

CANFIELD CITY INCOME TAX RETURN

104 LISBON STREET • CANFIELD, OHIO 44406-1416

Phone: 330-533-1101 • Fax: 330-533-2668

TAX OFFICE USE
AMOUNT CASH CHECK NO. DATE

Please Note: All Canfield Residents who are subject to the tax imposed by Canfield Ordinance 183.06(a) must file a return whether or not a tax is due, including retired residents.

DUE ON OR BEFORE APRIL 18, 2016

CALENDAR YEAR **2015** OR FISCAL YEAR _____

Filing Status

Single

Married filing joint

Taxpayer's S.S. # _____

Spouse's Name _____

Spouse's Social Security No. _____

Telephone No. _____ Federal ID # _____

MOVE IN OR OUT (circle) _____ DATE: _____

FORWARDING ADDRESS: _____

ATTACH LEGIBLE COPY FEDERAL 1040, 1040A, 1040EZ, W-2, 1099 MISC and/or SCHEDULES
ALL MUST BE SUBMITTED FOR A COMPLETE RETURN TO AVOID PENALTY & INTEREST

Retired and Taxpayers With No Taxable Income - Check Appropriate Box

Did you apply for or receive a local tax refund from another city during this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>	Retired - with only non-taxable income - Date Retired _____
	<input type="checkbox"/>	<input type="checkbox"/>	Only income was from a non-taxable source - List Source _____
	<input type="checkbox"/>	<input type="checkbox"/>	Under Age 18 - Birthdate _____ (Verification of age required for refund)
	<input type="checkbox"/>	<input type="checkbox"/>	Active Duty Military _____
	<input type="checkbox"/>	<input type="checkbox"/>	Deceased - Date _____

1. Wages, Salaries, Tips and Other Employee Compensation. (Attach All W-2's)\$ _____
(The largest amount on the W-2 form is taxable)

2. Other Taxable Income (from Page 2 - if used)\$ _____

3. Total Taxable Income\$ _____

4. Municipal Tax Rate 1% of Line 3\$ _____

5. Credits

A. Taxes withheld by Employers (for City of Canfield).....\$ _____

B. Prior year Over Payment\$ _____

C. Estimated Taxes paid Canfield Received through 12-31-15.....\$ _____

D. Income Tax paid **ANOTHER** City (½ of 1% of wage on which other city is paid)\$ _____

E. Other payment(s).....\$ _____

F. Total Credits\$ _____

6. Balance of Tax Due (line 4 less line 5F)\$ _____

7. Late Charges Late File Penalty (\$20.00) Late Payment Penalty (Minimum \$20.00) Interest (1 ½% / mo.)\$ _____

8. **TAX DUE** (Pay in Full with this Return if \$1.00 or More).....\$ _____

9. **OVER PAYMENT** (If line 4 is less than 5F)\$ _____

A. Over payment to be refunded (No Refunds Under \$1.00) CREDITED to next year Estimate (No Credits Under \$1.00)

TO AVOID PENALTY AND INTEREST: PAY 90% OF TAX OWED OR AN AMOUNT EQUAL TO OR GREATER THAN PRIOR YEAR TAX LIABILITY BY JAN. 31 FOR INDIVIDUALS, DEC. 15 FOR OTHERS

DECLARATION OF ESTIMATED TAX FOR YEAR

This section MUST BE COMPLETED	10. Total estimated income subject to tax \$ _____ Multiply by tax rate .01 (1%) for gross tax\$ _____
	11. Less any CITY TAX to be withheld\$ _____
	12. Balance of Canfield City Income Tax declared\$ _____
	13. Less credits: A. Overpayment on previous years return\$ _____
	14. B. Previous payment, if this is an amended estimate\$ _____
	15. Unpaid balance of net tax due.....\$ _____
	16. QUARTERLY ESTIMATED AMOUNT (at least 25 percent of line 15)\$ _____
	GRAND TOTAL Total of TAX (line 8) and ESTIMATE PAYMENT (Line 16).....PAY THIS AMOUNT \$ _____

The undersigned declares that this return (and accompanying schedules) is true, correct and a complete return for the taxable period stated and that the figures used herein are the same as use for Federal Income Tax purposes.

