

CITY OF CANFIELD INCOME TAX RETURN

104 LISBON ST., CANFIELD OH 44406-1416
 Phone: 330-533-1101 Fax: 330-533-2668

| Tax Office Use | | | |
|----------------|------|-----|------|
| Amount | Cash | Ck# | Date |
| | | | |

Please Note: All Canfield Residents who are subject to the tax imposed by Canfield Ordinance 184.091 must file a return whether or not a tax is due, including retired residents.

DUE ON OR BEFORE APRIL 18, 2017

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

CALENDAR YEAR **2016** OR FISCAL YEAR _____

| | |
|----------------|--|
| Taxpayer's SSN | |
| Spouse's SSN | |
| Federal ID # | |
| Telephone No. | |

| | |
|-------------------------|-------|
| MOVE IN OR OUT (circle) | DATE: |
| Forwarding Address: | |
| | |

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

Taxpayer Spouse **I am not required to complete this Tax Return because: (check appropriate box). Sign and Remit in Envelope Provided.**

Retired - with only non-taxable income. Date retired _____

Only income was from a non-taxable source. List source _____

Under age 18. Birthdate _____ (Birth certificate required for refund)

Moved from Canfield prior to 01/01/2016. List Date of Move _____

Active Duty Military Until Date _____

Taxpayer deceased. Date _____

| Date Wages Were Earned (Month/Day) | | Employer/Work Location | Column 1a | Column 1b | Column 1c | Column 1d |
|------------------------------------|----|------------------------|--|--|---|---|
| From | To | | W-2 Gross Wages (Box 5 or Box 18 of W-2 whichever is greater) | Withheld for CANFIELD (Box 19 of W-2) | Withheld for Other Munis/JEDDs (Box 19 of W-2) | Credit for Other Munis/JEDDs (Multiply Column 1a by 0.5%) |
| / | / | | | | | |
| / | / | | | | | |
| / | / | | | | | |
| COLUMN TOTALS | | | (1a) | (5a) | | (5b) |

Please attach all W-2's

- | | |
|--|-----------|
| 1a. Total W-2 gross wages from Column 1a of W-2 table above (attach all W-2's). | 1a. _____ |
| 1b. Reduction to wages (Part Year, Days outside Muni., Under 18, Military Pay). | 1b. _____ |
| 1. Adjusted W-2 wages. Subtract Line 1b from Line 1a. | 1. _____ |
| 2. Adjusted Business/Rental Income. (Total Schedules A, B, and C from back) | 2. _____ |
| 3. Total Taxable Income (Add Line 1 and 2) | 3. _____ |
| 4. CANFIELD tax due before credits (multiply Line 3 by 1.00%). | 4. _____ |
| 5a. Taxes withheld and paid to CANFIELD (Column 1b of W-2 Table). | 5a. _____ |
| 5b. Taxes paid to OTHER MUNICIPALITIES or JEDDs (Column 1d of W-2 Table). | 5b. _____ |
| 5c. Prior Year Credits Carried Forward. | 5c. _____ |
| 5d. Estimated taxes paid to CANFIELD prior to December 31, 2016. | 5d. _____ |
| 5e. Estimated taxes paid to CANFIELD after January 1, 2017. | 5e. _____ |
| 5. Total Credits (Add Lines 5a, 5b, 5c, 5d, and 5e). | 5. _____ |
| 6. Overpayment - If Line 5 is greater than Line 4, and not less than \$10.00, enter overpayment. | 6. _____ |
| 7. Enter the amount to apply to 2017 Estimated Payment (enter amount on Line 17). | 7. _____ |
| 8. Amount of refund - subtract Line 7 from Line 6. Proceed to Line 10. | 8. _____ |
| 9. Tax Due - if Line 4 is greater than Line 5, and not less than \$10.00, enter tax due. | 9. _____ |
| 10. Penalty and Interest: Late File Penalty (\$20.00) Late Payment Penalty (Minimum \$20.00) Interest (1 1/2%/mo.) | 10. _____ |

DECLARATION FOR 2017 (Pay 90% of tax owed or equal to prior year tax liability by Jan. 31 for individuals, Dec. 15 for others.)

- | | |
|--|------------------|
| 11. Estimated income for 2017. | 11. _____ |
| 12. Estimated tax liability (multiply Line 11 by 1.00%). | 12. _____ |
| 13. Estimated taxes withheld by CANFIELD. | 13. _____ |
| 14. Estimated taxes withheld by other municipalities or JEDDs limited to 0.5% | 14. _____ |
| 15. 2017 net estimated taxes (subtract Lines 13 & 14 from Line 12). | 15. _____ |
| 16. 1st Quarter Estimated Taxes Due (multiply Line 15 by 25%). | 16. _____ |
| 17. Credit for 2016 overpayment from Line 7. | 17. _____ |
| 18. Estimate Due - subtract Line 17 from Line 16. If less than zero, enter \$0.00. | 18. _____ |
| 19. Total Amount Due (Add Lines 9, 10, and 18). | 19. _____ |

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 here are the same as used for Federal Income Tax purposes.

