Massillon, Ohio Income Tax Return City of Champions City of Massillon, OH 44648-0910 (330) 830-1709 • Fax (330) 830-2687 • www.massillonohio.com For calendar year ending December 31, 2019

DUE DATE - APRIL 15, 2020 OR IRS DUE DATE 2019 FILING REQUIRED IF NO TAX DUE

TILING REQUIRED II NO TAX DOL					
TAXPAYER SOCIAL SECURITY #	SPOUSE'S SOCIAL SECURITY #				

Income Tax online payments can be made at www.massillonohio.com

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

TAXPAYER SOCIAL SECURITY # SPOUSE'S SOCIAL SECURITY #			
		File #	
		Are you or tr	ne business entity a Massillon resident () Yes () No
		Moved INTO	MASSILLON on
		PREV. ADDR	RESS
		Moved OUT	OF MASSILLON on
		PRESENT A	DDRESS
hone:	E-mail:		
F EXEMPT F	ROM FILING TAX RETURN ENTER CODE # (See re	verse side) #	Taxpayer Spouse
Attach	EMPLOYER'S NAME	CITY OF EMPLOYMENT	TOTAL WAGES / TAXABLE INCOME
W-2			
&			
Required			
Documentation	1		
Here		TOTAL	. \$
1. WAGES	AND SALARIES (Use Box 5 Medicare wages, lottery & Gamir	na Winninas / W-2G / 1099 M	IISC) 1. \$
	justments from Back of form (if applicable) - Losses cannot reduce	•	2. \$
,	r non-resident or prior to 18th birthday wages.	o W 2 carmings	3. Deduct \$
,	Income (Add Lines 1 and 2 subtract Line 3)		4
	n City Tax 2% of line 4		5
6. CREDITS			J
(a) Mass	illon income tax withheld by employer(s)	6a. \$	
(b) Munic	cipal Tax paid to other cities - 90% of the tax paid up to 2% limit, p		Must Complete Credit
(c) Paym	ent of Declaration of Estimated Tax	6c. \$	Calculation on page 2
(d) TOTA	L CREDITS (add a, b, c)		6d. \$
	CE DUE (If Line 5 exceeds Line 6d enter the difference here)		7
	ment of tax claimed 8a 8b Credit to exceeds line 5)	2020 Estimate	
•	EFUNDED 9. \$		
10. Late Filin	ng Fee (\$25.00 per month up to \$150.00) if past due date of tax re		10. \$
Federal	& Interest for late payments of tax dollars due: One time (15%) of Short-Term rate (rounded to the nearest whole number percent) scordance with Ohio Revised Code 718.27 (P2)	f the unpaid balance. Interest t plus five percent (5%) per ann	to be calculated on 11. \$um calendar year 2020
12. Penalty	for failure to pay estimated tax payments one time (15%) (Ohio F	Revised Code 718.27) (P3)	12. \$
13. Total am	ount due - MUST BE PAID IN FULL WITH THIS R	ETURN	13. \$
	NO TAXES OF LESS THAN	N \$10.00 SHALL BE CO	LLECTED OR REFUNDED
	MANDATORY DECLA	RATION OF ESTIMA	ATED TAX FOR 2020
ust be filed	Every taxpayer shall make a declaration of estimated to		
	two hundred dollars (\$200.00), quarterly estimated payments are re		
Massillon	1. Total income subject to Massillon tax \$	Massillon tax @ 2%	·
ax is not	2. LESS MASSILLON CITY TAX TO BE WITHHELD		2. \$ 3. \$
withheld	3. Balance estimated Massillon tax	- (Lina Oh ahawa) 4-	
	Less Credits: a. Overpayment on previous year's return b. Municipal tax paid to other cities (100% o	,	. \$ \$
by your	c. Other (Specify)		\$ Total Credits \$
employer	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) N	Make remittance payable to: Ci	ty of Massillon 6. \$
	EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHE OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT, AND		May the City discuss this tax ☐ Yes return with preparer? ☐ No
ature of Person Pre	paring, If Other Than Taxpayer Date	Signature of Taxpayer Require	od Date
		0	
	darocc of Firm	Spougo's Signature	2

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 - 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 2019. (Attach documentation of date of birth.)	
003	Active Duty Military for all of 2019. 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, 2019 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.	
800	Unemployed during all of 2019 received only unemployment compensation and no other income.	
009	Disabled during all of 2019, 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 90% 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 Withheld			
-	W-2 Box 5 x 2%	%x 90%= credit		
CITY	Local Tax A	Local Tax Amount Withheld		
-	W-2 Box 5 x 2%	X 90% = credit_		
City	CityLocal Tax Amount Withheld			
	W-2 Box 5 x 2%	x 90% = credit_		
SECTION 2 City				
	Local Tax /	Amount Withheld x 90% = Cred	it	
City				
	Local Tax Amount Withheld x 90% = Credit			
Attach worksheet, if a	additional lines are needed	TOTAL CREDIT LINE 6 (b):		

IMPORTANT INFORMATION

YOU MUST FILE THE manditory declaration of estimated tax for 2020 (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, 2020**. Additional payments of at least 1/4 of the annual estimated tax must be paid on or before June 15, 2020, September 15, 2020, and January 15, 2021. 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), quarterly estimated payments are required in accordance with Massillon City Ordinance 181.07 and Ohio revised Code 718.08.