

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, 2015

YEAR **2014**

OR PERIOD FROM _____ TO _____

Name:

Address:

ATTACH THOSE WHICH APPLY OR RETURN WILL NOT BE COMPLETE SUBJECT TO PENALTY: W-2 Forms, 1099 Misc. Income Forms; 1040 or 1040A or 1040EZ together with applicable Schedule C, E, F, K1; Form 1065 together Form K1; Form 1120 or 1120A or 1120S together with applicable schedule K1;

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

FED. I.D. NO.	PHONE NO.

INCOME	1. WAGES, SALARIES, TIPS & ALL OTHER EMPLOYEE COMPENSATION – 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) \$ _____
	2. OTHER INCOME (List Type _____) (Include Income From Tips, Commissions, And Miscellaneous Income Including Other Income from Line 21 of 1040 Form) \$ _____
	3. PROFIT AND LOSS (Losses May Not Be Used To Offset Salaries, Wages, Commissions or Other Personal Service Compensation) \$ _____
	A. BUSINESS OR PROFESSION (Attach Schedule C, C-EZ, (Include Cost of Goods Sold), Form 1120, 1120A, 1065 or 1120S) LOSS (\$ _____) PROFIT \$ _____
	B. RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC (Attach Schedule E) LOSS (\$ _____) PROFIT \$ _____
C. FARM (Attach Schedule F) LOSS (\$ _____) PROFIT \$ _____	
D. NET TAXABLE INCOME (Add lines A, B, C) NOT LESS THAN ZERO \$ _____	
4. TAXABLE INCOME (Line 1 Plus Line 2 Plus Line 3D) \$ _____	
5. CITY TAX DUE 1% of Line 4 \$ _____	
CREDITS	6. CREDITS
	A. CANFIELD INCOME TAX WITHHELD \$ _____
	B. CREDIT FOR TAX PAID TO OTHER CITIES (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) \$ _____
	C. OVERPAYMENTS FROM PRIOR YEAR \$ _____
	D. ESTIMATED TAX PAYMENTS FOR YEAR 2014 RECEIVED THROUGH 12/31/14... \$ _____
	E. ESTIMATED TAX PAYMENTS FOR YEAR 2014 PAID ON OR AFTER 01/01/2015.... \$ _____
	F. TOTAL CREDITS (Add Lines A, B, C, D and E)..... \$ _____
7. BALANCE TAX DUE IF LINE 5 IS GREATER THAN LINE 6F (Payment in Full Must Accompany Return) → \$ _____	
8. OVERPAYMENT (If Line 6F Exceeds Line 5 Enter Difference Here) ...CREDIT \$ _____ REFUND \$ _____	

Make check payable: City of Canfield Income Tax; submit: 104 Lisbon Street, Canfield, OH 44406 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.)			_____ %

