



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

Year

**THE CITY OF MARYSVILLE
 BUSINESS INCOME TAX RETURN**

OR FISCAL PERIOD TO

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE
 APRIL 15. FISCAL YEARS FILE BY 15TH DAY OF THE FOURTH
 MONTH AFTER THE CLOSE OF THE PERIOD.

Make Checks and
 Money Orders Payable to
 City of Marysville
 Forms Available on Internet at
 www.marysvilleohio.org

FOR TAX DIVISION USE ONLY

FEDERAL I.D. NUMBER

PROVIDE NAME AND ADDRESS IN SPACE ABOVE

Tax return for (Check One)
 Corporation S-Corporation Estate
 Partnership Fiduciary Trust

Did you file a city
 return last year?
 Yes No

Has a return been previously
 filed using this number?
 Yes No

Is this a final return? Yes No
 Explain: _____

1. Taxable Income from Federal Return (ATTACH COPY OF FEDERAL RETURN) From Form _____ Line _____	1	\$
2. Adjustments (From Line O on Reverse, Schedule X)	2	\$
3. Taxable Income before allocation (Line 1 plus/minus Line 2)	3	\$
4. Allocation Percentage (From Line 5 on Reverse, Schedule Y)	4	%
5. Marysville Taxable Income (Multiply Line 3 by Line 4)	5	\$
6. Marysville Income Tax (Multiply Line 5 by 1% (.01))	6	\$
7. Credits applied from previous year to this year's liability	7	\$
8. Estimates paid for this year's liability	8	\$
9. Other Credits (Explain)	9	\$
10. Total Credits	10	\$
11. Tax Due (Subtract Line 10 from Line 6)	11	\$
12a. Penalty for late payment or underpayment of estimate (10% of Line 11)	12a	\$
12b. Interest (2% per month or fraction thereof)	12b	\$
13. Total Due (If \$1.01 or more)	13	\$
14. Overpayment (Line 10 greater than Line 6)	14	\$
15. Indicate Refund (If \$1.01 or more)	15	\$
16. Credit to next year	16	\$

DECLARATION OF ESTIMATED TAX FOR YEAR

17. Total estimated income subject to tax	17	\$
18. Multiply Line 17 by 1% (.01) Balance of Marysville City Income Tax declared	18	\$
19. Tax due before credits (enter at least 22.5% of Line 18)	19	\$
20. Less credits (from Line 16 above)	20	\$
21. Net estimated tax due (Line 19 minus Line 20)*	21	\$
22. TOTAL AMOUNT DUE - Combine Line 13 above with Line 21 (Make checks payable to the City of Marysville)	22	\$

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

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 PERSON PREPARING IF OTHER THAN TAXPAYER _____ DATE _____

SIGNATURE OF TAXPAYER OR AGENT _____ DATE _____

NAME AND ADDRESS OF PREPARER _____ PHONE NUMBER _____

NAME AND TITLE _____ PHONE NUMBER _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (not ordinary losses)	\$ _____	H. Capital Gains (not ordinary gains)	\$ _____
B. City or State Income Taxes Paid	_____	I. Interest Income	_____
C. 5% of amount deducted as intangible income	_____	J. Dividends (less Federal exclusion)	_____
D. Payments to partners (Line 14 Form 1065)	_____	K. Income from Patents and Copyrights	_____
E. Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax	_____	L. Intangible Income	_____
F. Other including REITS & RIC's all amounts (SEE INSTRUCTIONS)	_____	M. Other Income Exempt from Marysville Tax (Explain) _____	_____
G. Total Additions	\$ _____	N. Total Deductions	\$ _____
		O. Combine Lines G and N and enter net on Page 1, Line 2	\$ _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Marysville	c. Percentage (b/a)
STEP 1. Average Value of Real & Tangible Personal Property	_____	_____	
Gross Amount Rentals Paid Multiplied by 8	_____	_____	
TOTAL STEP 1	_____	_____	%
STEP 2. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	%
STEP 3. Wages, Salaries, Etc. Paid	_____	_____	%
4. Total Percentages	_____	_____	%
5. Average Percentage (Divide Total Percentages by # of Percentages Used, Enter on Page 1, Line 4)	_____	_____	%

SCHEDULE Y-1 - RECONCILIATION TO FORM WHREC, WITHHOLDING RECONCILIATION

Total wages allocated to Marysville (from Federal Return or allocation formula)	\$ _____
Total wages shown on Form W-3 (Withholding Reconciliation)	\$ _____
Please explain any difference: _____	

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

1. Name and address of each partner	2. FIN or SSN	3. Amount	4. EIN of Payor
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____
Carry forward to Page 1, Line 1		TOTAL \$	_____

"AFTI" WORKSHEET - ADJUSTED FEDERAL TAXABLE INCOME

- (1) Federal Form 1120S (S Corporations) - Sch. K (pg 3) - Line 17e
 (2) Federal Form 1065 (Partnerships, LLC's, LLP's) Sch K - Analysis of Net Income (Loss), Page 4 - Line 1
 (3) Federal Form 1041 (Estates, Trusts) - Page 1 - Line 17
 (4) Federal Form 1120 (C Corp - Long Form) - Page 1 - Line 28
 Federal Form 1120A (C Corp - Short Form) - Page 1 - Line 24

	Form 1120S	Form 1065	Form 1041	Form 1120
a) From Federal Return (Above)	\$	\$	\$	\$
b) Capital Losses over Capital Gains				N/A
c) Sec. 179 Deduction - Limited to Taxable Income Before the Deduction				N/A
d) Charitable Contribution - In Excess of 10% Limitation				N/A
e) Other:				
f) "ADJUSTED FEDERAL TAXABLE INCOME"	\$	\$	\$	\$