)	CANFIELD TAX WITHHELD	OTHER CITY TAX WITHHELD	CREDIT ALLOWED FOR OTHER CITIES (if other city tax was withheld, max credit = wages in Box 18 on W2 x 0.005)
TOTALS								

ATTACH A COPY OF 1040, ALL APPLICABLE W-2s/W-2Gs, FEDERAL SCHEDULES, 1099s, EXPLANATIONS, ETC...

INCOME	1. Total W-2 wages from column 3	1	\$	
	2. Income other than wages (from pg. 2, line 29) (Attach applicable schedules) NOTE: NO LOSS CAN OFFSET W2 WAGES...	2	\$	
	3. TOTAL CANFIELD INCOME: ADD LINES 1 AND 2	3	\$	

TAX	4. CITY OF CANFIELD INCOME TAX- MULTIPLY LINE 3 BY 1.0% (0.01)	4	\$	
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TAX WITHHELD, PAYMENTS AND CREDITS	5. CANFIELD income tax withheld from column 4	5	\$	
	6. Prior year credits carried forward.....	6	\$	
	7. Estimated payments paid for 2020 income tax.....	7	\$	
	8. Credits for taxes withheld to other cities from column 6 above and pg. 2, line 10B	8	\$	
	9. TOTAL PAYMENTS AND CREDITS: ADD LINES 5 THROUGH 8	9	\$	

BALANCE DUE, REFUND, OR CREDIT	10. BALANCE DUE. If line 4 is greater than line 9, enter balance here, otherwise go to Line 14	10	\$	
	11. Late filing and late payment penalty (see instructions)	11	\$	
	12. Interest (see instructions)	12	\$	
	13. TOTAL DUE. Add lines 10 through 12. Carry to line 24 below (No tax due if \$10.00 or less)	13	\$	
	14. OVERPAYMENT. If line 4 is less than line 9, enter overpayment here	14	\$	
	15. AMOUNT FROM LINE 14 TO BE REFUNDED (no refund if \$10 or less)	15	\$	
16. AMOUNT FROM LINE 14 TO BE CREDITED TO 2021 (no credit if \$10 or less)	16	\$		

DECLARATION OF ESTIMATED TAX - TAXPAYERS OWING MORE THAN \$200.00 ARE REQUIRED TO SET UP AND PAY

ESTIMATE FOR NEXT YEAR	17. Total estimated income subject to tax \$ _____ Multiply by tax rate of 1.0% (0.01).....	17	\$	
	18. Estimated taxes to be withheld for Canfield	18	\$	
	19. Estimated taxes to be withheld for other cities (limited to 0.5% (0.005) of wage.....	19	\$	
	20. Balance of city income tax declared. Subtract lines 18 & 19 from line 17.....	20	\$	
	21. <u>1st Quarter</u> estimated taxes due. Multiply line 20 by 25% (0.25).....	21	\$	
22. Less credit for 2020 overpayment. Enter line 16	22	\$		
23. Net estimated tax due with return - subtract line 22 from line 21 (if less than zero, enter \$0.00)	23	\$		
24. Enter balance due from line 13 above (No tax due if \$10.00 or less)	24	\$		
25. TOTAL TAX DUE. ADD LINES 23 & 24. PLEASE MAKE CHECKS PAYABLE TO "CITY OF CANFIELD"	25	\$		

TAX DUE

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.
The undersigned declares under penalty of perjury that this return (and accompanying schedules) is true, correct and complete for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER	DATE	SIGNATURE OF TAXPAYER	DATE
NAME AND ADDRESS OF PREPARER (PLEASE PRINT)	TELEPHONE NUMBER	SIGNATURE OF SPOUSE (IF JOINT RETURN)	DATE

SCHEDULE OF INCOME FROM OTHER THAN WAGES

RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES C, E, F, FORMS 1120, 1120S, FORM 1065 WHEN APPLICABLE. MUST INCLUDE ALL PAGES, SCHEDULES & STATEMENTS

