



**INCOME TAX DIVISION
CITY OF MARYSVILLE
P.O. BOX 385
MARYSVILLE, OHIO 43040-0385
PHONE: (937) 645-1026, 1062 OR 1043
FAX: (937) 645-1105**

IMPORTANT TAX INFORMATION

EMPLOYER MUNICIPAL MONTHLY WITHHOLDING BOOKLET

This Booklet Contains the 2009 Withholding Vouchers and the 2009 Annual Reconciliation

INSTRUCTIONS FOR PREPARING AND FILING WITHHOLDING RETURN (FORM WHM)

WHO MUST FILE:

Each employer within the City of Marysville, Ohio who employs one or more persons is required to withhold the tax of one percent (1%) from all compensation paid to employees at the time such compensation is paid, and to file Withholding Return (Form WHM) and remit tax to the City of Marysville Income Tax Division.

DEPOSIT REQUIREMENTS:

Quarterly – If less than \$100 per month is withheld, the deposit must be received by the City of Marysville by the last day of the month following the end of a quarterly period.

Monthly – If \$100 or more is withheld for a monthly period, the deposit must be received by the City of Marysville by the fifteenth day of the following month.

For a complete description of deposit requirements you may request a copy of the tax ordinance for the City of Marysville or access the city code at www.marysvilleohio.org.

FAILURE TO FILE RETURN AND PAY TAX:

All taxes, including taxes withheld or required to be withheld from wages by an employer, and remaining unpaid after they become due shall bear interest on the amount of the unpaid tax at the rate of two percent (2%) per month. The taxpayers upon whom said taxes are imposed, and the employers required by Ordinance to

deduct, withhold and pay taxes imposed by the Ordinance, shall be liable in addition thereto, to a penalty of ten percent (10%) of the amount of the unpaid tax.

In addition, any taxpayer who shall fail or refuse to make any return or declaration required by the Ordinance, or any taxpayer who shall refuse to permit the Income Tax Administrator to examine his books, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to avoid the payment of tax, shall be guilty of a misdemeanor and shall be fined not more than \$500. The failure of any taxpayer to receive a return or declaration form shall not excuse him from making a return or declaration or from paying the tax.

HOW TO PREPARE THIS FORM:

Line 1 – Enter total taxable compensation PAID to all employees during the period for which return is made. If no compensation was paid during the period, indicate zero and return form WHM. A WHM form is required regardless if there were no withholdings for the period.

Line 2 – Enter total ACTUAL tax withheld from taxable employees during the period (month or quarter) for the CITY OF MARYSVILLE – INCOME TAX.

Line 3 – Adjust current payment of actual tax withheld for underpayments from prior periods. For overpayments in previous periods, file an amended return for that earlier period.

Line 6 – Enter total amount to be remitted. Pay this amount in full.

CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED **RETURN WITH PAYMENT**

		DO NOT ROUND
1.	Taxable Earnings paid all Employees subject to City of Marysville, Ohio, 1% (.01)	1.
	Is this a courtesy withholding?..... <input type="checkbox"/> YES	
	Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, attach explanation	
2.	Actual Tax Withheld in month/quarter for City Income Tax.....	2.
3.	Adjustment of Tax for prior period(s). Explain in full on back of form	3.
4.	Penalty (10%)	4.
5.	Interest (2% per month)	5.
6.	Total – (Lines 2-5)	6.

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO **CITY OF MARYSVILLE**

NAME AND ADDRESS

FOR THE PERIOD ENDING **JANUARY 31, 2009**

MUST BE POSTMARKED BY **FEBRUARY 17, 2009**

MAIL TO:
INCOME TAX DIVISION
CITY OF MARYSVILLE

P.O. Box 385
Marysville, OH 43040-0385
Telephone (937) 645-1026, 1062 or 1043
Fax (937) 645-1105

1

Notify the Income Tax Division promptly of any change in ownership or name and address shown above.
FORM WHM