Check box if we may discuss this return with your preparer

Preparer's phone: _____

Signature of Taxpayer _____ Date _____

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature of Spouse (if Filing Jointly) _____ Date _____

SCHEDULE A - PROFIT (OR LOSS) FROM A BUSINESS OR PROFESSION

Attach Copy of Federal Schedules C and E or Federal Return 1065, 1120, 1120s

- | | | |
|---|----|-------|
| 1. Net Profit (or Loss) from a Business or Profession (Schedule C, Federal Return 1040) | 1. | _____ |
| 2. Add Items Not Deductible (Schedule X below) | 2. | _____ |
| 3. Deduct Items Not Taxable (Schedule X below) | 3. | _____ |
| 4. Sub-total (Add Lines 1 and 2, subtract Line 3) | 4. | _____ |
| 5. Amount allocable to Canfield (Schedule Y, Step 5) is use _____ % of Line 4 | 5. | _____ |
| 6. Net Profit (or Loss) from a Supplemental Income (Schedule E, Federal Return 1040) | 6. | _____ |
| 7. Net Profit subject to Canfield Income Tax | 7. | _____ |
| 8. Total (Line 5 plus Line 7) | 8. | _____ |

SCHEDULE B *(If using standard deduction on page 2 of 1040, **STOP**, 2106 expenses are not allowed,*

Attach Form 1040, pages 1 & 2, Schedule A and Form 2106

- | | | |
|--|----|-------|
| 1. Unreimbursed employee expenses - Federal Form 2106 | 1. | _____ |
| 2. 2% of Adjusted Gross Income from Schedule A as filed with Form 1040 | 2. | _____ |
| 3. Allowable 2106 Deduction (Subtract Line 2 from Line 1) | 3. | _____ |

SCHEDULE C - OTHER INCOME NOT INCLUDED IN SCHEDULES A OR B

Income from Partnerships, Estates & Trusts, Tips & Gratuities, Bonuses, Royalties, Incentives, Prizes, Lottery Winnings, Awards, Fees, Etc.

Attach Copy of Federal Schedules F

| Received From | Description | Amount |
|---------------|---|--------|
| | Farm Income: Federal Return Form 1040, Schedule F | |
| | Federal Return Form 1040, Line 21 | |
| | | |
| | TOTAL | |

TOTAL SCHEDULES A, B, AND C - ENTER ON PAGE 1, LINE 2 (NOT LESS THAN ZERO)

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE - ADD

ITEMS NOT TAXABLE - DEDUCT

- | | |
|--|---|
| a. Capital Losses _____ | g. Capital Gains (Excluding Ordinary Gain from 4797) _____ |
| b. Interest and/or Other Expense Incurred in the Production of Non-tangible Income _____ | h. Interest Earned or Accrued _____ |
| c. All Income Taxes Paid _____ | i. Dividends Received _____ |
| d. Five Percent (5%) of Intangible Income Reported on Lines h, i, & j _____ | j. Income from Patents and Copyrights _____ |
| e. Payments to Partners or Compensation of Officers, Sub Chapter S Corp. _____ | k. Other (provide explanation) _____ |
| f. Net operating loss carry-forward from Federal Return _____ | |
| <i>Total Additions - Enter on Schedule A, Line 2 above</i> _____ | <i>Total Deductions - Enter on Schedule A, Line 3 above</i> _____ |

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

| | A. Located in Everywhere | B. Located Canfield | C. Percentage (B / A) |
|--|--------------------------|---------------------|-----------------------|
| Step 1. Original Cost of Real & Tangible Personal Property | | | |
| Gross Annual Rentals Multiplied by 9 | | | |
| Total Step 1 | | | |
| Step 2. Gross Receipts from Sales and/or Work or Services Performed | | | |
| Step 3. Wages, Salaries, Etc. Paid | | | |
| Step 4. Total Percentage | | | |
| Step 5. Average percentage (Step 4 divided number of percents) - Carry average percentage to Schedule A, Line 5 above) | | | |

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

| 1. Name and Address of Each Partner | 2. Distributive Shares of Partners Percentage | 3. Other Payments | 4. Taxable Percentage | 5. Amount Taxable |
|-------------------------------------|---|-------------------|-----------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| 6. TOTALS | 100% | | | |