City of North Canton, Ohio Income Tax Return

For calendar year ending December 31, 2008
DUE DATE - APRIL 15, 2009
File this return on or before April 15, 2009 or within 4 months of close of fiscal year.

2008

Requests for extensions must be submitted in writing on or before April 15, 2009.

City of North Canton Income Tax
www.northcantonohio.com
145 N. Main St.
North Canton, Ohio 44720
330-499-3467 Fax: 330-499-2960

TAXPAYER SOCIAL SECURITY NO.

SPOUSE SOCIAL SECURITY NO.

Tax Office Use Only
Refund Code _____
$ Tax _____
$ Est _____
Cash _____ Check _____
Process By _____

MAKE NAME AND ADDRESS CORRECTION

FID #: _____
Are you or the business entity a resident? ( ) Yes ( ) No
Did you move into or out of N. Canton during the year? ( ) Yes ( ) N
Date Moved INTO North Canton _____
Previous Address _____
Date Moved OUT of North Canton _____
Present Address _____
FILING REQUIRED IF NO TAX DUE OR NO INCOME EARNED

1. TOTAL WAGES **(ALL W-2 COPIES AND 1099 COPIES MUST BE ATTACHED)**

For Wages, Use Medicare Wage Box (see instructions)

EMPLOYER NAME	WHERE EMPLOYED	N. CANTON TAX WITHHELD	TAX PAID OTHER CITIES	TOTAL W-2 & 1099 WAGES
	TOTALS	$	$	$

2. Other Taxable Income (including gambling winnings) 2. $ _____
3. Business Income:
   A. Rental Income from Page 2, Schedule G **(Attach Federal Forms)** 3A. $ _____
   B. Net Profit from Business from Page 2, Schedule H **(Attach Federal Forms)** 3B. $ _____
   C. Partner's Distributive Share of Partnership Income **(Attach K-1's)** 3C. $ _____
   D. Total Business Income 3D. $ _____

NOTE: **Business or rental losses may not be used to offset wages.**

4. Deductions:
   A. Wages earned outside North Canton by part-year resident or prior to 18th birthday 4A. $ _____
   B. Allowable 2106 Expenses - See instructions (Attach Form 2106 and Schedule A) 4B. $ _____
5. Taxable Income (Add lines 1, 2 and 3D and subtract lines 4A and 4B) 5. $ _____
6. North Canton City Tax (1.5% of Line 5) 6. $ _____
7. Credits:
   A. North Canton Tax withheld by employer(s) 7A. $ _____
   B. Income Tax paid to other cities (Not to exceed 1.5% of income taxes in that City) 7B. $ _____
   C. Payment of Declaration of Estimated Tax (or Credit Carryover) 7C. $ _____
   D. Total Credits (Add A, B, C) 7D. $ _____
8. Balance Tax Due, If Line 6 exceeds line 7D 8. $ _____
9. Overpayment Claimed, If Line 7D exceeds Line 6 9. $ _____
10. CREDIT to 2009 estimate (if no estimate due use Line 11) 10. $ _____
11. To be REFUNDED (If estimate due use Line 10) 11. $ _____

NOTE: **If under eighteen, need proof of age for refund.**

12. **Late filing penalty - returns filed or postmarked after April 15th, enter $25.00 fine** 12. $ _____
13. Penalty $ _____ (1/2% per month) Interest $ _____ (1/2% per month) Estimate P&I $ _____ Total 13. $ _____
14. Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 14. $ _____

No taxes or refunds of less than $2.00 shall be collected or refunded

Must be filed if city income tax is not withheld by your employer

MANDATORY DECLARATION OF ESTIMATED TAX FOR 2009
(Subject to interest and penalties if not filed and paid-see instructions)

1. Total income subject to North Canton tax $ _____ @ 1.5% 1. $ _____
2. LESS TAX TO BE WITHHELD
   A. By a North Canton employer 2A. $ _____
   B. By an employer in _____ (name of City) 2B. $ _____
3. Balance estimated North Canton tax 3. $ _____
4. LESS CREDITS: A. Overpayment on Prior Year Return 4A. $ _____
   B. Other (Specify) 4B. $ _____ Total Credits 4. $ _____
5. Net Tax Due (line 3 less total of line 4) 5. $ _____
6. Amount paid with this return (not less than 25% of line 5) (Make payable to City of North Canton) 6. $ _____
7. Balance of Tax 7. $ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT AND COMPLETE

Signature of Person Preparing, if Other Than Taxpayer Date

Signature of Taxpayer or Agent Required Date