



CITY OF MARYSVILLE, OHIO
 Income Tax Division
 209 S. Main St., P.O. Box 385
 Marysville, Ohio 43040
 Telephone: (937) 645-7350
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**THE CITY OF MARYSVILLE
 2018 INDIVIDUAL INCOME
 TAX RETURN**

FILE ON OR BEFORE APRIL 15, 2019

ACCT. OR YOUR SOCIAL SECURITY #

ACCT. OR SPOUSE SOCIAL SECURITY #

Name and Address:

Do you own or rent property? Own Rent
 Resident
 Partial Year Resident
 Move In Date _____ Move Out Date _____
 Non Resident Sole Proprietor

Federal form 1040 must be attached.

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

W-2 INCOME ONLY FILERS CHECK HERE IF YOU WOULD LIKE THE INCOME TAX DIVISION TO CALCULATE YOUR RETURN ATTACH W-2'S AND SIGN BELOW, MAIL BEFORE MARCH 16, 2019 **OFFICE USE ONLY**

INCOME If none, see exemption form.	1. Total W-2 wages. Complete Worksheet A on reverse. W-2's MUST BE ATTACHED 1	\$	
	(Generally found in box 5 of Form W-2. See instructions.)		
	2. Other income/loss. From Worksheet B. SCHEDULES MUST BE ATTACHED 2	\$	
	Cannot offset wages listed in line 1. See instructions.		
	3. TOTAL INCOME. ADD LINES 1 AND 2 3	\$	
4. Adjustments. From Worksheet C on reverse 4	\$		
5. MARYSVILLE TAXABLE INCOME. SUBTRACT LINE 4 FROM LINE 3 5	\$		
TAX			
6. MARYSVILLE INCOME TAX. MULTIPLY LINE 5 BY 1.5% (.015) 6	\$		
TAX WITHHELD, PAYMENTS AND CREDITS			
7. Marysville income tax withheld. From W-2 or Worksheet A on Reverse .. 7	\$		
8. Prior year credits (Carried forward from prior year) 8	\$		
9. Current year estimated payments (Paid as of _____) 9	\$		
10. TOTAL PAYMENTS AND CREDITS. ADD LINES 7 THROUGH 9..... 10	\$		
BALANCE DUE, REFUND OR CREDIT			
11. BALANCE DUE. If line 6 is more than 10, enter balance due here (No tax due if less than \$10.01) 11	\$		
12. Penalty. 15% of balance due. 12	\$		
13. Non-filing Penalty. \$25 per month, not to exceed \$150 (If filing under federal extension, a copy of said extension must be attached to avoid a penalty. 13	\$		
14. Interest .58% per month, as set by ORC 718.27 (changes annually) 14	\$		
15. Total due. Carry to line 18 below (No tax due if less than \$10.01)..... 15	\$		
16. Overpayment. To be refunded ____, Credited to next year ____, Donate to the City ____ (check one)..... 16	\$		

DECLARATION OF ESTIMATED TAX FOR YEAR First Quarter Estimate should be paid with this return. You will receive reminder notices for 2nd, 3rd and 4th quarter payments.

ESTIMATE FOR NEXT YEAR Complete only if you are required to make estimated payments – SEE REVERSE.

17. Amount due with this return 1st quarter payment (See calculation on Worksheet D.) 17	\$	
18. Enter balance due from line 15 above (no tax due if less than \$10.01)..... 18	\$	
19. TOTAL TAX DUE. ADD LINE 17 AND LINE 18. PLEASE MAKE CHECKS PAYABLE TO CITY OF MARYSVILLE .. 19	\$	

If this return was prepared by a tax return preparer, please check this box if you wish to authorize the Tax Administrator to contact the preparer concerning questions that arise during the examination or other review of the return. This also authorizes the preparer to provide the Tax Administrator with information that is missing from the return, to contact the Tax Administrator for information about the examination or other review of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the Tax Administrator and has shown to the preparer. Authorization by the taxpayer for the preparer to communicate with the Tax Administrator about matters pertaining to the return does not preclude the Tax Administrator from contacting the taxpayer regarding such matters.

Under penalties of perjury I/we declare that I/we have examined this information, including all accompanying schedules and statements and to the best of my/our belief, they are true, correct and complete.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____ DATE _____

NAME AND ADDRESS OF PREPARER _____ TELEPHONE NUMBER _____

SIGNATURE OF TAXPAYER _____ DATE _____ TELEPHONE NUMBER _____

SIGNATURE OF SPOUSE (IF JOINT RETURN) _____ DATE _____ TELEPHONE NUMBER _____

ASSESSMENT

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)	(B)	(C)	(D)
EMPLOYER NAME	WAGES EARNED	MARYSVILLE TAX WITHHELD	DATES INCOME EARNED
A.			/ / 18 - / / 18
B.			/ / 18 - / / 18
C.			/ / 18 - / / 18
D.			/ / 18 - / / 18
E. TOTALS	\$	\$	

Enter the total of Column B on Page 1, Line 1. Enter the total of Column C on Page 1, Line 7.

WORKSHEET B SCHEDULE INCOME OR LOSS (Attach Federal Schedule(s))

Types of Schedules Available: C Business Income, E Rental Income, K-1 Partnership Income, Misc 1099-MISC, W-2G, F Farm Income, Form 4797 (Part II) Ordinary Gains and Losses

		INCOME/LOSS FROM FEDERAL SCHEDULES	MARYSVILLE PERCENTAGE	MARYSVILLE TAXABLE INCOME
Schedule Type				
Schedule Type				
Schedule Type				
Schedule Type				
Schedule Type				
Schedule Type				

Net Operating Loss Claimed to Offset Current Year Business Income
2017 (_____)

		Total Income/Loss	
		Enter Pg. 1, Ln. 2	

WORKSHEET C - 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 4 \$ _____ \$ _____

WORKSHEET D - CALCULATION OF ESTIMATED TAX

- Total income subject to tax \$ _____
- Estimated balance due (Multiply line 1 by tax rate of 1.5% (.015)) \$ _____
- Credit carried forward from line 16 (if not refunded or donated) \$ _____
- Unpaid estimated tax (subtract line 3 from line 2) \$ _____
- Amount due with this return for 1st quarter payment (line 4 divided by 4) (carry this amount forward to line 17 on the front page of your return) \$ _____