

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, 2025

for the \_\_\_\_\_ months ending \_\_\_\_\_

FIN \_\_\_\_\_

PRINT NAME AND ADDRESS IF MISSING (indicate changes)

# 2025

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.gov



Income Tax online payments can be made at [www.massillonohio.gov](http://www.massillonohio.gov)

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

### CREDITS

3(A) Municipal tax paid to other cities 100% 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 2026 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 2024 5% in accordance with Ohio Revised Code 718.27 (P2)

9. \$ \_\_\_\_\_

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 2026

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

Preparer's 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.....  | _____    | r. Total deductions.....   | _____    |
| f. Retirement plan payments (Keogh, IRA, Tax Sheltered Annuity).....  | _____    |  |          |
| 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<br>EVERYWHERE | b. LOCATED IN<br>THIS MUNICIPALITY | c. PERCENTAGE<br>(b ÷ a) |
|--|--------------------------|------------------------------------|--------------------------|
| STEP 1. AVG. VALUE OR REAL & TANG. PERSONAL PROPERTY<br>GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8<br>TOTAL STEP 1. | _____                    | _____                              | %<br>_____%              |
| STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK<br>OR SERVICES PERFORMED  | _____                    | _____                              | %<br>_____%              |
| STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID.  | _____                    | _____                              | %<br>_____%              |
| 4. TOTAL PERCENTAGES.  | _____                    | _____                              | %<br>_____%              |
| 5. AVERAGE PERCENTAGE (Divide Total Percentages By 3).   | _____                    | _____                              | %<br>_____%              |

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)

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<br>Security No. | 2. Resident |    | 3. Distributive Shares<br>of Partners |        | 4. Other<br>Payments | 5. Taxable<br>Percentage | 6. Amount<br>Taxable |
|--|----------------------------------|-------------|----|---------------------------------------|--------|----------------------|--------------------------|----------------------|
|  |                                  | Yes         | No | Percent                               | Amount |                      |                          |                      |
|  |                                  |             |    | \$                                    | \$     |                      |                          | \$                   |
|  |                                  |             |    |                                       |        |                      |                          |                      |
|  |                                  |             |    |                                       |        |                      |                          |                      |
|  |                                  |             |    |                                       |        |                      |                          |                      |
| 7. TOTALS  |                                  |             |    | 100                                   | \$     |                      |                          | \$                   |