

# City of Massillon, Ohio Income Tax Return

P.O. Box 910 • Massillon, OH 44648-0910  
 (330) 830-1709 • Fax (330) 830-2687 • [www.massillonohio.com](http://www.massillonohio.com)

For calendar year ending December 31, 2016

**DUE DATE – APRIL 15, 2017 OR IRS DUE DATE 2016**  
 FILING REQUIRED IF NO TAX DUE

TAXPAYER SOCIAL SECURITY #

SPOUSE'S SOCIAL SECURITY #

**PRINT NAME and ADDRESS IF MISSING (Indicate Changes)**

**Income Tax online payments can be  
 made at [www.massillonohio.com](http://www.massillonohio.com)**

**Please make checks payable to:  
 City of Massillon**

Indicate Filing Status:  Individual  Joint Return  Other  
 BIRTH DATE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Are you or the business entity a resident ( ) Yes ( ) No  
**Moved INTO MASSILLON on** \_\_\_\_\_  
 PREV. ADDRESS \_\_\_\_\_  
**Moved OUT OF MASSILLON on** \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_

IF EXEMPT FROM FILING TAX RETURN ENTER CODE # (See reverse side)	#	Taxpayer			
		Spouse			
ALL W-2 & 1099 COPIES MUST BE ATTACHED	EMPLOYER'S NAME	WHERE EMPLOYED	TAX PAID TO OTHER CITIES	MASSILLON TAX PAID	TOTAL W-2 & 1099 WAGES
	TOTAL			\$	\$

1. WAGES AND SALARIES - Use Box 5 Medicare wages. 1. \$ \_\_\_\_\_
2. Total adjustments from Back of Form (if applicable) - Losses cannot reduce W-2 earnings 2. \$ \_\_\_\_\_
3. Wages earned outside Massillon by part year non-resident or prior to 18th birthday 3. Deduct \$ \_\_\_\_\_
4. Allowable Employee Business Expenses (Attach Form 1040, Form 2106 & Schedule A) 4. Deduct \$ \_\_\_\_\_
5. Taxable Income (Add Lines 1 and 2 subtract Lines 3 and 4) 5. \$ \_\_\_\_\_
6. Massillon City Tax (1.8% of Line 5) 6. \$ \_\_\_\_\_
7. CREDITS
  - (a) Massillon income tax withheld by employer(s) 7a. \$ \_\_\_\_\_
  - (b) Municipal Tax paid to other cities (1.8% max) \$ \_\_\_\_\_ x 75% 7b. \$ \_\_\_\_\_
  - (c) Payment of Declaration of Estimated Tax 7c. \$ \_\_\_\_\_
  - (d) TOTAL CREDITS (add a, b, c) 7d. \$ \_\_\_\_\_
8. BALANCE DUE (If Line 6 exceeds Line 7d enter difference here) 8. \$ \_\_\_\_\_
- 9(a). Overpayment of tax claimed \_\_\_\_\_ 9(b). Credit to 2017 Estimate \_\_\_\_\_
10. TO BE REFUNDED 10. \$ \_\_\_\_\_
11. Late Filing Fee (\$25.00 per month up to \$150.00) if past due date of tax return 11. \$ \_\_\_\_\_
12. Penalty (15%) plus interest calculated on Federal Short-Term rate 0.42% plus 5% per annum (see instructions) 12. \$ \_\_\_\_\_
13. Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 13. \$ \_\_\_\_\_

NO TAXES OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED

## MANDATORY DECLARATION OF ESTIMATED TAX FOR 2017

Every taxpayer shall make a declaration of estimated taxes for the current taxable year, if the amount payable as estimated taxes is at least two hundred dollars (\$200.00), quarterly estimated payments are required in accordance with **Massillon City Ordinance 181.07 and Ohio Revised Code 718.08.**

**Must be filed  
 if a local  
 tax is  
 not withheld  
 by your  
 employer**

1. Total income subject to Massillon tax \$ \_\_\_\_\_ Massillon tax @ 2% 1. \$ \_\_\_\_\_
2. LESS MASSILLON CITY TAX TO BE WITHHELD 2. \$ \_\_\_\_\_
3. Balance estimated Massillon tax 3. \$ \_\_\_\_\_
4. Less Credits:
  - a. Overpayment on previous year's return 4a. \$ \_\_\_\_\_
  - b. Municipal tax paid to other cities (1.8% max.) \_\_\_\_\_ x 90% 4b. \$ \_\_\_\_\_
  - c. Other (Specify) 4c. \$ \_\_\_\_\_
 Total Credits \$ \_\_\_\_\_
5. Net Tax due (line 3 less total of line 4) 5. \$ \_\_\_\_\_
6. Amount paid with this return (not less than 1/4 X line 5) Make remittance payable to: City of Massillon 6. \$ \_\_\_\_\_

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.

