

File this return with MASSILLON TAX DEPARTMENT on or before April 15 or within 4 months after close of a fiscal year or period. Requests for extensions must be submitted in writing on or before April 15 Fiscal Deadline.

City of Massillon, Ohio Income Tax Return

For Calendar Year ending December 31,

for the _____ months ending _____

FIN _____

MAKE CHECK OR MONEY ORDER

PAYABLE TO:
"CITY OF MASSILLON"

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 DISCOVER

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 2011 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. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX | 11. \$ _____ |
| 12. Total amount due - | 12. \$ _____ |

MUST BE PAID IN FULL WITH THIS RETURN

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

MANDATORY DECLARATION OF ESTIMATED TAX

- | | |
|--|------------------------|
| 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 \$ _____ |
| 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.

SECURITY CODE #: _____

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	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses (Do Not include ordinary losses from Federal Form 4797).....	\$ _____		n. Capital Gains (Do not include ordinary gains from Federal Form 4797)	\$ _____	
b. Interest and / or other Expenses incurred in the production of non-taxable income (at least 5% of Line r).....	_____		o. Interest earned or accrued.....	_____	
c. Income Taxes, City and State (if Deducted as Expense).....	_____		p. Dividends (Less Federal exclusion).....	_____	
d. Net operating loss deduction per Federal return.....	_____		q. Other items not taxable (explain).....	_____	
e. Payments to partners per Federal Form 1065.....	_____		r. Total deductions.....	_____	
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.....	_____				

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 OR 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 OPERATING 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	\$ _____			

IMPORTANT INFORMATION

You must pay estimated tax payments if:

You have or expect to have any taxable income where withholding is not done:
Local taxes of at least 1.8% are not being withheld by your employer; or
You engage in business, profession, enterprise, or activity subject to Income Tax where tax is not withheld

Record of Payments

PAYMENT NO.	DUE DATE	CHECK NO.	DATE PAID	AMOUNT PAID
1.	April 30,			
2.	July 30,			
3.	October 30,			
4.	January 30,			

You must file MANDATORY DECLARATION OF ESTIMATED TAX (on the face of this form), together with the first quarter estimated tax due (1/4 of the annual estimated tax), on or before APRIL 30. Additional payments of at least 1/4 of the annual estimated tax each must be paid on or before July 30, October 30, and January 30. Please send in the supplied Quarterly Estimate Payment forms to identify your payments. (No quarterly payment notice will be sent to remind you to make your quarterly payment, so please mark your calendars.)