

**MAIL TO: CITY OF CANAL FULTON
INCOME TAX DEPARTMENT
155 E. MARKET ST., SUITE C
CANAL FULTON, OH 44614
330-854-9448**

2010 Canal Fulton Income Tax Return
Due Date: April 15, 2011

Tax Office Use Only
PROCESSED BY _____
CASH CHECK CHARGE M.O.
\$ _____

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

**IF YOU MOVED DURING THE YEAR,
COMPLETE THIS BLOCK**

Date moved into Canal Fulton _____
Date moved out of Canal Fulton _____
Present Address _____
City, State, Zip _____

Your SS# _____
Spouse SS# _____
FEDERAL ID NUMBER _____
Phone _____

ATTACH W-2 FORMS AND FEDERAL SCHEDULES If exempt, complete Declaration Of Exemption Form (yellow copy)

| A. PRINT EMPLOYER'S NAME | Actual Work Location B. City/Township | C. Taxable Earnings | Canal Fulton D. Tax Withheld | Other City E. Tax Withheld | Credit for Taxes Paid to another City F. See Instructions |
|--------------------------|--|---------------------|---------------------------------|-------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTALS: | | 1C. \$ | 1D. \$ | | 1F. \$ |

- Total W-2 Wages (Use W-2 Box 5 or Box 18 whichever is higher)
 - OTHER TAXABLE INCOME Copy of Federal Schedules Required \$ _____
 - TOTAL INCOME (TOTAL LINE 1C & 2) \$ _____
 - ADJUSTMENTS: A. Business Expense (Disallowed if Federal 1040, Sched A & 2106 NOT ATTACHED) See Instructions \$ _____
B. Less Income Earned While Non-Resident (Income Earned in Canal Fulton Cannot Be Prorated) \$ _____
 - TOTAL TAXABLE INCOME \$ _____
 - TAX DUE (Line 5 multiplied by tax rate) 1.5% \$ _____
 - CREDITS:
 - CITY OF CANAL FULTON TAX WITHHELD (LINE 1D) \$ _____
 - ESTIMATE PAYMENTS MADE (As of 1/3/2011) \$ _____
 - CREDIT LIMIT FOR OTHER CITY TAX PAID (LINE 1F) \$ _____
 - TOTAL CREDITS (ADD 7 a, b, c) \$ _____
 - BALANCE OF TAX DUE. IF OVERPAYMENT, ENTER ON LINE 11 \$ _____
 - PENALTY _____ + INTEREST _____ + \$25.00 LATE FILING PENALTY = TOTAL \$ _____
 - BALANCE (LINE 8 PLUS LINE 9). (PAY IN FULL WITH THIS RETURN) \$ _____
- NO TAXES OR REFUNDS OF LESS THAN \$3.00 SHALL BE COLLECTED OR REFUNDED**
- OVERPAYMENT TO BE REFUNDED OR CREDITED TO NEXT YEAR \$ _____

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return

(Signature of firm or person, other than taxpayer, preparing return) Date _____
Signature of Taxpayer Date

Signature of Spouse (if joint return) Date

I/We authorize the Canal Fulton Income Tax Dept. to discuss this tax return with my/our tax preparer (above) _____ and _____ (INITIAL)

REQUIRED DECLARATION OF ESTIMATED TAX FOR YEAR 2011

- Annual Estimated income \$ _____ Multiply by tax rate of 1.5% = Annual Estimated Tax \$ _____
- CREDITS
 - Canal Fulton Tax to be withheld \$ _____
 - 50% Credit of the 1.5% tax \$ _____
 - Total (Line 2a and 2b) \$ _____
- Total estimated Canal Fulton tax due \$ _____
(line 1 less line 2c)
If Estimated tax is \$60.00 or less, STOP - No Declaration required
- Overpayment credit from previous year (Line 11 above) \$ _____
- Net tax due (line 3 less line 4) \$ _____
- First Quarter payment (at least 1/4 of line 5) \$ _____

• Payment to be made with this return (Line 10 of Annual Return above plus Line 6 of Estimate \$ _____)

