

File this return with CANTON TAX DEPARTMENT on or before April 15, 2008 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, 2008 or Fiscal Deadline.

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

City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2007, or

2007

for the _____ months ending _____

FOR USE OF ALL CORPORATE TAXPAYERS SUBJECT TO CANTON INCOME TAX

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 2008 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 2008

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

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.)

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 5. \$(_____)
ATTACH SCHEDULE

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	\$ _____			