

(STAPLE W-2 ON BACK, TOP CORNER)

2004 CITY OF CANAL FULTON INCOME TAX RETURN

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF CANAL FULTON AND MAIL TO: 155 E. MARKET ST., SUITE C CANAL FULTON, OHIO 44614-1195



NOW ACCEPTED.

YOU MUST STOP IN THE TAX OFFICE TO PAY USING THIS METHOD. FOR THE CALENDAR YEAR 2004, FILE ON OR BEFORE APRIL 15, 2005 FISCAL AND PARTIAL YEARS, FILE WITHIN 4 MONTHS OF END OF PERIOD

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

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES (LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

EXTENSIONS MUST BE RECEIVED IN OUR OFFICE BY APRIL 15th. FAILURE TO FILE THIS RETURN OR EXTENSION WILL RESULT IN A PENALTY OF \$25.00.

YOUR SSN/FED. I.D. NO.: SPOUSE'S SSN: IF YOU RENT, NAME AND ADDRESS OF LANDLORD:

IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE LINES BELOW: DATE OF MOVE: PRESENT ADDRESS: PREVIOUS ADDRESS:

EXEMPTION CERTIFICATE: I AM REQUIRED TO FILE SINCE I AM A RESIDENT, BUT I HAVE NO TAXABLE INCOME BECAUSE:

- Under 18 for the entire year - Date of Birth Documentation of age required
Retired or disabled, receiving only pension, social security, interest, or dividends.
On Public Assistance with no taxable income.
An active member of the Armed Forces of the United States for the entire year.
Other (Explain)

Table with 5 columns: A. PRINT EMPLOYER'S NAME, B. CITY WHERE EMPLOYED, C. CANAL FULTON TAX WITHHELD, D. TAX PAID OTHER CITY, E. TOTAL COMPENSATION. Includes a note: W-2 COPIES MUST BE ATTACHED OR TAX CREDIT WILL BE DISALLOWED.

- 2. OTHER INCOME, Pg. 2, DO NOT DEDUCT LOSS FROM W-2 INCOME. Copy of Federal Schedules Required.
3. TAXABLE INCOME (Total COL. E & Line 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 ADJUSTED TAXABLE INCOME SUBJECT TO CANAL FULTON INCOME TAX
6. Canal Fulton Income Tax 1.1% of Line 5
7. CREDITS: NOTE - EXCLUDE INCOME TAX PAYMENTS MADE TO SCHOOLS
a. CANAL FULTON INCOME TAX WITHHELD BY EMPLOYER(S)
b. OTHER CITY TAX WITHHELD (PER W-2) (50% CREDIT OF THE 1.1% TAX)
c. PAYMENTS ON DECLARATION OF ESTIMATED TAX
d. TOTAL CREDITS (ADD a, b, c)
8. BALANCE DUE (LINE 6 MINUS LINE 7d) PAYMENT TO CITY OF CANAL FULTON MUST ACCOMPANY THIS RETURN
9. ENTER AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO YOUR 2005 ESTIMATED TAX
10. IF APPLYING FOR A REFUND AND UNDER 18 ATTACH COPY OF DRIVERS LICENSE OR BIRTH CERTIFICATE. TO BE REFUNDED
11. LATE FILING PENALTY - RETURNS FILED AFTER APRIL 15th, Enter \$25.00 Fine
12. PENALTY - 1% PER MONTH FOR 1st SIX MONTHS - 2% PER MONTH THEREAFTER
13. INTEREST - 1% PER MONTH - EFFECTIVE THE FIRST DAY OF EACH MONTH
14. TOTAL AMOUNT DUE - (MUST BE PAID IN FULL FOR 2004 INCOME TAX)

DECLARATION OF ESTIMATED TAX FOR YEAR 2005

- E1. ESTIMATED TAXABLE INCOME FOR YEAR
E2. ESTIMATED TAX DUE 1.1% of Line E1
E3. LESS: CANAL FULTON TAX TO BE WITHHELD \$ AND/OR 50% CREDIT OF THE 1.1% TAX
E4. TOTAL ESTIMATED CANAL FULTON TAX DUE IF ESTIMATED TAX IS \$60.00 OR LESS, QUARTERLY PAYMENTS ARE NOT REQUIRED.
E5. CREDITS: a. OVERPAYMENT CLAIMED ON PREVIOUS YEAR'S RETURN (LINE 9)
b. 2005 DECLARATION PAYMENT PREVIOUSLY REMITTED
c. TOTAL CREDITS
E6. NET TAX DUE (LINE E4 LESS LINE E5c)
E7. AMOUNT PAID (NOT LESS THAN 1/4 OF LINE E6). (MUST BE PAID FOR 2005 DECLARATION)
E8. BALANCE OF ESTIMATED TAXES (TO BE BILLED QUARTERLY)

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE BELIEVE IT IS TRUE & CORRECT.

I authorize the Income Tax Division to discuss my return and enclosures with my tax preparer. (Taxpayer's initials required)

Print Name of Person Preparing If Other Than Taxpayer

Date

Signature of Taxpayer or Agent

Date

Address or Name and Address of Firm or Employer

Phone Number

Title, If Signing For A Business or Signature of Spouse if Joint Return

Phone Number

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)	\$ _____