

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, 2017

DUE DATE - APRIL 15, 2018 OR IRS DUE DATE 2017

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 W-2 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. \$ _____
- Wages earned outside Massillon by part year non-resident or prior to 18th birthday 3. Deduct \$ _____
- Allowable Employee Business Expenses (Attach Form 1040, Form 2106 & Schedule A) 4. Deduct \$ _____
- Taxable Income (Add Lines 1 and 2 subtract Lines 3 and 4) 5. \$ _____
- Massillon City Tax 2% of line 5 6. \$ _____
- CREDITS
 - Massillon income tax withheld by employer(s) 7a. \$ _____
 - Municipal Tax paid to other cities - 90% of tax paid up to 2% limit 7b. \$ _____
 - Payment of Declaration of Estimated Tax 7c. \$ _____
 - TOTAL CREDITS (add a, b, c) 7d. \$ _____
- BALANCE DUE (If Line 6 exceeds Line 7d enter difference here) 8. \$ _____
- Overpayment of tax claimed _____ 9(b). Credit to 2018 Estimate _____
(Line 7d exceeds line 6)
- TO BE REFUNDED 10. \$ _____
- Late Filing Fee (\$25.00 per month up to \$150.00) if past due date of tax return 11. \$ _____
- Penalty for late payments (15%) plus interest calculated on Federal Short-Term rate 0.50% plus 6% per annum (see instructions) 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

Must be filed if Massillon tax is not withheld by your employer	MANDATORY DECLARATION OF ESTIMATED TAX FOR 2018	
	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 .	
1. Total income subject to Massillon tax \$ _____	Massillon tax @ 2% 1. \$ _____	
2. LESS MASSILLON CITY TAX TO BE WITHHELD	2. \$ _____	
3. Balance estimated Massillon tax	3. \$ _____	
4. Less Credits: a. Overpayment on previous year's return 4a. \$ _____		
b. Municipal tax paid to other cities (90% of tax paid up to 2% Limit) 4b. \$ _____		
c. Other (Specify) 4c. \$ _____	Total Credits \$ _____	
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) Make remittance payable to: City of Massillon	6. \$ _____	

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, 2018 or IRS Due Date or within 4 months after close of fiscal year or period. Requests for extensions must be submitted in writing on or before the filing deadline.

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)	\$ _____

CODE #	REASON
001	Retired, Receiving only pension, Social Security, interest or dividends.
002	Under 18 years of age all of 2017. (Attach documentation of date of birth.)
003	Active Duty Military for all of 2017. 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, 2017 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 2017 received only unemployment compensation and no other income.
009	Disabled during all of 2017, received only Worker's Compensation.