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**

MAKE CHECK OR MONEY ORDER PAYABLE TO:

## "CITY OF MASSILLON"



**Income Tax online** 

Date

PRINT NAME AND ADDRESS IF MISSING (indicate changes)    Fax (330) 830-2887   www.massillonohio.gov	or Calenda	ar Year ending December 31,2024 2024 months ending	P.O. Box 910 Massillon, OH 44648	2_0910	payments	can be			
Indicate Filing Status	or the N	months ending & U & F	Fax (330) 830-2687		made	at			
Principal Business Activity:   CORPORATE RETURN		PRINT NAME AND ADDRESS IF MISSING (indicate changes)	www.massiliononio.gov		www.massillo	nohio.gov			
Principal Business Activity:   CORPORATE RETURN			Indicate Filing Status	: Corpora	ation S Corporat	ion			
CORPORATE RETURN  Is the business entity a readeded ( ) Yes ( ) No Moved INTO MASSILLON on PREV ADDRESS  OR Moved OUT OF MASSILLON on PREV ADDRESS  OR Moved OUT OF MASSILLON on PREV ADDRESS  PHONE ( ) FAX ( )  FILING REQUIRED EVEN IF NO TAX DUE OR NET OPERATING LOSS  1. Massillon Taxable Income (Page 2 Line 6)  2. Massillon City Tax (2% of Line 1)  3. CREDITS  3(A) Municipal tax paid to other cities 100% of the tax paid up to 2% limit.  3(A) Municipal tax paid to other cities 100% of the tax paid up to 2% limit.  3(B) Payment of Declaration of Estimated Tax  3(C) TOTAL CREDITS (A plus B)  3(C) TOTAL CREDITS (A plus B)  4. BALANCE DUE (If Line 2 exceeds Line 3)  5. Overpayment claimed (If Line 3C exceeds Line 2)  5. \$  Credit to 2025 Estimate (If no Estimate due use Line 7)  7. TO Be REFUNDED (If Estimate due, use Line 6)  7. \$  9. Penatly & Interest for late payments of tax dollars due. One time (15%) of the unpaid balance. Interest to be calculated on Enders Short-form rate (nouncied to the nearest whole number percent) plus five percent (5%) per annum calendar year 2024  5. MUST BE PAID IN FULL WITH THIS RETURN  NO TAXES OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED  MANDATORY DECLARATION OF ESTIMATED TAXFOR 2025  1. TOTAL INCOME SUBJECT TO MASSILLON TAX 9  2. LESS CREDITS:  A. OVERPAYMENT OF PREVIOUS YEAR'S RETURN  2. B. PREVYOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION 7 & S. S.  2. LESS CREDITS:  A. OVERPAYMENT OF PREVIOUS YEAR'S RETURN  2. B. PREVYOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION 7 & S. S.  2. LESS CREDITS:  A. OVERPAYMENT OF PREVIOUS YEAR'S RETURN 10 B. S. S.  3. NET TAX DUE (LINE 1 LESS TOTAL LINE 2)  3. S. S.  2. SECRETIY! HAWE EXAMINED THIS RETURN NOT LICES THAN 14 kine 3) REMITTANCE PRIVABLE TO 'CITY OF MASSILLON'  4. \$  3. BALANCE OF TAX (NOT MORE THAN 34 x kine 3)  5. S.  2. SECRETIY! HAWE EXAMINED THIS RETURN NOT LICES THIS IS AN AMENDED DECLARATION 15 S.  3. May the City discuss this tax  Yes				•	·				
Is the business entity a resident ( ) Yes ( ) No Moved NTD MASSILLON on PREV ADDRESS OR Moved OUT OF MASSILLON on PREV ADDRESS ON MOVED OUT OF MASSILLON ON PRESENT ADDRESS PHONE ( ) FAX ( )  FILING REQUIRED EVEN IF NO TAX DUE OR NET OPERATING LOSS  1. Massilion Taxable income (Page 2 Line 6) 1, \$									
Moved NTO MASSILLON on			CORPORATE RETURN						
OR Noved OUT OF MASSILLON on   PRESENT ADDRESS     PHONIE ( )   FAX ( )			Moved INTO MASSIL	LON on					
PRESENT ADDRESS									
FILING REQUIRED EVEN IF NO TAX DUE OR NET OPERATING LOSS  1. Massillon Taxable Income (Page 2 Line 6)  2. Massillon City Tax (2% of Line 1)  3. CREDITS  3(A) Municipal tax paid to other cities 100% of the tax paid up to 2% limit.  3(B) Payment of Declaration of Estimated Tax  3(C) TOTAL CREDITS (A plus B)  3. C. S									
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3(B) Payment of Declaration of Estimated Tax 3(C) TOTAL CREDITS (A plus B) 4. \$  4.					,				
3C.\$ TOTAL CREDITS (A plus B)  3C.\$ \$  4. BALANCE DUE (If Line 2 exceeds Line 3C enter difference here)  5. Overpayment claimed (If Line 3C exceeds Line 2)  6. Credit to 2025 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) if past due date of tax return  8. \$  9. Panalty & 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 2024 5% in accordance with Ohio Revised Code 718.27 (P2)  10. Total amount due -  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 2025  1. TOTAL INCOME SUBJECT TO MASSILLON TAX \$ MASSILLON TAX @ 2%  1. \$  2. LESS CREDITS: A, OVERPAYMENT OF PREVIOUS YEAR'S RETURN  B. PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION 2B. \$  C. OTHER (SPECIFY)  3. NET TAX DUE (LINE 1 LESS TOTAL LINE 2)  4. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 x line 3) REMITTANCE PAYABLE TO "CITY OF MASSILLON"  4. \$  SERTIFY! HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS)  May the City discuss this tax Yes	3(A	A) Municipal tax paid to other cities 100% of the tax paid up to 2% limit.	3A. \$						
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7. TO BE REFUNDED (If Estimate due, use Line 6) 7. \$	5. Overp	ayment claimed (If Line 3C exceeds Line 2)	5. \$						
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B. PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION 2B. \$	1.	TOTAL INCOME SUBJECT TO MASSILLON TAX \$ MASSI	ILLON TAX @ 2%		1. \$				
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)  4. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 x line 3) REMITTANCE PAYABLE TO "CITY OF MASSILLON"  5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3)  CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS)  May the City discuss this tax	2.								
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5. BALANCE OF TAX (NOT MORE THAN 3/4 x line 3)  5. S  CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS)  May the City discuss this tax		,							
CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS)  May the City discuss this tax	4.	AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 x line 3) REMITTANCE PA	NYABLE TO "CITY OF MASS	SILLON"	4. \$				
	5.	BALANCE OF TAX (NOT MORE THAN 3/4 x line 3)	5. \$						