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

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2

NAME AND ADDRESS

FOR THE PERIOD ENDING
FEBRUARY 28, 2009

MUST BE POSTMARKED BY
MARCH 16, 2009

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.
FORM WHM**

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Marysville, OH 43040-0385

Telephone (937) 645-1026, 1062 or 1043

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NAME AND ADDRESS

FOR THE PERIOD ENDING
MARCH 31, 2009

MUST BE POSTMARKED BY
APRIL 15, 2009

3

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FORM WHM**

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4

NAME AND ADDRESS

FOR THE PERIOD ENDING
APRIL 30, 2009

MUST BE POSTMARKED BY
MAY 15, 2009

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.
FORM WHM**

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5

NAME AND ADDRESS

FOR THE PERIOD ENDING
MAY 31, 2009

MUST BE POSTMARKED BY
JUNE 15, 2009

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Marysville, OH 43040-0385

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Fax (937) 645-1105

6

NAME AND ADDRESS

FOR THE PERIOD ENDING
JUNE 30, 2009

MUST BE POSTMARKED BY
JULY 15, 2009

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.
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P.O. Box 385

Marysville, OH 43040-0385

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7

NAME AND ADDRESS

FOR THE PERIOD ENDING
JULY 31, 2009

MUST BE POSTMARKED BY
AUGUST 17, 2009

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.
FORM WHM**

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

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(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO **CITY OF MARYSVILLE**

NAME AND ADDRESS

FOR THE PERIOD ENDING **AUGUST 31, 2009**

MUST BE POSTMARKED BY **SEPTEMBER 15, 2009**

**MAIL TO:
INCOME TAX DIVISION
CITY OF MARYSVILLE**

P.O. Box 385
Marysville, OH 43040-0385
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8

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P.O. Box 385

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9

NAME AND ADDRESS

FOR THE PERIOD ENDING
SEPTEMBER 30, 2009

MUST BE POSTMARKED BY
OCTOBER 15, 2009

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.
FORM WHM**

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

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MAKE CHECK OR MONEY ORDER PAYABLE TO **CITY OF MARYSVILLE**

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P.O. Box 385

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10

NAME AND ADDRESS

FOR THE PERIOD ENDING
OCTOBER 31, 2009

MUST BE POSTMARKED BY
NOVEMBER 16, 2009

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.
FORM WHM**

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NAME AND ADDRESS

FOR THE PERIOD ENDING
NOVEMBER 30, 2009

MUST BE POSTMARKED BY
DECEMBER 15, 2009

11

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FORM WHM**

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12

NAME AND ADDRESS

FOR THE PERIOD ENDING
DECEMBER 31, 2009

MUST BE POSTMARKED BY
JANUARY 15, 2010

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FORM WHM**

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GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation return on the City of Marysville Form W-3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to Marysville tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before February 28 of each year. All 1099's or earnings statements shall require the same type of information as is required on the W-2 forms as stated above.

SPECIFIC FILING INFORMATION

The front of the Form W-3 must show a breakdown of all withholding payments made quarterly or monthly in the boxes provided. Lines 1, 2, 3, 4 and 5 must be completed. The total tax paid should be equal to 1% of Line 2. The completed W-3 form and all attachments must be submitted to the Income Tax Division, City of Marysville, P.O. Box 385, Marysville, OH 43040-0385 on or before February 28 of each year. Any questions in completing the Form W-3 should be referred to the Income Tax Division at (937) 645-1026, 1062 or 1043.

**CITY OF MARYSVILLE
ANNUAL RECONCILIATION RETURN**

SUBMIT BY FEBRUARY 28. W-2'S MUST BE ATTACHED

**MAIL TO: INCOME TAX DIVISION PHONE: (937) 645-1026,
CITY OF MARYSVILLE 1062 or 1043
P.O. Box 385 FAX: (937) 645-1105
Marysville, OH 43040-0385**

FOR TAX YEAR ENDING 2009

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME: _____

FIN: _____

FORM W3

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

ALL LINES MUST BE COMPLETED
1. TOTAL MARYSVILLE W-2'S..... _____
2. MARYSVILLE WAGES SUBJECT TO WITHHOLDING TAX .. \$ _____
3. AMOUNT OF MARYSVILLE TAX WITHHELD \$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD \$ _____
5. TOTAL MARYSVILLE TAX PAID..... \$ _____

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____

MONTHLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Payment Date	Check Number	Date	Amount Paid
1/31	2/17	_____	_____	_____
2/28	3/16	_____	_____	_____
3/31	4/15	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____

MONTHLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Payment Date	Check Number	Date	Amount Paid
7/31	8/17	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
10/31	11/16	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____