

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, 2019

for the _____ months ending _____

FIN _____

PRINT NAME AND ADDRESS IF MISSING (indicate changes)

2019

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
Massillon

City of Champions

Income Tax online
payments can be
made at

www.massillonohio.com

Indicate Filing Status: _____ Corporation _____ S Corporation
_____ Partnership _____ Other

Principal Business Activity:

CORPORATE RETURN

Is the business entity a resident () Yes () No

Moved INTO MASSILLON on _____

PREV. ADDRESS _____

OR Moved OUT OF MASSILLON on _____

PRESENT ADDRESS _____

PHONE () FAX ()

FILING REQUIRED EVEN IF NO TAX DUE OR NET OPERATING LOSS

1. 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% limit.

3A. \$ _____

3(B) Payment of Declaration of Estimated Tax

3B. \$ _____

3(C) TOTAL CREDITS (A plus B)

3C. \$ _____
4. BALANCE DUE (If Line 2 exceeds Line 3C enter difference here)

4. \$ _____
5. Overpayment claimed (If Line 3C exceeds Line 2)

5. \$ _____
6. Credit to 2020 Estimate (If no Estimate due use Line 7)

6. \$ _____
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) if past due date of tax return

8. \$ _____
9. 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 2019 7% in accordance with Ohio Revised Code 718.27 (P2)

9. \$ _____
10. Total amount due -

10. \$ _____

MUST BE PAID IN FULL WITH THIS RETURN

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

MANDATORY DECLARATION OF ESTIMATED TAX FOR 2020

1. 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) REMITTANCE PAYABLE TO "CITY OF MASSILLON"

4. \$ _____
5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3)

5. \$ _____

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 _____

Address or Name and Address of Firm _____ Preparers Phone _____ Signature of Taxpayer Required _____ Date _____

ATTACH COPIES OF ALL FEDERAL SCHEDULES AND SUPPORTING STATEMENTS

LINE 1. NET PROFIT/LOSS (FORM 1041, 1065, 1120 1120S ETC.) 1. \$ _____

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

DEDUCT

a. Capital Losses (Do Not include ordinary losses from Federal Form 4797)....	\$ _____	n. Capital Gains (Do not include ordinary gains from Federal Form 4797)	\$ _____
b. Interest and / or other Expenses incurred in the production of non-taxable income (at least 5% of Line r).....	_____	o. Interest earned or accrued.....	_____
c. Income Taxes, City and State (if Deducted as Expense).....	_____	p. Dividends (Less Federal exclusion).....	_____
d. Net operating loss deduction per Federal return.....	_____	q. Other items not taxable (explain).....	_____
e. Payments to partners per Federal Form 1065.....	_____	_____	_____
f. Retirement plan payments (Keogh, IRA, Tax Sheltered Annuity).....	_____	r. Total deductions	_____
g. Portion State of Ohio Franchise tax based on Income.....	_____		
h. Other items not deductible (explain).....	_____		
_____	_____		
_____	_____		
m. Total Additions.....	_____		

LINE 2. EXCESS INCOME/DEDUCTIONS (SCHEDULE X LINE M MINUS 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. PERCENTAGE (b ÷ a)

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	_____	_____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID.	_____	_____	_____ %
4. TOTAL PERCENTAGES.			_____ %
5. 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 5. \$(_____)
ATTACH SCHEDULE

LINE 6. MASSILLON TAXABLE INCOME (LINE 4 PLUS LINE 5) 6. \$ _____
IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT YEAR

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

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

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

CITY OF MASSILLON, OHIO
INCOME TAX DEPARTMENT
QUARTERLY ESTIMATE PAYMENT COUPON
2020 1st Quarter

File # _____

FIN	Due on or Before April 15
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Business Name & Address

AMOUNT PAID

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

Please make checks payable to:
City of Massillon

Kathy Catanzaro-Perry Mayor
Massillon
City of Champions
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MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
INCOME TAX DEPARTMENT
QUARTERLY ESTIMATE PAYMENT COUPON
2020 2nd Quarter

File # _____

FIN	Due on or Before June 15
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Business Name & Address

AMOUNT PAID

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CITY OF MASSILLON, OHIO
INCOME TAX DEPARTMENT
QUARTERLY ESTIMATE PAYMENT COUPON
2020 3rd Quarter

File # _____

FIN	Due on or Before September 15
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Business Name & Address

AMOUNT PAID

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CITY OF MASSILLON, OHIO
INCOME TAX DEPARTMENT
QUARTERLY ESTIMATE PAYMENT COUPON
2020 4th Quarter

File # _____

FIN	Due on or Before January 15, 2021
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Business Name & Address

AMOUNT PAID

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City of Massillon