Signature of Person Preparing, If Other Than Taxpayer

Date

Address or Name and Address of Firm Preparer's Phone Signature of Taxpayer Required

## 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 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 o. Interest earned or accured \_\_\_\_\_\_\_ p. Dividends (Less Federal exclusion)..... c. Income Taxes, City and State (if Deducted as Expense) \_\_\_\_\_\_\_ q. Other items not taxable (explain)...... d. Net operating loss deduction per Federal return \_\_\_\_\_ 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) 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 c. PERCENTAGE a. LOCATED b. LOCATED IN EVERYWHERE THIS MUNICIPALITY (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

LINE 4. ALLOCATED NET PROFIT/LOSS (LINE 3 MULTIPLIED BY STEP 5 SCHEDULE Y)

4. \$ \_\_\_\_\_

\_% \_%

\_%

LINE 5. NET OPERATING LOSS CARRY FORWARD ATTACH SCHEDULE

STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID.

AVERAGE PERCENTAGE (Divide Total Percentages By 3).

OR SERVICES PERFORMED

4. TOTAL PERCENTAGES.

ATTACH SCHEDULE

5. \$(\_\_\_\_\_\_

LINE 6. MASSILLON TAXABLE INCOME (LINE 4 PLUS LINE 5)

IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT YEAR

6. \$ \_\_\_\_\_

## **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. Res	Resident 3 Distributive Shares of Partners		ributive 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	\$							