ΙC

Kathy Catazaro-Perry, Mayor 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, 2018

DUE DATE - APRIL 15, 2019 OR IRS DUE DATE 2018 FILING REQUIRED IF NO TAX DUE

FILING REGULES II NO 17 K BOE				
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**

Attach W-2 & Required Documentation Here 1. WAGES AND SALAR 2. Total adjustments fro 3. Part year non-resider 4. Taxable Income (Add 5. Massillon City Tax 29 6. CREDITS (a) Massillon income (b) Municipal Tax paid (c) Payment of Declar (d) TOTAL CREDITS 7. BALANCE DUE (If Line 8. Overpayment of tax of (Line 6d exceeds line 9. TO BE REFUNDED 10. Late Filing Fee (\$25.0) 11. Penalty & Interest for Federal Short-Term r 7% in accordance wit 12. Penalty for failure to 13. Total amount due - N	IES (Use Box 5 Medicare wages, lottery m Back of form (if applicable) - Losses cannot or prior to 18th birthday wages. Lines 1 and 2 subtract Line 3) 6 of line 4 tax withheld by employer(s) to other cities - 90% of the tax paid up to 2 ation of Estimated Tax (add a, b, c)	r & Gaming Winnings anot reduce W-2 earning	Moved INTO MA PREV. ADDRES Moved OUT OF PRESENT ADDR #	\$ 3. Deduct \$ Must Comple	1. \$	
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 Late Filing Fee (\$25.0 Penalty & Interest for Federal Short-Term r 7% in accordance with Penalty for failure to Total amount due - N 	•	•				
 11. Penalty & Interest for Federal Short-Term r 7% in accordance with 12. Penalty for failure to 13. Total amount due - N 	9. 0 per month up to \$150.00) if past due date	\$e of tax return (P1)	-		10. \$	
7% in accordance with 12. Penalty for failure to 13. Total amount due - N	late payments of tax dollars due: One time	e (15%) of the unpaid b	palance. Interest to b	e calculated on	11. \$	
12. Penalty for failure to 13. Total amount due - N	ate (rounded to the nearest whole number th Ohio Revised Code 718.27 (P2)	percent) plus five perce	ent (5%) per annum	calendar year 2019		
	pay estimated tax payments one time (15%	(Ohio Revised Code	718.27) (P3)		12. \$	
	IUST BE PAID IN FULL WITH 1	THIS RETURN			13. \$	
	NO TAXES OF LESS	S THAN \$10,00 SI	HALL BE COLLI	ECTED OR REFU	NDED	
	MANDATORY D	·				
	Every taxpayer shall make a declaration of es					
	dred dollars (\$200.00), quarterly estimated paym			City Ordinance 181.07 an		18.08.
nassilion	income subject to Massillon tax \$		ssillon tax @ 2%	- 4	1. \$	
IX IS NOT	S MASSILLON CITY TAX TO BE WITHHEL	_D		2. \$		
3. Baiar	ice estimated Massillon tax	and a material of the angle and a	\		3. \$	
'	Credits: a. Overpayment on previous yea b. Municipal tax paid to other citie					
by your	c. Other (Specify)	33 (00% of taxes paid up	4c. \$		otal Credits \$	
mployer 5. Net T	ax due (line 3 less total of line 4)		· · •		5. \$	
6. Amo	unt paid with this return (not less than 1/4 X	د line 5) Make remittand	ce payable to: City c	of Massillon	6. \$	
	HIS RETURN (INCLUDING ACCOMPANYIN WLEDGE, I BELIEVE IT IS TRUE, CORREC			May the City di return with prep		□ Yes □ No
ture of Person Preparing, If Other		Date Signature				

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

REASON	
Retired, Receiving only pension, Social Security, interest or dividends.	
Under 18 years of age all of 2018. (Attach documentation of date of birth.)	
Active Duty Military for all of 2018. This does not include civilians employed by the military or the National Guard	
Taxpayer is deceased. Give date of death:	
Moved from Massillon prior to January 1, 2018 Give date of move and new address (Attach required documentation.)	
On Governmental assistance, received no other income.	
Received only alimony and/or child support and no other income.	
Unemployed during all of 2018 received only unemployment compensation and no other income.	
Disabled during all of 2018, received only Worker's Compensation.	

The total of line 7(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 Amount \	Withheld			
-	W-2 Box 5 x 2%	X 90% = credit			
City	Withheld				
	W-2 Box 5 x 2%	x 90% = credit			
SECTION 2 City					
	Local Tax Amount	Local Tax Amount Withheld x 90% = Credit			
City					
	Local Tax Amount '	Withheld x 90% = Credit			
Attach worksheet, if a	additional lines are needed TOTAL CF	REDIT LINE 7(b):			

IMPORTANT INFORMATION

YOU MUST FILE THE manditory declaration of estimated tax for 2019 (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, 2019**. Additional payments of at least 1/4 of the annual estimated tax must be paid on or before June 15, 2019, September 15, 2019, and January 15, 2020. 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.