

METHOD OF PAYMENT - IF PAYING BY CHECK OR MONEY ORDER  
 MAKE PAYABLE TO:  
 "Robert C. Schirack,  
 Canton City Treasurer"

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

# City of Canton, Ohio Income Tax Return

# 2005

For Calendar Year ending December 31, 2005.

FOR USE OF ALL INDIVIDUAL TAXPAYERS SUBJECT TO  
 CANTON INCOME TAX

Check  VISA  MasterCard Amt \_\_\_\_\_  
 ACCT. # \_\_\_\_\_  
 EXP. DATE: \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

Indicate Filing Status: \_\_\_\_\_ Individual \_\_\_\_\_ Joint Return \_\_\_\_\_ Other  
 Occupation or Principal Business Activity: \_\_\_\_\_

Are you or the business entity a resident ( ) Yes ( ) No

Moved INTO CANTON on \_\_\_\_\_

PREV. ADDRESS \_\_\_\_\_

Moved OUT OF CANTON on \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

MAKE NAME OR ADDRESS CORRECTION

ACCT NO. \_\_\_\_\_ Your Social Security No. \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ PHONE \_\_\_\_\_

1. TOTAL WAGES		FILING REQUIRED EVEN IF NO TAX DUE OR NO INCOME EARNED			ALL W-2's MUST BE ATTACHED	
EMPLOYERS NAMES	CITY PAID	TAX PAID OTHER CITIES	CANTON TAX WITHHELD	TOTAL W-2 WAGES		
TOTAL						

2. Total adjustments from Back of Form (if applicable) 2. \$ \_\_\_\_\_

3. Wages earned outside Canton by part year non-resident or prior to 18th birthday 3. Deduct \$ \_\_\_\_\_

4. Allowable Employee Business Expense (attach Form 2106, Detail Line 4, & schedule A filed) 4. Deduct \$ \_\_\_\_\_

5. Taxable Income (Add Lines 1 and 2 subtract Lines 3 and 4) 5. \$ \_\_\_\_\_

6. Canton City Tax (2% of Line 5) 6. \$ \_\_\_\_\_

7. Senior citizen tax credit (see instruction sheet) 7. Deduct \$ \_\_\_\_\_

8. Canton city tax liability (Line 6 less line 7) 8. \$ \_\_\_\_\_

9. CREDITS

(a) Canton income tax withheld by employer(s) 9a \$ \_\_\_\_\_

(b) Municipal tax paid to other cities 9b \$ \_\_\_\_\_

(c) Payment of Declaration of Estimated Tax 9c \$ \_\_\_\_\_

(d) CREDIT ADJUSTMENT 9d \$ \_\_\_\_\_

(e) TOTAL CREDITS (add a, b, c, less d) 9e \$ \_\_\_\_\_

10. BALANCE DUE (If Line 8 exceeds Line 9e enter difference here) 10. \$ \_\_\_\_\_

11. Overpayment claimed (If Line 9e exceeds Line 8) 11. \$ \_\_\_\_\_

12. Credit to 2006 Estimate (If no estimate due use Line 13) 12. \$ \_\_\_\_\_

13. TO BE REFUNDED (If estimate due use Line 12) 13. \$ \_\_\_\_\_

14. Late filing fine - (returns filed after filing deadline), enter \$25.00 fine 14. \$ \_\_\_\_\_

15. Interest Penalty 3% per month, effective the sixteenth of each month 15. \$ \_\_\_\_\_

16. Estimate less than 75% - Fine \$25.00 \_\_\_\_\_ Interest Penalty 9% per quarter \_\_\_\_\_ 16. \$ \_\_\_\_\_

17. Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 17. \$ \_\_\_\_\_

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

### MANDATORY DECLARATION OF ESTIMATED TAX FOR 2006

**Must be filed if a local tax, of at least 1½% is not withheld by your employer**

1. Total income subject to Canton tax \$ \_\_\_\_\_ Canton tax @ 2%. 1. \$ \_\_\_\_\_

2. LESS TAX TO BE WITHHELD 2. \$ \_\_\_\_\_

3. Balance estimated Canton tax 3. \$ \_\_\_\_\_

4. Less Credits: a. Overpayment on previous year's return 4a. \$ \_\_\_\_\_

b. Other (Specify) 4b. \$ \_\_\_\_\_ Total Credits \$ \_\_\_\_\_

5. Net Tax due (line 3 less total of line 4) 5. \$ \_\_\_\_\_

6. Amount paid with this return (not less than 1/4 X line 3 minus line 4) Make remittance payable to: Robert C. Schirack, Canton City Treasurer 6. \$ \_\_\_\_\_