MAKE CHECKS PAYABLE TO: CITY OF CANAL FULTON

SCHEDULE C - ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES) \$ _____
 FOR SCHEDULE C, FORMS 1120 AND 1065

SCHEDULE G - INCOME FROM RENTS (ATTACH STATEMENT EXPLAINING COLUMNS 3, 4 AND 5) ATTACH FED. SCH E

| 1. KIND & ADDRESS OF PROPERTY | 2. RENT AMOUNT | 3. DEPRECIATION | 4. REPAIRS | 5. OTHER EXPENSES | 6. NET INCOME (LOSS) |
|---------------------------------------|----------------|-----------------|------------|-------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| NET INCOME (OR LOSS) SCHEDULE G | | | | | \$ _____ |

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES ABOVE FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, TRUSTS, FEES, ETC

| RECEIVED FROM | FOR (DESCRIBE) | AMOUNT |
|-------------------------------|----------------|----------|
| | | |
| | | |
| TOTAL INCOME SCHEDULE H | | \$ _____ |

ADD TOTALS OF SCHEDULES C, G, & H. ENTER HERE \$ _____
 LOSS CARRIED FORWARD 5 YEARS (DO NOT INCLUDE LOSSES WHEN NETTING SCHEDULES)

For Non C-Corporation, prior to completing Schedule X, ORC 718.01 requires the following: If a taxpayer is not a C Corporation and is not an individual, the taxpayer shall compute adjusted federal taxable income as if the taxpayer were a C Corporation.

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules

| ITEMS NOT DEDUCTIBLE | | ADD | ITEMS NOT TAXABLE | | DEDUCT |
|---|----------|-----|---|----------|--------|
| A. CAPITAL LOSSES (excluding ordinary losses) | \$ _____ | | W. CAPITAL GAINS (excluding ordinary gains) | \$ _____ | |
| B. TAXES BASED ON INCOME | _____ | | X. INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME .. | _____ | |
| C. 5% OF AMOUNT DEDUCTED AS INTANGIBLE INCOME | _____ | | Y. OTHER (including IRC section 179 expense and Charitable Contributions, if not included in Federal Taxable Income calculations) | _____ | |
| D. GUARANTEED PAYMENTS TO PARTNERS | _____ | | Z. TOTAL DEDUCTIONS | \$ _____ | |
| E. AMOUNTS FOR QUALIFIED SELF-EMPLOYED RETIREMENT, HEALTH & LIFE INSURANCE PLANS FOR OWNERS OF NON-C CORPORATION ENTITIES, OR SELF-EMPLOYMENT TAX | _____ | | | | |
| F. OTHER (including all amounts allowed as a deduction in the computation of federal taxable income for real estate investment trusts and regulated investment companies) | _____ | | | | |
| G. TOTAL ADDITIONS | \$ _____ | | | | |

SCHEDULE Y BUSINESS ALLOCATION FORMULA

| | a. LOCATED EVERYWHERE | b. LOCATED IN THIS MUNICIPALITY | c. PERCENTAGE (b ÷ a) |
|--|-----------------------|---------------------------------|-----------------------|
| STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1. | _____ | _____ | _____ % |
| STEP 2. WAGES, SALARIES, AND OTHER COMPENSATION PAID | _____ | _____ | _____ % |
| STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS) | _____ | _____ | _____ % |
| 4. TOTAL PERCENTAGES | | | _____ % |
| 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used). | | | _____ % |
| 6. MULTIPLY LINE (Z) BY AVERAGE % FROM STEP 5 ABOVE. ENTER THIS AMOUNT HERE AND ON LINE 2 PAGE 1 | | | _____ |

SCHEDULE 2106 BUSINESS EXPENSE WORKSHEET

| | |
|--|----------|
| 1. 2106 BUSINESS EXPENSE (ATTACH FEDERAL SCHEDULE 2106) | \$ _____ |
| 2. 2% OF THE ADJUSTED GROSS INCOME FROM SCHEDULE A (ATTACH COPY OF FEDERAL SCHEDULE A) | \$ _____ |
| 3. 2106 EXPENSE (SUBTRACT LINE 2 FROM LINE 1) (ENTER ON LINE 4a, Page 1) | \$ _____ |