

# CITY OF CANFIELD INCOME TAX RETURN

104 LISBON ST., CANFIELD OH 44406-1416  
Phone: 330-533-1101 Fax: 330-533-2668

Tax Office Use			
Amount	Cash	Ck#	Date

**Please Note:** All Canfield Residents who are subject to the tax imposed by Canfield Ordinance 184.091 must file a return whether or not a tax is due, including retired residents.

**DUE ON OR BEFORE APRIL 18, 2017**

**Make Checks Payable to: City of Canfield Income Tax  
104 Lisbon St. Canfield, OH 44406-1416**

CALENDAR YEAR **2016** OR FISCAL YEAR \_\_\_\_\_

Taxpayer's SSN	
Spouse's SSN	
Federal ID #	
Telephone No.	

MOVE IN OR OUT (circle)	DATE:
Forwarding Address:	

**ATTACH LEGIBLE COPY OF FEDERAL 1040, 1040A, 1040EZ, W-2, 1099 MISC and/or APPLICABLE SCHEDULES  
ALL MUST BE SUBMITTED FOR A COMPLETE RETURN TO AVOID PENALTY AND INTEREST**

Taxpayer	Spouse	<p><b>I am not required to complete this Tax Return because: (check appropriate box). Sign and Remit in Envelope Provided.</b></p> <input type="checkbox"/> Retired - with only non-taxable income. Date retired _____ <input type="checkbox"/> Only income was from a non-taxable source. List source _____ <input type="checkbox"/> Under age 18. Birthdate _____ (Birth certificate required for refund) <input type="checkbox"/> Moved from Canfield prior to 01/01/2016. List Date of Move _____ <input type="checkbox"/> Active Duty Military Until Date _____ <input type="checkbox"/> Taxpayer deceased. Date _____
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Date Wages Were Earned (Month/Day)		Employer/Work Location	Column 1a	Column 1b	Column 1c	Column 1d
From	To		W-2 Gross Wages (Box 5 or Box 18 of W-2 whichever is greater)	Withheld for CANFIELD (Box 19 of W-2)	Withheld for Other Munis/JEDDs (Box 19 of W-2)	Credit for Other Munis/JEDDs (Multiply Column 1a by 0.5%)
/	/					
/	/					
/	/					
COLUMN TOTALS			(1a)	(5a)		(5b)

*Please attach all W-2's*

1a. Total W-2 gross wages from Column 1a of W-2 table above (attach all W-2's).	1a.	_____
1b. Reduction to wages (Part Year, Days outside Muni., Under 18, Military Pay).	1b.	_____
1. Adjusted W-2 wages. Subtract Line 1b from Line 1a.		1. _____
2. Adjusted Business/Rental Income. (Total Schedules A, B, and C from back)		2. _____
3. Total Taxable Income (Add Line 1 and 2)		3. _____
4. CANFIELD tax due before credits (multiply Line 3 by 1.00%).		4. _____
5a. Taxes withheld and paid to CANFIELD (Column 1b of W-2 Table).	5a.	_____
5b. Taxes paid to OTHER MUNICIPALITIES or JEDDs (Column 1d of W-2 Table).	5b.	_____
5c. Prior Year Credits Carried Forward.	5c.	_____
5d. Estimated taxes paid to CANFIELD prior to December 31, 2016.	5d.	_____
5e. Estimated taxes paid to CANFIELD after January 1, 2017.	5e.	_____
5. Total Credits (Add Lines 5a, 5b, 5c, 5d, and 5e).		5. _____
6. Overpayment - If Line 5 is greater than Line 4, and not less than \$10.00, enter overpayment.	6.	_____
7. Enter the amount to apply to 2017 Estimated Payment (enter amount on Line 17).	7.	_____
8. Amount of refund - subtract Line 7 from Line 6. Proceed to Line 10.		8. _____
9. Tax Due - if Line 4 is greater than Line 5, and not less than \$10.00, enter tax due.		9. _____
10. Penalty and Interest: Late File Penalty (\$20.00) Late Payment Penalty (Minimum \$20.00) Interest (1 1/2%/mo.)	10.	_____

**DECLARATION FOR 2017 (Pay 90% of tax owed or equal to prior year tax liability by Jan. 31 for individuals, Dec. 15 for others.)**

11. Estimated income for 2017.	11.	_____
12. Estimated tax liability (multiply Line 11 by 1.00%).	12.	_____
13. Estimated taxes withheld by CANFIELD.	13.	_____
14. Estimated taxes withheld by other municipalities or JEDDs limited to 0.5%	14.	_____
15. 2017 net estimated taxes (subtract Lines 13 & 14 from Line 12).		15. _____
16. 1st Quarter Estimated Taxes Due (multiply Line 15 by 25%).	16.	_____
17. Credit for 2016 overpayment from Line 7.	17.	_____
18. Estimate Due - subtract Line 17 from Line 16. If less than zero, enter \$0.00.		18. _____
<b>19. Total Amount Due (Add Lines 9, 10, and 18).</b>	<b>19.</b>	<b>_____</b>

The undersigned declares that this return and accompanying schedules is true, correct and a complete return for the taxable period stated and that the figures used here are the same as used for Federal Income Tax purposes.

