

# CANFIELD CITY INCOME TAX RETURN

104 LISBON STREET CANFIELD, OHIO 44406-1416  
 Phone: 330-533-1101 ~ Fax: 330-533-2668

FOR TAX OFFICE USE ONLY			
AMOUNT PAID	CASH	CHECK NO.	DATE
AUDITED BY		DATE OF AUDIT	

**DUE ON OR BEFORE APRIL 15, 2013**

YEAR **2012**

OR PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

Account No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ATTACH THOSE WHICH APPLY OR RETURN WILL NOT BE PROCESSED:** W-2 Forms, 1099 Misc. Income Forms, substantiating Federal Schedules and Forms (i.e. C, C-EZ, E, F, K-1, Form 4797) and Federal 1040, 1040A, 1040 EZ, or the Alternative to 1040 Form (for individuals) or 1120, 1120A, 1065 or 1120S.

SOCIAL SECURITY NO. (SELF)	SOCIAL SECURITY NO. (SPOUSE)

FED. I.D. NO.	PHONE NO.

<b>INCOME</b>	<b>1. WAGES, SALARIES, TIPS &amp; ALL OTHER EMPLOYEE COMPENSATION</b> – The highest dollar amount on W-2 is the taxable amount. (Include Sick Pay & Sub Pay) Enclose W-2 Forms and/or 1099 Misc. Income Forms) ..... \$ _____
	<b>2. OTHER INCOME</b> (List Type _____) (Include Income From Tips, Commissions, And Miscellaneous Income Including Other Income from Line 21 of 1040 Form) ..... \$ _____
	<b>3. PROFIT AND LOSS</b> (Losses May Not Be Used To Offset Salaries, Wages, Commissions or Other Personal Service Compensation) ..... \$ _____
	<b>A. BUSINESS OR PROFESSION</b> (Attach Schedule C, C-EZ, (Include Cost of Goods Sold), Form 1120, 1120A, 1065 or 1120S) ..... <b>LOSS</b> (\$ _____) <b>PROFIT</b> \$ _____
	<b>B. RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC</b> (Attach Schedule E) ..... <b>LOSS</b> (\$ _____) <b>PROFIT</b> \$ _____
<b>C. FARM</b> (Attach Schedule F) ..... <b>LOSS</b> (\$ _____) <b>PROFIT</b> \$ _____	
<b>D. NET TAXABLE INCOME</b> (Add lines A, B, C) <b>NOT LESS THAN ZERO</b> ..... \$ _____	
<b>4. TAXABLE INCOME</b> (Line 1 Plus Line 2 Plus Line 3D) ..... \$ _____	
<b>5. CITY TAX DUE 1% of Line 4</b> ..... \$ _____	
<b>CREDITS</b>	<b>6. CREDITS</b>
	<b>A. CANFIELD INCOME TAX WITHHELD</b> ..... \$ _____
	<b>B. CREDIT FOR TAX PAID TO OTHER CITIES</b> (The Credit is 1/2 of 1% Of Wage On Which Other City Tax is Paid) (Credit is only allowed if refund is not received from other municipality) ..... \$ _____
	<b>C. OVERPAYMENTS FROM PRIOR YEAR</b> ..... \$ _____
	<b>D. ESTIMATED TAX PAYMENTS FOR YEAR 2012 RECEIVED THROUGH 12/31/12...</b> \$ _____
	<b>E. ESTIMATED TAX PAYMENTS FOR YEAR 2012 PAID ON OR AFTER 01/01/2013....</b> \$ _____
	<b>F. TOTAL CREDITS</b> (Add Lines A, B, C, D and E)..... \$ _____
	<b>7. BALANCE TAX DUE IF LINE 5 IS GREATER THAN LINE 6F</b> (Payment in Full Must Accompany Return) ..... <b>BALANCE DUE</b> → \$ _____
<b>8. OVERPAYMENT</b> (If Line 6F Exceeds Line 5 Enter Difference Here) ... CREDIT \$ _____ REFUND \$ _____	

**PAYMENT DUE: FINAL (LINE 7) \$ \_\_\_\_\_ + QTR. ESTIMATE (PAGE 3 LINE 8) \$ \_\_\_\_\_ = TOTAL DUE \$ \_\_\_\_\_**

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES, FORMS AND STATEMENTS) AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

X SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER	DATE	X SIGNATURE OF TAXPAYER OR AGENT	DATE
NAME OF FIRM OR EMPLOYER		<input type="checkbox"/> Check if direct contact with preparer is authorized.	
STREET ADDRESS	PHONE	TITLE	
CITY STATE ZIP CODE		X SPOUSE'S SIGNATURE IF JOINT RETURN	DATE

