

CANFIELD CITY INCOME TAX RETURN

104 LISBON STREET CANFIELD, OHIO 44406-1416
330-533-1101

FOR TAX OFFICE USE ONLY			
AMOUNT PAID	CASH	CHECK NO.	DATE
AUDITED BY		DATE OF AUDIT	

DUE ON OR BEFORE APRIL 30, 2004

YEAR **2003**

OR PERIOD FROM _____ TO _____

Account No. _____

Name _____

Address _____

City _____ State _____ Zip _____

ATTACH THOSE WHICH APPLY OR RETURN WILL NOT BE PROCESSED: W-2 Forms, 1099 Misc. Income Forms, substantiating Federal Schedules and Forms (i.e. C, C-EZ, E, F, K-1, Form 4797) and Federal 1040, 1040A, 1040 EZ, or the Alternative to 1040 Form (for individuals) or 1120, 1120A, 1065 or 1120S.

SOCIAL SECURITY NO. (SELF)	SOCIAL SECURITY NO. (SPOUSE)

FED. I.D. NO.	PHONE NO.

INCOME	1. WAGES, SALARIES, TIPS & ALL OTHER EMPLOYEE COMPENSATION (Enclose W-2 Forms and/or 1099 Misc. Income Forms) (Total Compensation Before Any Payroll Deductions – Include Sick Pay and Sub Pay) \$ _____
	2. OTHER INCOME (List Type _____) (Include Income From Tips, Commissions, And Miscellaneous Income Including Other Income from Line 21 of 1040 Form) \$ _____
	3. PROFIT AND LOSS (Losses May Not Be Used To Offset Salaries, Wages, Commissions or Other Personal Service Compensation) \$ _____
	A. BUSINESS OR PROFESSION (Attach Schedule C, C-EZ, (Include Cost of Goods Sold), Form 1120, 1120A, 1065 or 1120S) LOSS (\$ _____) PROFIT \$ _____
	B. RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC (Attach Schedule E) LOSS (\$ _____) PROFIT \$ _____
C. FARM (Attach Schedule F) LOSS (\$ _____) PROFIT \$ _____	
D. NET TAXABLE INCOME (Add lines A, B, C) NOT LESS THAN ZERO \$ _____	
4. TAXABLE INCOME (Line 1 Plus Line 2 Plus Line 3D) \$ _____	
5. CITY TAX DUE 1% of Line 4 \$ _____	

CREDITS	6. CREDITS
	A. CANFIELD INCOME TAX WITHHELD \$ _____
	B. CREDIT FOR TAX PAID TO OTHER CITIES (The Credit is 1/2 of 1% Of Wage On Which Other City Tax is Paid) (Credit is only allowed if refund is not received from other municipality) \$ _____
	C. OVERPAYMENTS FROM PRIOR YEAR \$ _____
	D. ESTIMATED TAX PAYMENTS FOR YEAR 2003 RECEIVED THROUGH 12/31/03 ... \$ _____
	E. ESTIMATED TAX PAYMENTS FOR YEAR 2003 PAID ON OR AFTER 01/01/04 \$ _____
	F. TOTAL CREDITS (Add Lines A, B, C, D and E)..... \$ _____
	7. BALANCE TAX DUE IF LINE 5 IS GREATER THAN LINE 6F (Payment in Full Must Accompany Return) BALANCE DUE → \$ _____
8. OVERPAYMENT (If Line 6F Exceeds Line 5 Enter Difference Here) ... CREDIT \$ _____ REFUND \$ _____	

PAYMENT DUE: FINAL (LINE 7) \$ _____ + QTR. ESTIMATE (PAGE 3 LINE 8) \$ _____ = TOTAL DUE \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES, FORMS AND STATEMENTS) AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

X	X
SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER	SIGNATURE OF TAXPAYER OR AGENT
DATE	DATE
NAME OF FIRM OR EMPLOYER	TITLE
ADDRESS	X
PHONE	SPOUSE'S SIGNATURE IF JOINT RETURN
	DATE

IF YOU MOVED DURING THIS CALENDAR YEAR, PLEASE ANSWER.

