



**CITY OF MARYSVILLE, OHIO**  
 Income Tax Division  
 P.O. Box 385  
 Marysville, Ohio 43040-0385  
 Telephone: (937) 642-6015  
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**THE CITY OF MARYSVILLE  
 INDIVIDUAL INCOME TAX RETURN**

Year

Part Year Resident

Date from  to   
Move In Date      Move Out Date

YOUR SOCIAL SECURITY #

SPOUSE SOCIAL SECURITY #

Do you own rental property?  Yes  No  
 If renting residence, give name and address of property owner. \_\_\_\_\_

- Resident  
 Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_
- Non Resident
- Sole Proprietor

Name and Address: Indicate above change(s) by checking  Name  Address Effective Date: \_\_\_\_\_

**FILING STATUS** Check only one  Single  Married filing joint return (even if only had one income). Check if you filed a joint  or separate  return last year.  
 Married filing separate return. Enter spouse's social security number above and full name here. \_\_\_\_\_

<b>INCOME</b> If none, see exemption form enclosed.	1. Total W-2 wages. Complete Worksheet A on reverse. W-2's MUST BE ATTACHED .....	1	\$
	2. 2106 Expenses. See instructions. FEDERAL FORM 2106 MUST BE ATTACHED.....	2	\$
	3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1 .....	3	\$
	4. Other income. From Schedule C, E or O on reverse. SCHEDULES MUST BE ATTACHED .....	4	\$
	5. TOTAL INCOME. ADD LINES 3 AND 4 .....	5	\$
	6. Adjustments. From Schedule X on reverse .....	6	\$
	7. MARYSVILLE TAXABLE INCOME. SUBTRACT LINE 6 FROM LINE 5 .....	7	\$
<b>TAX</b>	8. MARYSVILLE INCOME TAX. MULTIPLY LINE 7 BY 1% (.01) .....	8	\$
<b>TAX WITHHELD, PAYMENTS AND CREDITS</b>	9. Marysville income tax withheld. From W-2 or Worksheet A on Reverse .....	9	\$
	10. Prior year credits .....	10	\$
	11. Current year estimated payments .....	11	\$
	12. RESIDENTS ONLY - Credit for taxes paid to workplace city - The lesser of .50 of the tax paid to the other city or .005 of income earned in other city - See Worksheet A .....	12	\$
	13. TOTAL PAYMENTS AND CREDITS. ADD LINES 9 THROUGH 12 .....	13	\$
<b>BALANCE DUE, REFUND OR CREDIT</b>	14. BALANCE DUE. If line 8 is more than line 13, enter balance due here (No tax due if less than \$1.01) .....	14	\$
	15. Penalty. 10% of balance due, if applicable .....	15	\$
	16. Interest. 2% per month or fraction thereof, if applicable.....	16	\$
	17. Total due. Carry to line 27 below (No tax due if less than \$1.01) .....	17	\$
	18. OVERPAYMENT. If line 8 is less than line 13, enter overpayment here .....	18	\$
	19. AMOUNT FROM LINE 18 TO BE REFUNDED (No refund if less than \$1.01) .....	19	\$
	20. AMOUNT FROM LINE 18 TO BE CREDITED TO NEXT YEAR .....	20	\$

**DECLARATION OF ESTIMATED TAX FOR YEAR**  First Quarter Estimate should be paid with this return. Use enclosed estimate forms to make 2nd, 3rd and 4th quarter payments.

<b>ESTIMATE FOR NEXT YEAR</b>	21. Total income subject to tax \$ _____ . Multiply by tax rate of 1% (.01).....	21	\$
	22. Subtract any estimated income tax to be withheld or paid to other cities.....	22	\$
	23. Estimated balance due (subtract line 22 from line 21).....	23	\$
	24. Credit from line 20 above .....	24	\$
	25. Unpaid estimated tax (subtract line 24 from line 23).....	25	\$
	26. Amount due with this return (A minimum of 22.5% of line 25) 1st quarter payment.....	26	\$
<b>TAX DUE</b>	27. Enter balance due from line 17 above (no tax due if less than \$1.01) .....	27	\$
	28. TOTAL TAX DUE. ADD LINES 26 & 27. <b>PLEASE MAKE CHECKS PAYABLE TO CITY OF MARYSVILLE</b> .....	28	\$

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.  
**The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.**

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

NAME AND ADDRESS OF PREPARER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF SPOUSE (IF JOINT RETURN) \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

FOR TAX DIVISION USE ONLY

ALL APPROPRIATE W-2's, FEDERAL SCHEDULES, EXPLANATIONS MUST BE ATTACHED

## WORKSHEET A - SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION

(A) CITY WHERE EMPLOYED	(B) INCOME EARNED IN MARYSVILLE	(C) MARYSVILLE TAX WITHHELD	(D) OTHER CITY INCOME	(E) OTHER CITY TAX WITHHELD	(F) PERIOD INCOME EARNED
A.					
B.					
C.					
D.					
<b>E. TOTALS</b>	\$	\$	\$	\$	

Add the total of Column B and D and enter on Page 1, Line 1. Enter the total of Column C on Page 1, Line 9. Multiply the total of Column D by 0.5% (.005) and multiply the total of Column E by one-half (.5), then enter the lesser amount on Page 1, Line 12.

### 1. SCHEDULE C (If taxes paid to other cities, attach other cities' returns)

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Kind of Business \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

A. Net Profit or Loss (Attach Schedule C(s)) ..... \$ \_\_\_\_\_

B. Percentage Amount Allowable to the Municipality (Attach allocation calculation) ..... \$ \_\_\_\_\_

C. Amount subject to tax. Multiply A times B. .... \$ \_\_\_\_\_

**Total (1) \$ \_\_\_\_\_**

The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity (except any portion of a loss separately reportable for municipal tax purposes to another taxing entity) may be used to offset the profits of another for purposes of arriving at overall net profits.

### A. SCHEDULE E - INCOME FROM RENTS (Attach Federal Schedule E(s))

TYPE AND EXACT LOCATION OF PROPERTY (LOSSES WITHOUT EXACT LOCATION WILL BE DISALLOWED)	NET PROFIT OR (LOSS)	TYPE AND EXACT LOCATION OF PROPERTY (LOSSES WITHOUT EXACT LOCATION WILL BE DISALLOWED)	NET PROFIT OR (LOSS)
NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	□	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	□
NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	□	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	□

Please see unincorporated business activity in instructions.

**Total (2) \$ \_\_\_\_\_**

### A. SCHEDULE O - OTHER INCOME NOT INCLUDED IN SCHEDULE C OR E (Attach Federal Schedules)

INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, FEES, TANGIBLE CAPITAL GAINS, TIPS, LOTTERY, PRIZES, ETC.

RECEIVED FROM NAME/TAX I.D. NUMBER	FOR (DESCRIPTION AND/OR LOCATION) (APPLICABLE LOSSES W/O EXACT LOCATION WILL BE DISALLOWED)	AMOUNT
A.		\$ _____
B.		\$ _____
<b>Total (3)</b>		<b>\$ _____</b>
<b>TOTAL OTHER INCOME (Add lines 1-3) Enter on Page 1, Line 4</b>		<b>\$ _____</b>

### SCHEDULE X - ADJUSTMENT TO INCOME (Part year residents, income not subject to tax, miscellaneous income, etc.) (Attach Federal Schedules)

EXPLANATION	COLUMN 1 ADDITIONS	COLUMN 2 DEDUCTIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
Net adjustment (Combine Columns 1 & 2 and Enter on Page 1, Line 6	\$ _____	\$ _____