

**CITY OF CANTON, OHIO  
DECLARATION OF CORPORATE ESTIMATED TAX  
AND QUARTERLY CORPORATE ESTIMATED PAYMENTS**

ROBERT C. SCHIRACK  
TREASURER  
CITY OF CANTON  
INCOME TAX DEPARTMENT  
P.O. BOX 9940  
CANTON, OHIO 44711-9940

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CANTON, OHIO 44711  
330-430-7900  
cantoincometax.com

**IMPORTANT INFORMATION**

You **must** file the MANDATORY DECLARATION OF ESTIMATED TAX FOR 2009 below, together with the first quarter estimated tax due (1/4 of the annual estimated tax) within 4 months of the start of the tax year. Additional payments of at least 1/4 of the annual estimated tax each must be paid every 3 months after that. Please send in the Quarterly Estimate Payment forms below to identify your payments. (No quarterly payment notices will be sent to remind you to make your quarterly payments, so please mark your calendars.)

**A DECLARATION OF ESTIMATED TAX WHICH IS LESS THAN 75% OF THE TAX DUE ON THE FINAL RETURN WILL BE SUBJECT TO INTEREST OF 9 % PER QUARTER ON THE DIFFERENCE AND A PENALTY OF \$25.00.**

No Declaration of Estimated Tax and no quarterly payments are required if you may reasonably expect to have less than \$5,000.00 of income subject to the estimated tax this year. You may amend your Declaration of Estimated Tax during the year in writing for good cause shown.

Record of Payments				
PAYMENT NO.	DUE DATE	CHECK NO.	DATE PAID	AMOUNT PAID
1.	April 15, 2009*			
2.	June 15, 2009*			
3.	September 15, 2009*			
4.	December 15, 2009*			

\* OR FISCAL DUE DATE

**MANDATORY DECLARATION OF ESTIMATED TAX FOR 2009**

- |   |             |
|---|-------------|
| 1. TOTAL INCOME SUBJECT TO CANTON TAX \$ _____ X 2% | 1. \$ _____ |
| 2. LESS CREDITS                                     | 2. \$ _____ |
| 3. NET TAX DUE (LINE 1 LESS LINE 2)                 | 3. \$ _____ |
| 4. 1/4 OF LINE 3 IS YOUR ESTIMATE AMOUNT            | 4. \$ _____ |



Robert C. Schirack, Treasurer  
CITY OF CANTON  
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**CITY OF CANTON, OHIO  
QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON  
2009 1st Quarter**

AMOUNT PAID \$

Federal I.D. No.	Account Number	Due on or Before* <b>4-15-2009</b>
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TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ \_\_\_\_\_      
(Amount Authorized)

Name & Address

CREDIT CARD EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_

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\* OR THE FIFTEENTH DAY OF THE FOURTH MONTH OF THE FISCAL YEAR

CARDHOLDER



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**CITY OF CANTON, OHIO**  
**QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON**  
**2009 2nd Quarter**

AMOUNT PAID \$

Federal I.D. No.	Account Number	Due on or Before* <b>6-15-2009</b>
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TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ \_\_\_\_\_      
(Amount Authorized)

Name & Address
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CREDIT CARD EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_

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\* OR THE FIFTEENTH DAY OF THE SIXTH MONTH OF THE FISCAL YEAR CARDHOLDER


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**CITY OF CANTON, OHIO**  
**QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON**  
**2009 3rd Quarter**

AMOUNT PAID \$

Federal I.D. No.	Account Number	Due on or Before* <b>9-15-2009</b>
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TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ \_\_\_\_\_      
(Amount Authorized)

Name & Address
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CREDIT CARD EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_

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\* OR THE FIFTEENTH DAY OF THE NINTH MONTH OF THE FISCAL YEAR CARDHOLDER



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**CITY OF CANTON, OHIO**  
**QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON**  
**2009 4th Quarter**

AMOUNT PAID \$

Federal I.D. No.	Account Number	Due on or Before* <b>12-15-2009</b>
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TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ \_\_\_\_\_      
(Amount Authorized)

Name & Address
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CREDIT CARD EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_

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\* OR THE FIFTEENTH DAY OF THE TWELFTH MONTH OF THE FISCAL YEAR CARDHOLDER