FORM OR SCHEDULE	INCOME OR LOSS FROM FEDERAL SCHEDULE	TAX CREDIT ALLOWED FOR TAX PAID TO OTHER CITIES (LIMITED TO 0.5% OF INCOME)
1. SCHEDULE C - BUSINESS INCOME (Attach copy of Schedule C)		
2. SCHEDULE E - RENTAL INCOME (Residents enter profit/loss from ALL properties. Nonresidents enter only profit/loss from Canfield properties)(Attach copy of Schedule E)		
3. SCHEDULE F - FARM INCOME (Attach copy of Schedule F)		
4. SCHEDULE K-1 (Residents enter profit/loss from entities that do not pay Canfield tax on <u>entire distributive share</u>) (Attach copy of K-1)		
5. FORM 1120, 1120S, 1065, 1041 (Attach copy of form and any referenced schedules)		
6. TOTAL OF LINES 1 THROUGH 5		
7. Previous Year Net Losses (Starting in 2018, losses from tax years beginning on or after 1/1/17 can be used at 50% for 5 years- Attach schedule)		
8. SUBTRACT LINE 7 FROM LINE 6		
9. MISCELLANEOUS INCOME - 1099 MISC, ETC. (Attach copy of supporting document)		
10. TOTAL INCOME (LOSS) (Combine Lines 8 & 9. INDIVIDUAL TAXPAYERS STOP HERE and enter income from 10A on pg.1, line 2 and enter amount from 10B on pg.1, line 8.) (Businesses enter amount from 10A on line 26 below.)	10A	10B

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (NOT FOR INDIVIDUAL NON-BUSINESS USE)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses)..... \$ _____		j. Capital Gains (Excluding Ordinary Gains)..... \$ _____	
b. Interest and/or other expenses incurred in the production of non-taxable income	_____	k. Interest Income.....	_____
c. Taxes based on income (Including Franchise Tax).....	_____	l. Dividend Income.....	_____
d. Net operating loss carry forward from Federal Return.....	_____	m. Income from Patents & Copyrights.....	_____
e. Amounts paid or accrued on behalf of owners/partners for qualified self employed retirement plans, health insurance and/or life insurance.....	_____	n. Other (explain).....	_____
f. Officers Compensation not included in W-2 wages.....	_____	_____
g. Five percent (5%) of intangible income reported on lines k, l, & m.....	_____	_____
h. Other (explain).....	_____	_____
i. Total Additions (enter on line 27a)..... \$ _____		o. Total Deductions (enter on line 27b)..... \$ _____	

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN CANFIELD	c. PERCENTAGE (b ÷ a)
STEP 1 Avg. Original Cost of Real & Tangible 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	_____	_____	%
STEP 3 Wages, salaries, and other compensation paid	_____	_____	%
STEP 4 Total percentages	_____	_____	%
STEP 5 Average percentage (Divide total percentages by number of percentages used)			Carry to line 28b below _____ %

26. Total from Schedule of Income From Other Than Wages above (Line 10A).....	\$ _____
27. a. Items Not Deductible	ADD \$ _____
b. Items Not Taxable.....	DEDUCT \$ _____
c. Enter excess of Line 26a or 26b.....	\$ _____
28. a. Adjusted Net Income (Line 26 plus or minus 27c).....	\$ _____
b. Amount allocable to Canfield. If Schedule Y is used then, _____ % of Line 28a.....	\$ _____
29. Amount subject to Canfield Income Tax (Carry to Page 1 Line 2).....	\$ _____

EXEMPTION CERTIFICATE (Signature is required on page 1)

I have no taxable income because of the reason indicated below:

RETIREMENT - I received only pension, social security and/or interest or dividend income for the entire year.

UNDER 18 for the entire year of _____. My date of birth is ____/____/____ (Attach copy of driver's license).

ACTIVE MEMBER OF THE U.S. ARMED FORCES for the entire year of _____.

NO EARNED INCOME for the entire year of _____. (Public assistance, SSI, Unemployment, etc. is not considered earned income).