TARAMER SOCIAL SECURITY#       POUSE'S SOCIAL SECURITY#         PRINT NAME and ADDRESS IF MISSING (Indicate Changes)       File #         Are you're the buinties entity at Messilion resident ( ) Yes ( ) #         Wordel NTO MASSILLON on       PREV ADDRESS         Mored NTO MASSILLON ON       PREV ADDRESS         March       Email:         TECENTPT FROM FILING TAX RETURNENTER CODE # (Soe reverse side)       #         March       Email:         Decementation       Date of BIRTH         Total adjustments from back of from 07 applicable) - Losses cannot reduce W2 aurings       2.5         1       WAGES AND SALARIES (Use Box 5 Medicare wages, lottery & Saming Winnings / W.2G / 1099 MISC)       1.5         2       Total adjustments from back of from 07 applicable) - Losses cannot reduce W2 aurings       3. Deduct \$         3       Deduct from 01 able fiftigwages.       3. Deduct \$         4       Total adjustments from 18th biftigwages.       3. Deduct \$         5       Calculation on page 2       6.5         6       S       Calculation on page 2         6) OTHER CHEDITS       6.5       Calculation on page 2         6) OTHER CHEDITS       6.5       Calculation on page 2         6) OTHER CHEDITS       6.5       Calculation on page 2         6) OTHER RETURNE THE PAD	010000000	P.O. Box 910 • Massill (330) 830-1709 • Fa or calendar year endin DUE DATE - A	x (330) 830-2687 • <u>www</u>		car	City of Massillon Ir Tax can be filed and be made at www.mass Please make checks p City of Massillo	payment sillonohio.gov ayable to:
PRINT NAME and ADDRESS IF MISSING (indicate Changes)       File #							
Are you or the business entity a Massilion readert ( ) Yes ( )					File #		
PTIDIC       E-Hail.         IF EXEMPT FROM FILING TAX RETURN ENTER CODE # (See reverse side)       Itapager         Attach       EMPLOYER'S NAME       CITY OF EMPLOYMENT       TOTAL WAGES / TAXABLE INCOME         Attach       EMPLOYER'S NAME       CITY OF EMPLOYMENT       TOTAL WAGES / TAXABLE INCOME         W-2       B       CITY OF EMPLOYMENT       TOTAL WAGES / TAXABLE INCOME         W-2       B       CITY OF EMPLOYMENT       TOTAL WAGES / TAXABLE INCOME         Use of the intervention       Intervention       Intervention       Intervention         B-2       Total adjustments from back of form (if applicable) - Losses cannot reduce W-2 earnings       2. \$       S         9       Art year non-resident or prior to 18th bithdray wages.       S       Deduct \$       A       S         (a) Massilion City Tax 2% of line 4       S       S       Must Complete Credit       Calculation on page 2         (b) Massilion income tax withheld by employer(s)       Ga. \$       Must Complete Credit       Calculation on page 2         (c) OPayment of Declaration of Estimated Tax       Gb. S       Must Complete Credit       Calculation on page 2         (i) OTAL CREDITS (inde a, b. c. less d)       9. \$       Intervent tax 2002       Ge. \$       S       Intervent tax 2002        10       Declaration of Es				Changes)	Are you or the Moved INTO I PREV. ADDRI Moved OUT C PRESENT AD	e business entity a Massillon resider MASSILLON on ESS DF MASSILLON on DRESS	nt ( )Yes ( )No
Attach       EMPLOYER'S NAME       CITY OF EMPLOYMENT       TOTAL WAGES / TAXABLE INCOME         W2	Phone:	E-mail	:			IH	
Attach         EMPLOYER'S NAME         CITY OF EMPLOYMENT         TOTAL WAGES / TAXABLE INCOME           W-2 8	IF EXEMPT F	ROM FILING TAX RE		# (See reverse side)	#		
8       Required	Attach	EMPLOYE	R'S NAME	CITY OF EMPLO	π DYMENT		BLE INCOME
Required Documentation         Image: model of the second sec							
Documentation Here       TOTAL       \$         1.       WAGES AND SALARIES (Use Box 5 Medicare wages, lottery & Gaming Winnings / W-26 / 1999 MISC)       1. \$         2.       Total adjustments from back of form (if applicable) - Losses cannot reduce W-2 earnings       2. \$         3.       Part year non-resident or prior to 18th bithday wages.       3. Deduct \$       4							
