FORM FR 1072

BUSINESS - 2022
INCOME TAX RETURN
CANAL FULTON

Fiscal Period _____ **to** _____

MAKE CHECK OR MONEY ORDER TO:
CITY OF CANAL FULTON

155 E. MARKET ST.
SUITE C
CANAL FULTON OH 44614

Voice 330-854-9448 Ext Fax 330-854-6260
incometax@cityofcanalfulton-oh.gov

Federal ID#

BusinessTelephone No.

Principal
Business
Activity

NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

- ☐ CORPORATION
- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ S-CORPORATION
- ☐ OTHER _____
- ☐ ESTATE
- ☐ TRUST
- ☐ FIDUCIARY

Name

And

Address

1	Total taxable income	1		
2	Adjustments (See Schedule X)	2		
3	Taxable income before allocation (Line 1 plus/minus lines 2)	3		
4	Allocation percentage (See Schedule Y)	4	%	
5	Adjusted Net Income (Multiply line 3 by line 4)	5		
6	Allocable Net Loss Carry Forward	6		
7	Canal Fulton Taxable income (Line 5 minus Line 6)	7		
8	Canal Fulton income tax (Multiply line 7 by 2.000%)	8		
9	Credits applied from previous year(s) to this year's liability	9		
10	Estimates paid on this year's liability	10		
11	Other credits	11		
12	Total credits (Total line 9, 10 and 11)			12
13	Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00			13
14	Penalty	14		
15	Interest	15		
16	Total due (Total line 13, 14 and 15)			16
17	Overpayment (Issued if greater than 10.00)			17
18	Amount to be refunded	18		
19	Amount to be credited to next year	19		

Declaration of Estimate For 2023

20	Total estimated income subject to tax	20		
21	Estimated tax due. (Multiply line 20 by 2.000%)			21
22	Less credits (from 19 above)			22
23	Net estimated tax due (subtract line 22 from line 21)	23		
24	Minimum amount due for first quarter (Multiply line 23 by)			24

Amount You Owe

25	Total amount due (add lines 16 and 24)		25

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

May CITY OF CANAL FULTON discuss this return with the preparer shown above ___Yes ___No