

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

2009 Canal Fulton Income Tax Return

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

Due Date: April 15, 2010
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 _____
Present Address _____
City, State, Zip _____

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

Indicate here if you are Filing Separate _____ Filing Joint _____ **If exempt, complete Declaration Of Exemption Form (yellow copy)**

1. If Your Only Source of Income is From Wages - Complete Only Page 1 and Attach City Copy of W-2's (Use Medicare wages)

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. 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) \$ _____
- 5. TOTAL TAXABLE INCOME \$ _____
- 6. TAX DUE (Line 5 multiplied by tax rate) 1.5% \$ _____
- 7. CREDITS:
- A. CITY OF CANAL FULTON TAX WITHHELD (LINE 1D) \$ _____
- B. ESTIMATE PAYMENTS MADE \$ _____
- C. CREDIT LIMIT FOR OTHER CITY TAX PAID (LINE 1F) \$ _____
- D. TOTAL CREDITS (ADD 7 a, b, c) \$ _____
- 8. BALANCE OF TAX DUE. IF OVERPAYMENT, ENTER ON LINE 11 \$ _____
- 9. PENALTY _____ + INTEREST _____ + \$25.00 LATE FILING PENALTY = TOTAL \$ _____
- 10. 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

11. 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 2010

- 1. Annual Estimated income \$ _____ Multiply by tax rate of 1.5% = Annual Estimated Tax \$ _____
- 2. CREDITS
- a. Canal Fulton Tax to be withheld \$ _____
- b. 50% Credit of the 1.5% tax \$ _____
- c. Total (Line 2a and 2b) \$ _____
- 3. Total estimated Canal Fulton tax due \$ _____
(line 1 less line 2c)
- If Estimated tax is \$60,00 or less, STOP - No Declaration required
- 4. Overpayment credit from previous year (Line 11 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 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)	\$ _____