

CITY OF MASSILLON INCOME TAX DEPARTMENT
 P.O. BOX 910
 MASSILLON, OH 44648-0910
 Phone: (330) 830-1709
 Fax: (330) 830-2687
 Email: incometax@massillonohio.com
 www.massillonohio.com

DUE DATE APRIL 15TH 2016
 OR THE IRS DUE DATE

Taxpayer's S.S. # or Federal ID #	
Telephone No.	Cell Telephone No.
Spouse's Social Security No.	
Email Address	

Name(s)
 Address
 City
 State
 Zip

DATE OF MOVE DURING 2015:
 Date Into Massillon _____ Date Out of Massillon _____
 FORWARDING ADDRESS:

IF EXEMPT FROM FILING ENTER CODE # AND EFFECTIVE DATE (SEE INSTRUCTIONS) CODE # _____ DATE: _____

1. WAGES - W-2 COPIES MUST BE ATTACHED-USE HIGHEST AMOUNT ON W-2 (Box 5)

EMPLOYER NAME	WORK CITY	CITY WAGES	Massillon Tax Withheld	Other Cities Tax Withheld
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____	\$ _____

1. TAXABLE INCOME

- a. W-2 Wages, salaries, tips, etc. (Box 5 of W-2) ATTACH ALL TO BACK OF RETURN \$ _____
- b. Federal Form 2106 Deduction (attach Form 1040, 2106 and Schedule A) \$ _____
- c. Adjustments from Page 2 Line 17, 18, 19 (see instructions) \$ _____
- d. Under 18 / Part Year Resident \$ _____
- e. TAXABLE INCOME (1a - 1b + 1c + 1d) \$ _____

2. Massillon Income Tax 1.8% of Line 1e OR (1e x .018) \$ _____

3. CREDITS

- (A) Massillon Income Tax withheld by Employer(s) \$ _____
- (B) Municipal tax paid to other cities (1.8% maximum each) \$ _____ x 75 % \$ _____
- (C) Estimated Tax Paid \$ _____
- (D) Prior year Overpayment Applied \$ _____
- (E) Total Credits (Add 3A thru 3D) \$ _____

4. TAX DUE (Line 2 less 3E) \$ _____

5. OVERPAYMENT CLAIMED (Line 2 less 3E) \$ _____

- (A) Enter Amount of Line (5) Applied to next tax year \$ _____
- (B) Enter Amount of Line (5) to be Refunded \$ _____

6. Late Filing Fine - (returns filed after filing deadline), enter \$25.00 fine \$ _____

7. Other Penalties & Interest

- (a) Interest - 1% per month - effective the first day of each month \$ _____
- (b) Penalty - 1% per month for 1st six months - 2% per month thereafter \$ _____

8. Total Amount Due - Pay in Full With This Return - Make Checks Payable to: City of Massillon \$ _____

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

MANDATORY DECLARATION OF ESTIMATED TAX - Taxpayers owing more than \$200.00 are required by law to be set up and pay

- 9. Total Income subject to Massillon Tax (9A) \$ _____ x Massillon tax 1.8% (9B) \$ _____
- 10. Estimate Credits:
 - (A) Massillon Tax Withheld \$ _____
 - (B) 75% of other tax withheld \$ _____
 - (C) Other (specify) \$ _____
 - (D) Total Line (10A-10C) \$ _____
 - (E) Estimated Tax (9B less 10D) \$ _____
- 11. Calculation of 1st Quarter Estimate (A) multiply line 10E x .25 \$ _____
 (B) Less: Line 5A \$ _____
(C) Balance due - subtract 11B from 11A - DUE WITH TAX RETURN \$ _____
- 12. Balance of estimate to be paid quarterly Line 11A x 3 \$ _____

CREDIT CARD INFORMATION FOR PAYMENT - (CHECK ONE) Visa MasterCard Discover

ACCOUNT NUMBER _____ TOTAL AMOUNT PAID \$ _____
 SECURITY CODE _____ CARD EXPIRATION _____ (Line 8 plus 11C)

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____

Tax Preparer's Phone: _____

I (We) authorize the Income Tax Dept to discuss my/our return and enclosures with the preparer above. Initial here _____

REFER TO INSTRUCTIONS BEFORE COMPLETING THIS PAGE

LINE 13 RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES

Business Profit or Loss. Enter Amount from Federal form Schedule C or form 1120 13) \$ _____

LINE 14 Enter Profit (Loss) from Federal form 4797 14) \$ _____

LINE 15a Enter Profit (Loss) from Federal Schedule E (ATTACH TENANT LIST) 15a) \$ _____

LINE 15b Net Operating Loss 15b) \$(_____)

LINE 16 All Other Taxable Income:

Income from: Partnerships, Estates & Trusts: Fees, tips, Commissions, 1099Misc (not scheduled), and Miscellaneous		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL LINE 16) \$ _____

LINE 17 Total of lines 13 thru 16. Carryforward to page 1, Line 1C 17) \$ _____

INDIVIDUAL TAXPAYERS PLEASE STOP HERE

LINE 18 Adjustments to Federal Income (Loss).
**Carry forward to page 1, Line 1C 18) \$ _____

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
18a) Capital Losses (Excluding Ordinary Losses)	\$ _____	18f) Capital Gains (Excluding Ordinary Gains, see instructions)	\$ _____
18b) Expenses incurred in the production of non-taxable income	\$ _____	18g) Interest income	\$ _____
18c) Taxes based on income	\$ _____	18h) Dividends	\$ _____
18d) Other expenses not deductible (Federally Deferred)	\$ _____	18i) Other	\$ _____
18e) Total Lines 18a thru 18d	\$ _____	18j) Total Lines 18f-18i	\$ _____
		18k) Combined Lines 18e + 18j	\$ _____

(Add or subtract 18k from your Federal Income (Loss) and enter above)

LINE 19 Business Allocation Formula. Carry forward to page 1, Line 1C 19) \$ _____

	a. LOCATED EVERYWHERE	b. LOCATED IN MASSILLON	c. PERCENTAGE (b + a)
STEP 1A. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY	\$ _____	\$ _____	
STEP 1B. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8.	\$ _____	\$ _____	
TOTAL STEPS 1A & 1B	\$ _____	\$ _____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR SERVICE PERFORMED	\$ _____	\$ _____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID	\$ _____	\$ _____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).			_____ %
STEP 6. Multiply your Federal Income (Loss) from above by the % on STEP 5 and enter on line 19 above			

PLEASE REMIT ALL FEDERAL TAX FORMS AND SCHEDULES WITH THIS RETURN

Attach W-2 Forms Here