



**CITY OF MARYSVILLE, OHIO**  
 Income Tax Division  
 P.O. Box 385  
 Marysville, Ohio 43040-0385  
 Telephone: (937) 645-1026, 1062 or 1043  
 Fax: (937) 645-1105

**APPLICATION FOR EXTENSION  
 OF TIME TO FILE MARYSVILLE  
 CITY INCOME TAX RETURN**

**FOR CALENDAR YEAR ENDING DECEMBER 31,**   
**OR FISCAL PERIOD**  **TO**

LAST NAME	FIRST NAME	INITIAL	SPOUSE'S FIRST NAME	INITIAL
SOCIAL SECURITY NO. OF TAXPAYER(S) OR FIN			SPOUSE'S SOCIAL SECURITY NUMBER OR FIN	
ADDRESS	APT #	CITY	STATE	ZIP

**PLEASE NOTE: FILE THIS FORM WITH THE CITY OF MARYSVILLE ON OR BEFORE THE DUE DATE OF THE RETURN AND PAY ANY AMOUNT YOU OWE. THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX.**

I request a six month extension of time to file the City of Marysville Income Tax Return for the tax year ending \_\_\_\_\_.  
 Fiscal year filers enter extended due date \_\_\_\_\_.

1. Total Marysville Tax Liability .....	\$ _____
2. Total payments and credits .....	(\$ _____ )
3. Balance due. Subtract Line 2 from Line 1 .....	\$ _____
Complete the declaration of estimated taxes if liability to Marysville will exceed \$100.00 .....	
A. Estimated income subject to Marysville tax \$ _____	
Estimated tax due: 1% (.01) times Line A. ....	\$ _____
B. Marysville tax to be withheld by employer .....	(\$ _____ )
C. DECLARATION OF ESTIMATED TAX DUE (Line A minus Line B).....	\$ _____
4. Amount of Declaration due. (Enter at least 22.5% of Line C if quarterly or at least 90% if annually) Reminders for Quarters 2, 3, & 4 will be sent to you based upon the declaration and payments made. ....	\$ _____
5. <b>Total amount due. Add Lines 3 and 4</b> .....	\$ _____

**IN ORDER TO RECEIVE AN EXTENSION, YOU MUST PAY IN FULL THE BALANCE DUE WITH THIS FORM**

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE	DATE
SIGNATURE OF SPOUSE	DATE

**INSTRUCTIONS**

Use this form, copy of Federal Extension or letter to request an automatic six month extension from the due date of return. To receive the extension you must:

1. Complete form correctly.
2. File it by DUE DATE of your return.
3. Pay the entire amount shown on Line 5.

We will contact you only if your request is denied.

This form does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest and penalty. If you wish a return copy of the approved request, you must include a self-addressed stamped envelope.