7. Balance of Tax \$ \_\_\_\_\_

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 \_\_\_\_\_

Signature of Taxpayer or Agent Required \_\_\_\_\_ Date \_\_\_\_\_

Address or Name and Address of Firm \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

THIS SPACE FOR TAX OFFICE USE ONLY  
 AUDITED BY \_\_\_\_\_ NEW ACCOUNT \_\_\_\_\_ SUSP \_\_\_\_\_ M/M \_\_\_\_\_ POSTED TO \_\_\_\_\_ BANKING DATE \_\_\_\_\_ REFUND CK. NO. \_\_\_\_\_

**TY 2005**

ATTACH COPIES OF ALL FEDERAL SCHEDULES

**PART I PASSIVE ACTIVITY**

FEDERAL SCHEDULES	DESCRIPTION	AMOUNT
<b>TOTAL</b>		<b>a.</b>

- b. Schedule X Adjustment (Attach Schedule X) b. + \_\_\_\_\_
  - c. (a + b) c. = \_\_\_\_\_
  - d. Allocation Percentage (Attach Schedule Y) d. X \_\_\_\_\_ %  
 If business conducted entirely in Canton enter 100%
  - e. (c x d) e. = \_\_\_\_\_
  - f. Loss carry forward (Attach Schedule of Losses) f. - \_\_\_\_\_
  - g. Passive net profit (if less than zero, **enter zero** and carry loss forward) g. = \_\_\_\_\_
- \*Passive loss carry forward to 2006 \_\_\_\_\_

**PART II NON PASSIVE ACTIVITY**

FEDERAL SCHEDULES	DESCRIPTION	AMOUNT
<b>A. TOTAL</b>		<b>A.</b>

- B. Schedule X Adjustment (Attach Schedule X) B. + \_\_\_\_\_
- C. (A + B) C. = \_\_\_\_\_
- D. Allocation Percentage (Attach Schedule Y) D. X \_\_\_\_\_ %  
 If business conducted entirely in Canton enter 100%
- E. (C X D) E. = \_\_\_\_\_
- F. Loss carry forward (Attach Schedule of Losses) F. - \_\_\_\_\_
- G. Non Passive Net Profit/Loss G. = \_\_\_\_\_  
 IF LESS THAN ZERO, **ENTER LOSS**

**TAXABLE/INCOME FROM BUSINESS ACTIVITIES**

H. NET AGGREGATE INCOME (g + G) H. \_\_\_\_\_

IF LESS THAN ZERO ENTER ZERO AND CARRY LOSS FORWARD

\*NON-PASSIVE LOSS CARRY FORWARD TO 2006 \_\_\_\_\_

ENTER LINE H ON LINE 2 ON FRONT OF FORM

# TY 2005

PASSIVE

## SCHEDULE X

### RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules

ITEMS NOT DEDUCTIBLE		ADD	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. Sick pay/3rd party insurance payment -----	_____		-----	_____
f. Other (Explain) -----	_____		-----	_____
g. Total Additions -----	\$ _____		t. Total Deductions -----	\$ _____

### NET ADJUSTMENTS (g-t) \_\_\_\_\_

## 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.	_____	_____	_____ %
<b>4.</b> TOTAL PERCENTAGES.			_____ %
<b>5.</b> AVERAGE PERCENTAGE (Divide Total Percentages by number of percentages used. A factor is applicable even though it may be allocable entirely in or outside THE CITY OF CANTON).			_____ %

## NON-PASSIVE

## 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. Sick pay/3rd party insurance payment -----	_____		-----	_____	
f. Other (Explain) -----	_____		-----	_____	
g. Total Additions -----	\$ _____		t. Total Deductions -----	\$ _____	

### NET ADJUSTMENTS (g-t) \_\_\_\_\_

## SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b÷a)
<b>STEP 1.</b> AVG. VALUE 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.	_____	_____	_____ %
<b>4.</b> TOTAL PERCENTAGES.			_____ %
<b>5.</b> AVERAGE PERCENTAGE (Divide Total Percentages by number of percentages used. A factor is applicable even though it may be allocable entirely in or outside THE CITY OF CANTON).			_____ %