

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

For calendar year ending December 31, 2019

DUE DATE - APRIL 15, 2020 OR IRS DUE DATE 2019
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

Please make checks payable to:
City of Massillon

Phone:

E-mail:

File # _____

Are you or the business entity a Massillon 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
Attach W-2 & Required Documentation Here	EMPLOYER'S NAME	CITY OF EMPLOYMENT	TOTAL WAGES / TAXABLE INCOME	
			TOTAL	\$

- WAGES AND SALARIES (Use Box 5 Medicare wages, lottery & Gaming Winnings / W-2G / 1099 MISC) 1. \$ _____
- Total adjustments from Back of form (if applicable) - Losses cannot reduce W-2 earnings 2. \$ _____
- Part year non-resident or prior to 18th birthday wages. 3. Deduct \$ _____
- Taxable Income (Add Lines 1 and 2 subtract Line 3) 4. _____
- Massillon City Tax 2% of line 4 5. _____
- CREDITS
 - Massillon income tax withheld by employer(s) 6a. \$ _____
 - Municipal Tax paid to other cities - 90% of the tax paid up to 2% limit, per W-2. 6b. \$ _____
 - Payment of Declaration of Estimated Tax 6c. \$ _____
 - TOTAL CREDITS (add a, b, c) 6d. \$ _____
- BALANCE DUE (If Line 5 exceeds Line 6d enter the difference here) 7. _____
- Overpayment of tax claimed 8a. _____ 8b Credit to 2020 Estimate _____
(Line 6d exceeds line 5)
- TO BE REFUNDED 9. \$ _____
- Late Filing Fee (\$25.00 per month up to \$150.00) if past due date of tax return (P1) 10. \$ _____
- 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 2020 7% in accordance with Ohio Revised Code 718.27 (P2) 11. \$ _____
- Penalty for failure to pay estimated tax payments one time (15%) (Ohio Revised Code 718.27) (P3) 12. \$ _____
- Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 13. \$ _____

**Must Complete Credit
Calculation on page 2**

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

MANDATORY DECLARATION OF ESTIMATED TAX FOR 2020

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.**

- Total income subject to Massillon tax \$ _____ Massillon tax @ 2% 1. \$ _____
- LESS MASSILLON CITY TAX TO BE WITHHELD 2. \$ _____
- Balance estimated Massillon tax 3. \$ _____
- Less Credits:
 - Overpayment on previous year's return (Line 8b above) 4a. \$ _____
 - Municipal tax paid to other cities (100% of taxes paid up to 2% limit) 4b. \$ _____
 - Other (Specify) 4c. \$ _____
 Total Credits \$ _____
- Net Tax due (line 3 less total of line 4) 5. \$ _____
- Amount paid with this return (not less than 1/4 X line 5) Make remittance payable to: City of Massillon 6. \$ _____

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

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, 2020 or IRS Due Date or within 4 months after close of fiscal year or period.

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.
008	Unemployed during all of 2019 received only unemployment compensation and no other income.
009	Disabled during all of 2019, received only Worker's Compensation.

SECTION 1 CITY _____ Local Tax Amount Withheld _____
 _____ W-2 Box 5 x 2% _____ x 90% = credit _____

CITY _____ Local Tax Amount Withheld _____
 _____ W-2 Box 5 x 2% _____ X 90% = credit _____

City _____ Local Tax Amount Withheld _____
 _____ W-2 Box 5 x 2% _____ x 90% = credit _____

SECTION 2 City_____

_____ Local Tax Amount Withheld x 90% = Credit_____

City_____

_____ Local Tax Amount Withheld x 90% = Credit_____

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