

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

2020 Canal Fulton Income Tax Return

Tax Office Use Only

Due Date April 15, 2021 or the IRS Due Date

eFile available at www.cityofcanalfulton-oh.gov

Fiscal Period from _____ through _____

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 _____

Your SS#

Spouse SS#

FEDERAL ID NUMBER

Phone

Email

Provide Email for electronic receipt of documentation received.

ATTACH W-2 FORMS AND FEDERAL SCHEDULES

If exempt, complete Exemption Certificate on back of form

Use W-2 box 5 or box 18 whichever is higher *If part year resident or work in multiple cities, use form on City of Canal Fulton Income Tax Dept. website.*

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

- 2. OTHER TAXABLE INCOME Copy of Federal Schedules Required _____
 - 3. TOTAL INCOME (TOTAL LINE 1C & 2) _____
 - 4. TAX DUE (Line 3 multiplied by tax rate) 2.0% _____
 - 5. CREDITS:
 - A. CITY OF CANAL FULTON TAX WITHHELD (LINE 1D) _____
 - B. ESTIMATE PAYMENTS MADE (As of _____) _____
 - C. CREDIT LIMIT FOR OTHER CITY TAX PAID (LINE 1F) _____
 - D. TOTAL CREDITS (ADD 5 a, b, c) _____
 - 6. BALANCE OF TAX DUE. IF OVERPAYMENT, ENTER ON LINE 9 _____
 - 7. LATE FILE PENALTY _____ + LATE PAYMENT PENALTY _____ + INTEREST _____ = TOTAL (see instructions for rates) _____
 - 8. BALANCE (LINE 6 PLUS LINE 7). **(PAY IN FULL WITH THIS RETURN)** _____
- NO TAXES OR REFUNDS OF LESS THAN \$10.01 SHALL BE COLLECTED OR REFUNDED**
- 9. 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 2021

- 1. Annual Estimated income _____ Multiply by tax rate of 2.0% = Annual Estimated Tax _____
- 2. CREDITS
 - a. Canal Fulton Tax to be withheld _____
 - b. 100% Credit up to the 2.0% tax _____
 - c. Total (Line 2a and 2b) _____
- 3. Total estimated Canal Fulton tax due _____
(line 1 less line 2c)
If Estimated tax is \$200.00 or less, STOP - No Declaration required
- 4. Overpayment credit from previous year (Line 9 above) _____
- 5. Net tax due (line 3 less line 4) _____
- 6. First Quarter payment (at least 1/4 of line 5) _____

• Payment to be made with this return (Line 8 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 THIS TOTAL ON LINE 2 ON FRONT OF TAX RETURN (IF LOSS ENTER 0 ON LINE 2) \$ _____
 LOSS CARRIED FORWARD 5 YEARS (DO NOT INCLUDE LOSSES WHEN NETTING SCHEDULES)

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EXEMPTION CERTIFICATE

No taxable income to be reported due to the reason(s) below:

- UNDER 18 for the entire year of _____. My date of birth is ___/___/___ (Attach proof of DOB)
- RETIRED - I received only pension, Social Security and/or interest or dividend income.
- ACTIVE MEMBER OF THE U.S ARMED FORCES FOR THE ENTIRE YEAR OF _____.
 (This exemption does not include civilians employed by the military or the National Guard)
- DOMICILED OUTSIDE THE CITY OF CANAL FULTON FOR THE ENTIRE YEAR OF _____.
- NO EARNED INCOME FOR THE ENTIRE YEAR OF _____.
 (Public Assistance, SSI, Unemployment, etc. is not considered earned income.)

 (Signature) Date

CREDIT FOR TAXES PAID TO OTHER CITIES: Canal Fulton residents who are employed or conduct business activity in a city other than Canal Fulton and pay a Municipal Tax to that city, shall be allowed a 100% credit up to 2%. Credit cannot exceed the 100% of the 2% tax rate for each W-2 form you receive. If resident lived in Canal Fulton for part of the year and paid taxes to another city, the maximum credit is prorated as well as the wages. The Northwest School District Tax may not be used as a credit for Municipal Taxes paid.