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, for the _____ months ending ____ 2018

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.com

Kathy Catazaro-Perry, Mayor Massilon

City of Champions

Income Tax online
payments can be
made at

FINPRINT NAME AND ADDRESS IF MISSING (indicate changes)	www.massillonohio.com	www.mass	illonohio.com	
	Indicate Filing Status:	Corporation S Cor	orporation S Corporation	
	indicate Filling Status.	Partnership Other	•	
	Principal Business Activi	ty:		
	COI	RPORATE RETUR	RN	
		esident () Yes () No N on		
	I			
		SSILLON on		
	PHONE ()	FAX ()		
FILING REQUIRED EVEN IF NO 1	TAX DUE OR NET OPERATIN	G LOSS		
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 90% of the tax paid up to 2% lin	mit 3A ¢			
3(B) Payment of Declaration of Estimated Tax				
3(C) TOTAL CREDITS (A plus B)				
	3314			
4. BALANCE DUE (If Line 2 exceeds Line 3C enter difference here)	- •	*		
5. Overpayment claimed (If Line 3C exceeds Line 2)				
6. Credit to 2019 Estimate (If no Estimate due use Line 7)				
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	0) if past due date of tax return	8. \$		
9. Penalty & Interest for late payments of tax dollars due: One time (15%) of the u Federal Short-Term rate (rounded to the nearest whole number percent) plus fir 7% in accordance with Ohio Revised Code 718.27 (P2)	npaid balance. Interest to be calcula ve percent (5%) per annum calendar	ted on 9. \$ year 2019		
10. Total amount due - MUST BE PAID IN FULL V				
· · · · · · · · · · · · · · · · · · ·	SHALL BE COLLECTED OR REFUN N OF ESTIMATED TAX FOR 2019	DED		
		4.0		
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. \$	TOTAL CREDITS \$		
3. NET TAX DUE (LINE 1 LESS TOTAL LINE 2)		3. \$		
4. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 x line 3) REMITT	TANCE PAYABLE TO "CITY OF MASSILI	_ON" 4. \$		
5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3)	5.\$			
I CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHED AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT, AND C		May the City discuss this t return with preparer?	ax □ Yes □ No	
Signature of Person Preparing, If Other Than Taxpayer Date				

orginates of the country of the country of

Address or Name and Address of Firm

Preparers Phone

Signature of Taxpayer Required

ATTACH COPIES OF ALL FEDERAL SCHEDULES AND SUPPORTING STATEMENTS

LINE 1. NET PROFIT/LOSS	(EODM 10/1 1065	1120 1120S ETC)	
LINE I. NEI I NOI II/LOSS	(1 OIXIVI 1041, 1003.	, 1120 11203 L10,1	

SCHEDULE X RECONCILIATION WITH FEDERAL IN	COME TAX RETURN - A	ttach Schedules		
SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN	n. Capitol Gains (Do no linterest earned or a polividends (Less Fequations of the control of the	ITEMS NOT TAXABLE not include ordinary gains from Fede accured deral exclusion) able (explain)	ral Form 4797) \$	
m. Total Additions				
LINE 2. EXCESS INCOME/DEDUCTIONS (SCHEDULE X LINE M M	IINUS LINE R)		2. \$	
LINE 3. RECONCILED NET PROFIT/LOSS (LINE 1 PLUS LINE 2)			3. \$	
SCHEDULE Y BUSINESS ALLOCATION FORMULA	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAG (b ÷ a)	E
STEP 1. AVG. VALUE OR REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.			_	%
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED			_	%
 WAGES, SALARIES, AND OTHER COMPENSATION PAID. TOTAL PERCENTAGES. 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) IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT	YEAR		6.\$	
ENTED I INE	S ON PAGE 1 LINE 1			

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								
		2. Resident 3 Distrit		ibutive Shares of Partners				
NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	Partner's Social Security No.	Yes	No	Percent	Amount	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
					\$	\$		\$
7. TOTALS				100	\$			

Kathy Catazaro-Perry, Mayor	
Massillon City of Champions P.O. BOX 910	
City of Champions	
P.O. BOX 910	
MASSILLON, OHIO 44648-0910	

CITY OF MASSILLON, OHIO INCOME TAX DEPARTMENT QUARTERLY ESTIMATE PAYMENT COUPON 2019 1st Quarter

AMOUNT PAID

	April 15
FIN	Due on or Before
-iie #	

Business Name & Address

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

Please make checks payable to: City of Massillon

Massillon P.O. BOX 910 MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO INCOME TAX DEPARTMENT **QUARTERLY ESTIMATE PAYMENT COUPON** 2019 2nd Quarter

AMOUNT PAID

Due on or Before

June 15

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

Please make checks payable to: City of Massillon

Massillon City of Champions
P.O. BOX 910
MASSILLON, OHIO 44648-0910 File#

CITY OF MASSILLON, OHIO INCOME TAX DEPARTMENT **QUARTERLY ESTIMATE PAYMENT COUPON** 2019 3rd Quarter

AMOUNT PAID

FIN Due on or Before September 15

Business Name & Address

Business Name & Address

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

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

Massillon City of Champions P.O. BOX 910 MASSILLON, OHIO 44648-0910 File #

CITY OF MASSILLON, OHIO INCOME TAX DEPARTMENT QUARTERLY ESTIMATE PAYMENT COUPON 2019 4th Quarter

AMOUNT PAID

Due on or Before FIN January 15, 2020

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

Business Name & Address

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