Here       TOTAL       \$         1.       WAGES AND SALARIES (Use Box 5 Medicare wages, lottery 8 Gaming Winnings / W-2G / 1099 MISC)       1. \$         2.       Total adjustments from back of form (if applicable) - Losses cannot reduce W-2 earnings       2. \$         3.       Part year non-resident or prior to 18th birthday wages.       3. Deduct \$       4.         4.       Taxable income (Add Lines 1 and 2 subtract Line 3)       5.       4.         5.       Massilion City Tax 2% of line 4       5.       6.         6.       CREDITS       6a. \$       Calculation on page 2         (a) Massilion income tax withheld by employer(s)       6a. \$       Calculation on page 2         (d) OTHER CREDITS       6d. \$       Calculation on page 2         (e) TOTAL CREDITS (add a, b, c, less d)       6c. \$       Cerestrayment of fax clained 8a.         7.       BALANCE DUE (If Line 5 exceeds Line 6d enter the difference here)       7.         8.       Overspayment of fax clained 8a.       9.       Sec diff to 2023 Estimate         (Line 6d exceeds line 5)       9.       5.       10.       \$         10.       Late Filing Fee (\$25.00 per mont up to \$150.00) if past due date of tax curum (?)1       10.       \$         11.       Penalty for falture to pay estimated tax bayments one time (15%) (Othe avised Code 718.27	· ·						
Total adjustments from back of form (if applicable) - Losses cannot reduce W-2 earnings     Part year non-resident or prior to 18th birthday wages.     Totala loncome (add Lines 1 and 2 subtract Line 3)     Massilion City Tax. 2% of line 4     CREDITS     (a) Massilion nome tax withheld by employer(s)     (b) Municipal Tax paid to other cities (not to exceed 2%).     (b) Municipal Tax paid to other cities (not to exceed 2%).     (b) Municipal Tax paid to other cities (not to exceed 2%).     (c) Payment of Declaration of Estimated Tax     Calculation on page 2     (d) OTHER CREDITS     (e) TOTAL CREDITS (add a, b, c, less d)     To BE REFUNDED     S     To BE REFUNDED     S     S     Overpayment of tax claimed 8a     S     S     S     Overpayment of tax claimed 8a     S					TOTAL	\$	
Must be filed if a local tax of at least 2% is not withheld by your employer.       1. Total income subject to Massillon tax \$Massillon tax @ 2%       1. \$	<ul> <li>3. Part year</li> <li>4. Taxable I</li> <li>5. Massillor</li> <li>6. CREDITS <ul> <li>(a) Mass</li> <li>(b) Munic</li> <li>(c) Paym</li> <li>(d) OTHE</li> <li>(e) TOTA</li> </ul> </li> <li>7. BALANC</li> <li>8. Overpayr <ul> <li>(Line 6d</li> <li>9. TO BE RI</li> <li>10. Late Filin</li> <li>11. Penalty &amp; Federal 5% in act</li> <li>5% in act</li> </ul> </li> </ul>	r non-resident or prior to 18 Income (Add Lines 1 and 2 In City Tax 2% of line 4 S illon income tax withheld by cipal Tax paid to other cities ent of Declaration of Estima R CREDITS L CREDITS (add a, b, c, les E DUE (If Line 5 exceeds I ment of tax claimed 8a exceeds line 5) EFUNDED Ig Fee (\$25.00 per month u & Interest for late payments Short-Term rate (rounded t iscordance with Ohio Revise for failure to pay estimated ount due - <b>MUST BE F</b>	y employer(s) (not to exceed 2%). ated Tax s d) Line 6d enter the difference of tax dollars due: One tin o the nearest whole numbe of tax dollars due: One tin o the nearest whole numbe d Code 718.27 (P2) tax payments one time (15 PAID IN FULL WITH NO TAXES OF LES MANDATORY	6a. 6b. 6c. 6d. 8b Credit to 2023 Estimate_ 8b Credit to 2023 Estimate_ 9. \$ te of tax return (P1) ne (15%) of the unpaid bala r percent) plus five percent (%) (Ohio Revised Code 7* THIS RETURN 55 THAN \$10.00 SHA DECLARATION C	\$\$ \$\$ \$\$ ance. Interest to t (5%) per annu 18.27) (P3) ALL BE COL DF ESTIMA	Must Complete Credi Calculation on page	<b>2</b> 5e. \$ 7 10. \$ 11. \$ 12. \$ 13. \$
if a local tax of at least 2% is not withheld by your employer.       1. Total income subject to Massillon tax \$Massillon tax @ 2%       1. \$	Must be filed						
of at least 2% is not withheld by your employer.       2. LESS MASSILLON CITY TAX TO BE WITHHELD       2. \$						-	
3. Balance estimated Massilion tax       3. \$		2. LESS MASSILLON	CITY TAX TO BE WITHH	ELD			
by your       b. Municipal tax paid to other cities (100% of taxes paid up to 2% limit)       4b. \$					、 ·		3. \$
orght       c. Other (Specify)       4c. \$							
6.       Amount paid with this return (not less than 1/4 X line 5) Make remittance payable to: City of Massillon       6.       \$	•••					\$ Total Cree	
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.	emhioker		,	X line 5) Make remittance	e payable to: Cit		·
		XAMINED THIS RETURN	INCLUDING ACCOMPANY	ING SCHEDULES AND S		May the City discuss	
Signature of Person Preparing, if Other Than Taxpayer Date Signature of Taxpayer Required	Signature of Person Pre	paring, If Other Than Taxpayer		Date Signature of	Taxpayer Required	I	Dat

