

File this return with MASSILLON TAX DEPARTMENT on or before April 17, 2006 or within 4 months after close of a fiscal year or period. Requests for extensions must be submitted in writing and filed on or before April 17, 2006 or Fiscal Deadline.

City of Massillon, Ohio Income Tax Return

For Calendar Year ending December 31, 2005, or

2005

for the _____ months ending _____

FIN _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"CITY OF MASSILLON"
 One James Duncan Plaza SE
 P.O. Box 910
 Massillon, OH 44648-0910
 Phone (330) 830-1709
 Fax (330) 830-2687
 www.massillonohio.com

TAX OFFICE USE ONLY

PROCESSED

BY: _____

CASH VISA MC

CHECK M/O

Indicate Filing Status: _____ Corporation _____ S Corporation
 _____ Partnership _____ Other

Principal Business Activity: _____

CORPORATE RETURN

Is the business entity a resident () Yes () No

Moved INTO MASSILLON on _____

PREV. ADDRESS _____

OR Moved OUT OF MASSILLON on _____

PRESENT ADDRESS _____

PHONE () _____

FAX () _____

PRINT NAME AND ADDRESS IF MISSING (indicate changes)

FILING REQUIRED EVEN IF NO TAX DUE OR NET OPERATING LOSS

- | | |
|--|--------------|
| 1. Massillon Taxable Income (Page 2 Line 6) | 1. \$ _____ |
| 2. Massillon City Tax (1.8% of Line 1) | 2. \$ _____ |
| 3. CREDITS | |
| 3(A) Municipal tax paid to other cities | 3A. \$ _____ |
| 3(B) Payment of Declaration of Estimated Tax | 3B. \$ _____ |
| 3(C) TOTAL CREDITS (A plus B) | 3C. \$ _____ |
| 4. BALANCE DUE (If Line 2 exceeds Line 3C enter difference here) | 4. \$ _____ |
| 5. Overpayment claimed (If Line 3C exceeds Line 2) | 5. \$ _____ |
| 6. Credit to 2006 Estimate (If no Estimate due, use Line 7) | 6. \$ _____ |
| 7. TO BE REFUNDED (If Estimate due, use Line 6) | 7. \$ _____ |
| 8. LATE FILING PENALTY - ENTER \$25.00 FINE | 8. \$ _____ |
| 9. INTEREST - 1% PER MONTH -EFFECTIVE THE FIRST DAY OF EACH MONTH | 9. \$ _____ |
| 10. LATE PAYMENT PENALTY - 1% PER MONTH FOR 1st SIX MONTHS - 2% PER MONTH THEREAFTER | 10. \$ _____ |
| 11. Total amount due - MUST BE PAID IN FULL WITH THIS RETURN | 11. \$ _____ |

NO TAXES OF LESS THAN \$5.00 SHALL BE COLLECTED OR REFUNDED

MANDATORY DECLARATION OF ESTIMATED TAX FOR 2006

- | | |
|--|---------------------------------------|
| 1. TOTAL INCOME SUBJECT TO MASSILLON TAX \$ _____ MASSILLON TAX @ 1.8% | 1. \$ _____ |
| 2. LESS CREDITS: | |
| A. OVERPAYMENT OF PREVIOUS YEAR'S RETURN | 2A. \$ _____ |
| B. PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION | 2B. \$ _____ |
| C. OTHER (SPECIFY) | 2C. \$ _____ |
| 3. NET TAX DUE (LINE 1 LESS TOTAL LINE 2) | TOTAL CREDITS \$ _____
3. \$ _____ |
| 4. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 x line 3) REMITTANCE PAYABLE TO "CITY OF MASSILLON" | 4. \$ _____ |
| 5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3) | 5. \$ _____ |

METHOD OF PAYMENT

Check   _____

\$ _____ (Amount Authorized)

EXPIRATION DATE ____/____/____

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 _____

Address or Name and Address of Firm _____

Signature of Taxpayer or Agent Required _____

Date _____

ATTACH COPIES OF ALL FEDERAL SCHEDULES AND SUPPORTING STATEMENTS

LINE 1. NET PROFIT/LOSS (FORM 1041, 1065, 1120 1120S, ETC.)

1. \$ _____

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules

**SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN
ITEMS NOT DEDUCTIBLE**

- ADD**
- a. Capital Losses (Do Not include ordinary losses from Federal Form 4797)\$ _____
 - b. Interest and / or other Expenses incurred in the production of non/taxable income (at least 6% of Line r)..... _____
 - c. Income Taxes, City and State (if Deducted as Expense) _____
 - d. Net operating loss deduction per federal return _____
 - e. Payments to partners per Federal Form 1065..... _____
 - f. Retirement plan payments (Keogh, IRA, Tax Sheltered Annuity)..... _____
 - g. Portion State of Ohio Franchise tax based on income _____
 - h. Other items not deductible (explain) _____
 - _____
 - _____
 - _____
 - m. Total Additions..... _____

ITEMS NOT TAXABLE

- DEDUCT**
- n. Capital Gains (Do not include ordinary gains from Federal Form 4797).....\$ _____
 - o. Interest earned or accrued _____
 - p. Dividends (Less Federal exclusion)..... _____
 - q. Other Items not taxable (explain) _____
 - _____
 - _____
 - r. Total deductions..... _____

LINE 2. EXCESS INCOME/DEDUCTIONS (SCHEDULE X LINE M MINUS LINE R)

2. \$ _____

LINE 3. RECONCILED NET PROFIT/LOSS (LINE 1 PLUS LINE 2)

3. \$ _____

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b + a)
STEP 1. AVG. VALUE 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	_____	_____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID.	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages By 3)			_____ %

LINE 4. ALLOCATED NET PROFIT/LOSS (LINE 3 MULTIPLIED BY STEP 5 SCHEDULE Y)

4. \$ _____

LINE 5. NET OPERATION LOSS CARRY FORWARD
ATTACH SCHEDULE

5. \$ (_____)

LINE 6. MASSILLON TAXABLE INCOME (LINE 4 PLUS LINE 5)
IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT YEAR

6. \$ _____

ENTER LINE 6 ON PAGE 1 LINE 1

SCHEDULE Z Partners' Distributive Shares of Net Income - From Federal Schedules 1065 K-1 and 1120S K-1

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	Partner's Social Security No.	2. Resident		3. Distributive Shares of Partners		4. other Payments	5. Taxable Percentage	6. Amount Taxable
		Yes	No	Percent	Amount			
					\$	\$		\$
7. TOTALS				100	\$			