

File this return with MASSILLON TAX DEPARTMENT on or before April 15 or within 4 months after close of a fiscal year or period.



# City of Massillon, Ohio Income Tax Return

For Calendar Year ending December 31, 2020  
for the \_\_\_\_\_ months ending \_\_\_\_\_

# 2020

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.gov

*City of Champions*  
**Income Tax online  
payments can be  
made at  
www.massillonohio.gov**

FIN \_\_\_\_\_  
PRINT NAME AND ADDRESS IF MISSING (indicate changes)

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 ( )

### FILING REQUIRED EVEN IF NO TAX DUE OR NET OPERATING LOSS

- |  |              |
|--|--------------|
| 1. Massillon Taxable Income (Page 2 Line 6)  | 1. \$ _____  |
| 2. Massillon City Tax (2% of Line 1)   | 2. \$ _____  |
| 3. CREDITS   |              |
| 3(A) Municipal tax paid to other cities 100% of the tax paid up to 2% limit.   | 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 2020 Estimate (If no Estimate due use Line 7)   | 6. \$ _____  |
| 7. TO BE REFUNDED (If Estimate due, use Line 6)  | 7. \$ _____  |
| 8. LATE FILING PENALTY - Late Filing Fee (\$25.00 per month up to \$150.00) if past due date of tax return   | 8. \$ _____  |
| 9. Penalty & Interest for late payments of tax dollars due: One time (15%) of the unpaid balance. Interest to be calculated on Federal Short-Term rate (rounded to the nearest whole number percent) plus five percent (5%) per annum calendar year 2021 5% in accordance with Ohio Revised Code 718.27 (P2) | 9. \$ _____  |
| 10. Total amount due -   | 10. \$ _____ |

## MUST BE PAID IN FULL WITH THIS RETURN

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

### MANDATORY DECLARATION OF ESTIMATED TAX FOR 2020

- |  |                                       |
|--|---------------------------------------|
| 1. TOTAL INCOME SUBJECT TO MASSILLON TAX \$ _____ MASSILLON TAX @ 2%                                   | 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 \$ _____<br>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. \$ _____                           |

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 \_\_\_\_\_

Address or Name and Address of Firm \_\_\_\_\_ Preparers Phone \_\_\_\_\_ Signature of Taxpayer 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.....	_____		_____
f. Retirement plan payments (Keogh, IRA, Tax Sheltered Annuity).....	_____	r. Total deductions .....	_____
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**

	<b>a. LOCATED EVERYWHERE</b>	<b>b. LOCATED IN THIS MUNICIPALITY</b>	<b>c. PERCENTAGE (b ÷ a)</b>
<b>STEP 1.</b> AVG. VALUE OR REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.	_____	_____	_____ %
<b>STEP 2.</b> GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
<b>STEP 3.</b> WAGES, SALARIES, AND OTHER COMPENSATION PAID.	_____	_____	_____ %
<b>4.</b> TOTAL PERCENTAGES.			_____ %
<b>5.</b> 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)

6. \$ \_\_\_\_\_

IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT YEAR

**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			
					\$	\$		\$
<b>7. TOTALS</b>				100	\$			