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## 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	\$ <u>(</u> )
6.	LESS ALLOCABLE NET LOSS CARRY FORWARD (Five year limit)	\$ <u>(</u> )
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 - SIGNATURE ON FRONT IS REQUIRED

CODE #	REASON			
001	Retired, Receiving only pension, Social Security, interest or dividends.			
002	Under 18 years of age all of 2022. (Attach documentation of date of birth).			
003	Active Duty Military for all of 2022. This does not include civilians employed by the military or the National Guard.			
004	Taxpayer is deceased. Give date of death:			
005	Moved from Massillon prior to January 1, 2022. 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 2022, received only unemployment compensation and no other income.			
009	Disabled during all of 2022, received only Worker's Compensation.			

The total of line 6(b) must be calculated individually per W-2 to determine the credit limit for taxes paid to another city: IF THE TAX RATE OF THE CITY TAX WITHHELD IS LESS/EQUAL TO 2%, THEN ENTER 100% of LOCAL TAX WITHHELD AMOUNT IN SECTION 2 BELOW. IF TAX RATE IS HIGHER THAN 2%, THEN COMPLETE SECTION 1.

SECTION 1 CITY	Local Tax Amount						
	W-2 Box 5 x 2%	x 100% = credit					
CITY	Local Tax Amount	Withheld					
	W-2 Box 5 x 2%	X 100% = credit					
City	Local Tax Amount	Withheld					
	W-2 Box 5 x 2%	x 100% = credit					
SECTION 2 City							
	Local Tax Amount	Withheld x 100% = Credit					
City							
Local Tax Amount Withheld x 100% = Credit							
Attach worksheet if additi	ional lines are needed TOTAL CI	REDIT LINE 6 (b):	_				

## IMPORTANT INFORMATION

YOU MUST FILE THE mandatory declaration of estimated tax for 2023 (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 18, 2023. Additional payments of at least 1/4 of the annual estimated tax must be paid on or before June 15, 2023, September 15, 2023, and January 15, 2024. 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.)

If the amount payable as estimated taxes is at least two hundred (\$200.00), guarterly estimated payments are required in accordance with Massillon City Ordinance 181.07 and Ohio revised Code 718.08.