

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

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.

Table with 6 columns: 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. Includes a TOTALS row.

- 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

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

Signature of Spouse (if joint return)

Date

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