MOVED INTO CANFIELD, OHIO ON _____ FROM _____
 MOVED FROM CANFIELD, OHIO ON _____ TO _____

(ATTACH FEDERAL FORMS AND SCHEDULES)

SCHEDULE A	
PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION – SOLE PROPRIETORSHIP – PARTNERSHIP – OR CORPORATION	
1. Net Profit (or Loss) From Business or Profession (Attach Federal Forms and Schedules)	\$ _____
2. A. Items Not Deductible (Schedule X, Line M)	Add \$ _____
B. Items Not Taxable (Schedule X, Line Z)	Deduct \$ _____
C. Enter Excess Line 2A or 2B.....	\$ _____
3. A. Adjusted Net Income (Line 1 Plus / Minus Line 2C) if Schedule X is Used	\$ _____
B. Amount Allocable To Canfield if Schedule Y Step 5 Is Used _____ % of Line 3A	\$ _____
4. Taxable Business Income: Line 3A or Line 3B (Enter On Page 1 Line 3A)	\$ _____

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN			
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (From Federal Schedule D)	\$ _____	n. Capital Gains (Exclusive of Gains treated as Ordinary income for Federal Income Tax purposes Attach Federal Schedule D)	\$ _____
b. Expense Applicable To Non-Taxable Income (Not less than 5% of line Z)	_____	o. Interest Earned or Accrued (Subject to Ohio intangible Personal Property Tax and Obligations of the United States Government)	_____
c. Income Taxes (Federal-State-Municipalities) ...	_____	p. Dividends	_____
d. Payments to Partners or Compensation of Officers, Sub-Chapter S Corporation	_____	q. Income From Patents and Copyrights	_____
e. Sick Pay Exclusions Omitted In Line 1 Above	_____	r. Other (Explain)	_____
f. Contributions (In Excess of 5% of Net Profits) ..	_____	_____
g. Other (Explain)	_____	_____
.....	_____	_____
m. Total Additions (Enter on Line 2A Above).....	\$ _____	z. Total Deductions (Enter on Line 2B Above)	\$ _____

SCHEDULE Y – BUSINESS ALLOCATION FORMULA				
		A. Located Everywhere	B. Located in Canfield	C. Percentage (B divide A)
Step 1.	Average value of real estate and tangible personal property	\$ _____	\$ _____	
	Gross annual rentals multiplied by 8.....	\$ _____	\$ _____	
	Total Step 1.....	\$ _____	\$ _____	_____ %
Step 2.	Total wages, salaries, commissions and other compensation of all employees	\$ _____	\$ _____	_____ %
Step 3.	Gross receipts from sales and work or services performed	\$ _____	\$ _____	_____ %
Step 4.	Total percentages			_____ %
Step 5.	Average percentage (DIVIDE TOTAL PERCENTAGE BY NUMBER OF PERCENTAGES USED. ENTER ON SCHEDULE A, LINE 3. B.)			_____ %

DECLARATION OF ESTIMATED TAX FOR YEAR - 2004

Account No. _____

Name _____

Address _____

City _____ State _____ Zip _____

Make Payments to:

City of Canfield Income Tax
104 Lisbon St.
Canfield, OH 44406-1416

1.	ESTIIMATED TOTAL TAXABLE INCOME FOR YEAR (Gross Income)	\$ _____
2.	ESTIMATED TAX DUE (1% of Line 1).....	\$ _____
3.	LESS CREDIT FOR TAX PAID TO ANOTHER CITY (Credit is 1/2 of 1% Of Wage on Which Other City Tax is Paid) (Credit is only allowed if refund is not received from other Municipality)	\$ _____
4.	LESS CANFIELD TAX TO BE WITHHELD	\$ _____
5.	BALANCE OF ESTIMATED CANFIELD CITY TAX DECLARED (Line 2 Less Line 3 and Line 4)	\$ _____
6.	LESS CREDITS: (A) OVERPAYMENT ON PREVIOUS YEAR'S RETURN	\$ _____
	(B) PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION ...	\$ _____
	(C) OTHER (Specify)	\$ _____
	(D) TOTAL CREDITS	\$ _____
7.	NET TAX DUE (Line 5 Less Line 6D)	\$ _____
8.	PAY NOT LESS THAN ¼ OF LINE 5, Less Line 6D QUARTERLY PAYMENT DUE ➡	\$ _____
9.	BALANCE OF ESTIMATED TAX DUE (Line 7 Less Line 8) Payable in equal installments for each calendar quarter.	\$ _____

AVOID PENALTY AND INTEREST PAY 90% OF TAX OWED OR AN AMOUNT EQUAL TO OR GREATER THAN PRIOR YEAR TAX LIABILITY BY JAN. 31 FOR INDIVIDUALS AND DEC. 15 FOR OTHERS

THE UNDERSIGNED DECLARES THIS TO BE A CORRECT DECLARATION SUBJECT TO AMENDMENT AS PROVIDED IN THE ORDINANCE.

<p>X</p> <p>_____ SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER</p> <p>_____ NAME OF FIRM OR EMPLOYER</p> <p>_____ ADDRESS</p>	<p>DATE</p> <p>PHONE</p>	<p>X</p>	<p>_____ SIGNATURE OF TAXPAYER OR AGENT</p> <p>_____ TITLE</p> <p>_____ SPOUSE'S SIGNATURE IF JOINT RETURN</p>	<p>DATE</p> <p>DATE</p>
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