This exemption form may not be used by individuals who live in the City of Marysville or those Individuals required to file a City of Marysville Individual Income Tax Return.

COMPANY NAME
FID# 

LOCAL MARYSVILLE ADDRESS

CITY 
STATE 
ZIP 

PHONE NUMBER 
FAX 

CHECK THE APPROPRIATE LINE

1. □ No business was conducted in the City of Marysville in any part of tax year ______________.

2. □ The Company is a courtesy withholding account only for employees who reside in Marysville but do not work in Marysville. The Company has conducted no business in the City of Marysville for tax year ______________.

3. □ We ceased operations in the City of Marysville on (provide date) ______________.

4. □ Other __________________________________________________________

____________________________________________ 
SIGNATURE 

____________________________________________ 
TITLE 

____________________________________________ 
CORPORATE ADDRESS (IF DIFFERENT FROM LOCAL ADDRESS) 

____________________________________________ 
PHONE NUMBER 

____________________________________________ 
E-mail 

Mail completed form to:
CITY OF MARYSVILLE, OHIO
Income Tax Division
209 S. Main St., P.O. Box 385
Marysville, Ohio 43040
Telephone: (937) 645-7350
Fax: (937) 645-7351