

**INDIVIDUAL - 2023  
INCOME TAX RETURN  
CANAL FULTON**

**Due Date 04/15/2024**

**Did you work from home? Y N  
Did you receive a refund from another city?  
Y N**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF CANAL FULTON

155 E. MARKET ST.  
SUITE C  
CANAL FULTON OH 44614

Voice 330-854-9448 Fax 330-854-6260  
incometax@cityofcanalfulton-oh.gov

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.
<b>Filing Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Income**

1 Wages, salaries, tips, etc. 1 [ ]

2 Other taxable income 2 [ ]

3 Total taxable income (add lines 1 and 2) 3 [ ]

**Tax and Credits**

4 Canal Fulton tax due before credits (2.000% of line 3) 4 [ ]

5 Estimated tax payments made to Canal Fulton 5 [ ]

6 Taxes withheld and paid to Canal Fulton 6 [ ]

7 Overpayment from prior year(s) 7 [ ]

8 Taxes withheld and paid to other localities 8 [ ]  
100% credit up to 2% of taxes paid to another city

9 Total credits (add lines 5 through 8) 9 [ ]

**Refund** ( Issued if greater than 10.00 )

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 [ ]

11 Amount of line 10 to be credited to next years estimate 11 [ ]

12 Amount of line 10 to be refunded 12 [ ]

**Tax Due** ( if greater than 10.00 )

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 [ ]

14 Penalties and interest **Late File** \_\_\_\_\_ **Late Pay** \_\_\_\_\_ **Late Estimate** \_\_\_\_\_ **Interest** \_\_\_\_\_ 14 [ ]

**Declaration of Estimate For 2024**

15 Estimated income 15 [ ]

16 Estimated tax due. Multiply line 15 by 2% 16 [ ]

17 Taxes to be withheld and paid to Canal Fulton and other localities 17 [ ]

18 Prior credit applied to estimated tax payments (From line 11) 18 [ ]

19 Net estimated tax due (subtract line 17 and 18 from 16) 19 [ ]

20 Minimum amount due for first quarter (multiply line 19 by 25%) 20 [ ]

**Amount You Owe**

21 Total amount due (add lines 13, 14 and 20) 21 [ ]

<b>Tax Office Use Only : Tax Office Use Only : Tax Office Use Only</b>

\_\_\_\_\_  
Taxpayer's Signature Date

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Tax Preparer's Signature Date  
(If other than taxpayer) Phone No. \_\_\_\_\_

May CITY OF CANAL FULTON discuss this return with the preparer shown above \_\_\_Yes \_\_\_No