May the City discuss this tax return with preparer?  Yes  No

Signature of Person Preparing, If Other Than Taxpayer

Date

Signature of Taxpayer Required

Date

Address or Name and Address of Firm

Preparers Phone

Spouse's Signature

Date

File this return with **MASSILLON TAX DEPARTMENT** on or before April 15, 2017 or IRS Due Date or within 4 months after close of fiscal year or period. Requests for extensions must be submitted in writing on or before the filing deadline.

PROFIT OR LOSS FROM SCHEDULE C & E OR K-1  
(A COPY OF THE FEDERAL FORM 1040 AND APPLICABLE SCHEDULES MUST BE ATTACHED)

- |  |             |
|--|-------------|
| 1. SCHEDULE C NET PROFIT OR LOSS .....   | \$ _____    |
| 2. SCHEDULE E NET PROFIT OR LOSS ATTACH TENANT LIST WITH DATES.....                              | \$ _____    |
| 3. NET PROFIT OR LOSS (Add Lines 1 and 2) .....  | \$ _____    |
| 4. ADD ITEMS NOT DEDUCTIBLE.....   | \$ _____    |
| 5. DEDUCT ITEMS NOT TAXABLE.....   | \$( _____ ) |
| 6. LESS ALLOCABLE NET LOSS CARRY FORWARD (Five year limit) .....                                 | \$( _____ ) |
| 7. NET PROFIT OR LOSS TAXABLE BY THE CITY OF MASSILLON (Line 3 + Line 4 - Line 5 - Line 6) ..... | \$ _____    |

**CODES AND REASONS FOR EXEMPTION OF INCOME**

- | CODE # | REASON  |
|--------|---|
| 001    | Retired, Receiving only pension, Social Security, interest or dividends.  |
| 002    | Under 18 years of age all of 2016. (Attach documentation of date of birth.)   |
| 003    | Active Duty Military for all of 2016.   |
| 004    | Taxpayer is deceased. Give date of death: _____   |
| 005    | Moved from Massillon prior to January 1, 2016. Give date of move and new address (Attach required documentation.) _____ |
| 006    | On Governmental assistance, received no other income.   |
| 007    | Received only alimony and/or child support and no other income.   |
| 008    | Unemployed during all of 2016, received only unemployment compensation and no other income.                             |
| 009    | Disabled during all of 2016, received only Worker's Compensation.   |
| 010    | Other: Give reason _____  |

**CODES AND REASONS FOR REFUND REQUESTS**

- | CODE # | REASON   |
|--------|--|
| 011    | During 2016, I was under the age of 18 and taxes were withheld. (Attach proof of age: Birth Certificate, Driver's License, State Identification Card.) |
| 012    | Due to the 2016 expense guidelines there is an overpayment. (Attach Federal forms 1040, 2106, and Schedule A.)   |
| 013    | During 2016, I was only a part-year resident. (Attach documents that prove the move out date.)   |
| 014    | During 2016, I was a non-resident that worked less than 100% in the City. (Obtain required form from Income Tax Department.)                           |
| 015    | My employer erroneously withheld 1.80% for 2016. (Attach documentation of non-residency and out of City employment.)                                   |
| 016    | My employer overwithheld City of Massillon tax for 2016.   |
| 017    | I overpaid my estimate for 2016.   |
| 018    | Other: Give reason _____ (Attach necessary documentation.)   |

**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 2.0% 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

You must file the MANDATORY DECLARATION OF ESTIMATED TAX FOR 2017 (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 15, 2017**. Additional payments of at least 1/4 of the annual estimated tax each must be paid on or before June 15, 2017, September 15, 2017, and December 15, 2017. 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 payments, so please mark your calendars.)**

Record of Payments				
PAYMENT NO.	DUE DATE	CHECK NO.	DATE PAID	AMOUNT PAID
1.	April 15			
2.	June 15			
3.	September 15			
4.	December 15			