I authorize the Income Tax Division to discuss my account with preparer named below. _____ Signature of Taxpayer _____ Date _____

Preparer's phone: _____

Signature of Person Preparing if Other Than Taxpayer

Date

Signature of Spouse (if Filing Jointly)

Phone

Make Checks Payable to: City of Canfield Income Tax • 104 Lisbon St. • Canfield, OH 44406-1416

SCHEDULE C - PROFIT (Or Loss) FROM A BUSINESS OR PROFESSION

ATTACH COPY (S) OF FEDERAL SCHEDULES C AND F OR FEDERAL RETURN 1065 - 1120 -1120-s

1. Net Profit (or Loss) from a Business or Profession \$ _____
2. Add Items Not Deductible (Schedule X)..... \$ _____
3. Deduct Items Not Taxable (Schedule X) \$ _____
4. Adjust Net Income..... \$ _____
5. Amount allocable to Canfield Schedule Y is used _____% of line 4 \$ _____
6. Net Profit subject to Canfield Income Tax \$ _____

SCHEDULE E - INCOME FROM RENTS (If not included in Schedule C)

Attach Copy of Federal Schedule E

* If Included in Schedule C, Line 5, Kind and Location of Each Property Must be Shown in Schedule E

INDIVIDUAL RENTING & LOCATION OF PROPERTY	Amt. of Rent	Depreciation	Repairs	Other Exp.	Net Income (or Loss)
	\$	\$	\$	\$	\$
TOTAL INCOME (or loss).....					\$ _____

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C, E, or G

Income from Partnerships, Estates & Trusts: Tips, Gratuities, Bonuses, Royalties, Incentives, prizes, Lottery Winnings (in excess of \$5,000), Awards, Fees, Etc.

Received From	For (Describe)	Amount
Farm Income: From Federal Income Return From 1040 (or less).....		
TOTAL		\$ _____

TOTAL SCHEDULES C, E, G & H ENTER ON LINE 2 (NOT LESS THAN "0"), PAGE 1..... \$ _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE - ADD

- a. Capital Losses..... \$ _____
- b. Interest and/or Other Expense Incurred in the Production of Non-tangible Income..... \$ _____
- c. All Income Taxes paid..... \$ _____
- d. Five Percent (5%) of Intangible Income Reported on Lines h, i & j \$ _____
- e. Payments to Partners or Compensation of Officers, Sub Chapter S Corp. \$ _____
- f. Net operating loss carry-forward from Federal Return \$ _____
- Total Additions (enter on line 2 above) \$ _____

ITEMS NOT TAXABLE - DEDUCT

- g. Capital Gains (Excluding Ordinary Gain From 4797) \$ _____
- h. Interest Earned or Accrued \$ _____
- i. Dividends Received..... \$ _____
- j. Income from patents and Copyrights \$ _____
- k. Other (provide explanation) \$ _____
- Total Deductions (enter on line 3 above) \$ _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Canfield	(b÷a) c. Percentage
	STEP 1. Original Cost of Real * Tangible Personal Property Gross Annual Rentals Multiplied by 9 Total Step 1	\$	\$
STEP 2. Gross Receipts from Sales made and/or Work or Services performed	\$	\$	%
STEP 3. Wages, Salaries, Etc. Paid	\$	\$	%
STEP 4. Total Percentages			%
STEP 5. Average percentage (line 4 divided by number of percents) (Carry average percentage to line 5 above).....			\$ _____

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

1. Name of each partner	2. Address	3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)				\$	\$	\$
(b)						
(c)						
(d)						
7. TOTALS from Schedule C above		100	\$		XXXXXX	