<input type="checkbox"/> <b>Check box if we may discuss this return with your preparer</b> Preparer's phone: _____	Signature of Taxpayer _____ Date _____  Signature of Spouse (if Filing Jointly) _____ Date _____
Signature of Person Preparing if Other Than Taxpayer _____ Date _____	

**SCHEDULE A - PROFIT (OR LOSS) FROM A BUSINESS OR PROFESSION**

*Attach Copy of Federal Schedules C and E or Federal Return 1065, 1120, 1120s*

- 1. Net Profit (or Loss) from a Business or Profession (Schedule C, Federal Return 1040) 1. \_\_\_\_\_
- 2. Add Items Not Deductible (Schedule X below) 2. \_\_\_\_\_
- 3. Deduct Items Not Taxable (Schedule X below) 3. \_\_\_\_\_
- 4. Sub-total (Add Lines 1 and 2, subtract Line 3) 4. \_\_\_\_\_
- 5. Amount allocable to Canfield (Schedule Y, Step 5) is use \_\_\_\_\_ % of Line 4 5. \_\_\_\_\_
- 6. Net Profit (or Loss) from a Supplemental Income (Schedule E, Federal Return 1040) 6. \_\_\_\_\_
- 7. Net Profit subject to Canfield Income Tax 7. \_\_\_\_\_
- 8. Total (Line 5 plus Line 7) 8. \_\_\_\_\_

**SCHEDULE B** *(If using standard deduction on page 2 of 1040, **STOP**, 2106 expenses are not allowed,*

*Attach Form 1040, pages 1 & 2, Schedule A and Form 2106*

- 1. Unreimbursed employee expenses - Federal Form 2106 1. \_\_\_\_\_
- 2. 2% of Adjusted Gross Income from Schedule A as filed with Form 1040 2. \_\_\_\_\_
- 3. Allowable 2106 Deduction (Subtract Line 2 from Line 1) 3. \_\_\_\_\_

**SCHEDULE C - OTHER INCOME NOT INCLUDED IN SCHEDULES A OR B**

*Income from Partnerships, Estates & Trusts, Tips & Gratuities, Bonuses, Royalties, Incentives, Prizes, Lottery Winnings, Awards, Fees, Etc.*

*Attach Copy of Federal Schedules F*

Received From	Description	Amount
	Farm Income: Federal Return Form 1040, Schedule F	
	Federal Return Form 1040, Line 21	
	TOTAL	

**TOTAL SCHEDULES A, B, AND C - ENTER ON PAGE 1, LINE 2 (NOT LESS THAN ZERO)**

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE - ADD

ITEMS NOT TAXABLE - DEDUCT

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>a. Capital Losses <span style="float: right;">_____</span></li> <li>b. Interest and/or Other Expense Incurred in the Production of Non-tangible Income <span style="float: right;">_____</span></li> <li>c. All Income Taxes Paid <span style="float: right;">_____</span></li> <li>d. Five Percent (5%) of Intangible Income Reported on Lines h, i, &amp; j <span style="float: right;">_____</span></li> <li>e. Payments to Partners or Compensation of Officers, Sub Chapter S Corp. <span style="float: right;">_____</span></li> <li>f. Net operating loss carry-forward from Federal Return <span style="float: right;">_____</span></li> <li><i>Total Additions - Enter on Schedule A, Line 2 above</i> <span style="float: right;">_____</span></li> </ul> | <ul style="list-style-type: none"> <li>g. Capital Gains (Excluding Ordinary Gain from 4797) <span style="float: right;">_____</span></li> <li>h. Interest Earned or Accrued <span style="float: right;">_____</span></li> <li>i. Dividends Received <span style="float: right;">_____</span></li> <li>j. Income from Patents and Copyrights <span style="float: right;">_____</span></li> <li>k. Other (provide explanation) <span style="float: right;">_____</span></li> <li><i>Total Deductions - Enter on Schedule A, Line 3 above</i> <span style="float: right;">_____</span></li> </ul> |
|--|--|

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

	A. Located in Everywhere	B. Located Canfield	C. Percentage (B / A)
Step 1. Original Cost of Real & Tangible Personal Property	_____	_____	_____
Gross Annual Rentals Multiplied by 9	_____	_____	_____
Total Step 1	_____	_____	_____
Step 2. Gross Receipts from Sales and/or Work or Services Performed	_____	_____	_____
Step 3. Wages, Salaries, Etc. Paid	_____	_____	_____
Step 4. Total Percentage	_____	_____	_____
Step 5. Average percentage (Step 4 divided number of percents) - Carry average percentage to Schedule A, Line 5 above)	_____	_____	_____

**SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME**

1. Name and Address of Each Partner	2. Distributive Shares of Partners Percentage	2. Distributive Shares of Partners Amount	3. Other Payments	4. Taxable Percentage	5. Amount Taxable
6. TOTALS	100%				