

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF EAST CANTON
 130 SOUTH CEDAR STREET
 EAST CANTON, OHIO 44730
 Phone: (330) 488-0220 Fax: (330) 488-1300
 Email: ectax@rrbiznet.com

2022

DUE DATE APRIL, 15 2023

Form Printed on

Primary SSN or Federal ID
Spouse SSN
Phone No.
Email Address:

MOVE IN OUT (Fill in circle)
 DATE: _____
 FORWARDING OR NEW ADDRESS:

I AM NOT REQUIRED TO COMPLETE THIS TAX RETURN BECAUSE: (Fill in circle) SIGN AND REMIT FORM IN ENVELOPE PROVIDED

UNDER 16 YEARS OF AGE *Attach a copy of Birth Certificate* ONLY INCOME FROM NONTAXABLE SOURCE, LIST: _____
 UNEMPLOYMENT BENEFITS MARRIED:SPOUSE NAME: _____ SSN: _____
 PERM DISABILTY/SS/FULLY RETIRED TAXPAYER DECEASED, LIST DATE OF DEATH _____
 ACTIVE MILITARY *Attach a copy of Death Certificate*

WAGES - W-2 COPIES MUST BE ATTACHED - USE HIGHEST AMOUNT ON W-2 (Box 5) OR BOX 18, WHICHEVER IS GREATER Part Year Resident - Gray Areas

Date Wages Earned (Part Year Only)	Employer/Work Location	W2 Gross Wages (see above)	W2 Gross Wages Prorated	East Canton Tax Withheld (Box19)	Other City Tax Withheld (Box 19)	Other City Tax Withheld Prorated
TOTALS						

1. TAXABLE INCOME

A. Wages, salaries, tips, etc. (Box 5 of W-2) OR BOX 18, whichever is greater - See instructions & Attach W2 \$ _____

B. Adjustment from Page 2: Line (s) 17, 18 and 19 - Attach applicable Schedules - No Loss can offset W2 wages \$ _____

C. Gambling/Lottery Winnings (\$2,500.00 and higher) Attach W2-G \$ _____

D. TAXABLE INCOME (1A - 1B + 1C) \$ _____

2. East Canton Income Tax 1.5% of Line 1D \$ _____

3. CREDITS

(A) East Canton Income Tax withheld by Employer (s) \$ _____

(B) Municipal tax paid to other cities (1.5% maximum) \$ _____

(C) Estimated Tax Paid \$ _____

(D) Prior year Overpayment Applied \$ _____

(E) Total Credits (Add 3A thru 3D) \$ _____

4. TAX DUE (Line 2 less 3E) \$ _____

5. OVERPAYMENT CLAIMED (See note below regarding refunds) \$ _____

(A) Enter Amount of Line (5) Applied to 2023 \$ _____

(B) Enter Amount of Line (5) Refunded \$ _____

6. Late Filing Fee, if return is received after due date (\$25/month, maximum of \$150.00) \$ _____

7. Penalty, one time 15% of unpaid balance plus Interest calculated on Federal Short Term rate plus 5% annual rate in accordance with ORC 718.27 (7% annual rate) \$ _____

8. TOTAL AMOUNT DUE - Pay in Full with this Return \$ _____

Note: If the amount you OWE is less than \$10.01, payment need not be made. If your OVERPAYMENT is less than \$10.01, no refund will be given.

MANDATORY DECLARATION OF ESTIMATED TAX - Taxpayer's owing more than \$200.00 are required by law to be set up and pay

9. Total Income subject to East Canton Tax \$(9A) _____ x East Canton tax 1.5% (9B) \$ _____

10. Estimate Credits:

(A) East Canton Tax Withheld \$ _____

(B) 1.5% of other tax withheld \$ _____

(C) Previous years credit (5A) \$ _____

(D) Total Line (10A+10B+10C) \$ _____

(E) Estimated Tax (9B less 10D) \$ _____

11. Calculation of 1st Quarter Estimate Multiply line 10E x .25 \$ _____

12. Balance of estimate to be billed quarterly Line 11 x 3 \$ _____

 Taxpayer's Signature Date Spouse's Signature Date

 Tax Preparer's Name (Print or Signature) Date Tax Preparer's Phone: _____

I (We) authorize the Income Tax Dept. to discuss my/our return and enclosures with the preparer above. Initial here _____