**IF YOU MOVED DURING THIS CALENDAR YEAR, PLEASE ANSWER.**

MOVED INTO CANFIELD, OHIO ON \_\_\_\_\_ FROM \_\_\_\_\_  
 MOVED FROM CANFIELD, OHIO ON \_\_\_\_\_ TO \_\_\_\_\_

**(ATTACH FEDERAL FORMS AND SCHEDULES)**

SCHEDULE A			
PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION – SOLE PROPRIETORSHIP – PARTNERSHIP – OR CORPORATION			
1.	Net Profit (or Loss) From Business or Profession (Attach Federal Forms and Schedules) .....		\$ _____
2.	A. Items Not Deductible (Schedule X, Line M) .....	Add	\$ _____
	B. Items Not Taxable (Schedule X, Line Z) .....	Deduct	\$ _____
	C. Enter Excess Line 2A or 2B.....		\$ _____
3.	A. Adjusted Net Income (Line 1 Plus / Minus Line 2C) if Schedule X is Used .....		\$ _____
	B. Amount Allocable To Canfield if Schedule Y Step 5 Is Used _____ % of Line 3A .....		\$ _____
4.	Taxable Business Income: Line 3A or Line 3B (Enter On Page 1 Line 3A) .....		\$ _____

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN			
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (From Federal Schedule D) .....	\$ _____	n. Capital Gains (Exclusive of Gains treated as Ordinary income for Federal Income Tax purposes Attach Federal Schedule D) .....	\$ _____
b. Expense Applicable To Non-Taxable Income (Not less than 5% of line Z) .....	_____	o. Interest Earned or Accrued (Subject to Ohio intangible Personal Property Tax and Obligations of the United States Government) .....	_____
c. Income Taxes (Federal-State-Municipalities) ...	_____	p. Dividends .....	_____
d. Payments to Partners or Compensation of Officers, Sub-Chapter S Corporation .....	_____	q. Income From Patents and Copyrights .....	_____
e. Sick Pay Exclusions Omitted In Line 1 Above .....	_____	r. Other (Explain) .....	_____
f. Contributions (In Excess of 5% of Net Profits) ..	_____	.....	_____
g. Other (Explain) .....	_____		
.....	_____		
m. Total Additions (Enter on Line 2A Above).....	\$ _____	z. Total Deductions (Enter on Line 2B Above) ....	\$ _____

SCHEDULE Y – BUSINESS ALLOCATION FORMULA			
	A. Located Everywhere	B. Located in Canfield	C. Percentage (B divide A)
Step 1. Average value of real estate and tangible personal property .....	\$ _____	\$ _____	
Gross annual rentals multiplied by 8.....	\$ _____	\$ _____	
Total Step 1.....	\$ _____	\$ _____	_____ %
Step 2. Total wages, salaries, commissions and other compensation of all employees .....	\$ _____	\$ _____	_____ %
Step 3. Gross receipts from sales and work or services performed .....	\$ _____	\$ _____	_____ %
Step 4. Total percentages .....			_____ %
Step 5. Average percentage (DIVIDE TOTAL PERCENTAGE BY NUMBER OF PERCENTAGES USED. ENTER ON SCHEDULE A, LINE 3. B.) .....			_____ %

## DECLARATION OF ESTIMATED TAX FOR YEAR - 2013

Account No. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Make Payments to:

City of Canfield Income Tax  
 104 Lisbon St.  
 Canfield, OH 44406-1416

1. TOTAL TAXABLE INCOME \$ _____	2. ESTIMATED TAX DUE (1% of #1).....	\$ _____
3. LESS CREDIT FOR TAX PAID TO ANOTHER CITY (Credit is 1/2 of 1% Of Wage on Which Other City Tax is Paid) ..... (Credit is only allowed if refund is not received from other Municipality)		\$ _____
4. LESS CANFIELD TAX TO BE WITHHELD .....		\$ _____
5. BALANCE OF ESTIMATED CANFIELD CITY TAX DECLARED (Line 2 Less Line 3 and Line 4) .....		\$ _____
6. LESS CREDITS: (A) OVERPAYMENT ON PREVIOUS YEAR'S RETURN .....	\$ _____	
(B) PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION ...	\$ _____	
(C) TOTAL CREDITS .....		\$ _____
7. NET TAX DUE (Line 5 Less Line 6D) .....		\$ _____
8. PAY NOT LESS THAN ¼ OF LINE 5, Less Line 6D ..... (After April 17, adjust accordingly)	<b>QUARTERLY PAYMENT DUE</b> ➡	\$ _____
9. BALANCE OF ESTIMATED TAX DUE (Line 7 Less Line 8) Payable in equal installments for each calendar quarter.		\$ _____

**AVOID PENALTY AND INTEREST PAY 90% OF TAX OWED OR AN AMOUNT EQUAL TO OR GREATER THAN PRIOR YEAR TAX LIABILITY BY JAN. 31 FOR INDIVIDUALS AND DEC. 15 FOR OTHERS**

THE UNDERSIGNED DECLARES THIS TO BE A CORRECT DECLARATION SUBJECT TO AMENDMENT AS PROVIDED IN THE ORDINANCE.

X SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____ DATE _____	X SIGNATURE OF TAXPAYER OR AGENT _____ DATE _____ <input type="checkbox"/> Check if direct contact with preparer is authorized.
NAME OF FIRM OR EMPLOYER _____	
STREET ADDRESS _____ PHONE _____	TITLE _____
CITY STATE ZIP CODE _____	X SPOUSE'S SIGNATURE IF JOINT RETURN _____ DATE _____