



City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2007.

FOR USE OF ALL INDIVIDUAL TAXPAYERS SUBJECT TO CANTON INCOME TAX

2007

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

Check   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	
EMPLOYER	CITY PAID	TAX PAID OTHER CITIES	CANTON TAX WITHHELD
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 withhold 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 2008 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 2008

Must be filed if a local tax, of at least 1 1/2% 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. _____

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DISREGARD THIS PAGE IF ENTIRE AND ONLY TAXABLE INCOME IS FROM SALARIES AND WAGES

TY 2007

ATTACH COPIES OF ALL FEDERAL SCHEDULES

PART I PASSIVE ACTIVITY

FEDERAL SCHEDULES	DESCRIPTION	AMOUNT
TOTAL	a.	

- 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 2008 _____

PART II NON PASSIVE ACTIVITY

FEDERAL SCHEDULES	DESCRIPTION	AMOUNT
A. TOTAL	A.	

- 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 2008 _____

ENTER LINE H ON LINE 2 ON FRONT OF FORM

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)
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 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)
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 number of percentages used. A factor is applicable even though it may be allocable entirely in or outside THE CITY OF CANTON).			_____%