CITY OF MARYSVILLE, OHIO
Income Tax Division
208 S. Main St.
PO. Box 385
Marysville, Ohio 43040
Telephone: (937) 645-7350
Fax: (937) 645-7351

THE CITY OF MARYSVILLE
BUSINESS INCOME TAX RETURN

OR FISCAL PERIOD TO

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 Q 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 %

5a. Marysville Taxable Income/(Loss) (Multiply Line 3 by Line 4) .................................................................. 5a $

5b. Marysville Loss to carry forward (attach schedule) .................................................................................. 5b $

6. Marysville Income Tax (Multiply Line 5 by 1.5%) ....................................................................................... 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 (15% of Line 11) .................................................. 12a $

12b. Penalty for late filing $25.00 per month, not to exceed $150.00 (If filing under federal extension, a copy of said extension must be attached to avoid a penalty) 12b $

12c. Interest (as set by ORC 718.27) ............................................................................................................. 12c $

13. Total Due (If $10.01 or more) .................................................................................................................. 13 $

14. Overpayment (Line 10 greater than Line 6) ............................................................................................. 14 $

15. Indicate Refund (If $10.01 or more) ......................................................................................................... 15 $

16. Credit to next year (If $10.01 or more) .................................................................................................... 16 $

17. Total estimated income subject to tax ....................................................................................................... 17 $

18. Multiply Line 17 by 1.5% (.015) Balance of Marysville City Income Tax declared ..................................... 18 $

19. Tax due before credits (enter at least 25% 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 Estimates 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 return preparer, please check this box (You should advise 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, failures, 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 prejudice the Tax Administrator from contacting the taxpayer regarding such matters.

Under penalties of perjury 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 the 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**

<table>
<thead>
<tr>
<th>ITEMS NOT DEDUCTIBLE</th>
<th>ADD</th>
<th>ITEMS NOT TAXABLE</th>
<th>DEDUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Capital Losses (not ordinary losses) ..................</td>
<td>$ ___________________</td>
<td>I. Capital Gains (not ordinary gains) ................</td>
<td>$ ___________________</td>
</tr>
<tr>
<td>B. City or State Income Taxes Paid .......................</td>
<td></td>
<td>J. Interest Income ......................................</td>
<td></td>
</tr>
<tr>
<td>C. 5% of amount deducted as intangible income ..........</td>
<td></td>
<td>K. Dividends (less Federal exclusion) ................</td>
<td></td>
</tr>
<tr>
<td>D. Guaranteed Payments to partners .......................</td>
<td></td>
<td>L. Income from Patents and Copyrights ................</td>
<td></td>
</tr>
<tr>
<td>E. Amounts for Qualified Self-Employed Retirement, Health &amp; Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax</td>
<td></td>
<td>M. Intangible Income ....................................</td>
<td></td>
</tr>
<tr>
<td>F. Other including REITs &amp; RIC's all amounts (SEE INSTRUCTIONS)</td>
<td></td>
<td>N. Net operating loss (partnerships and S corps) ATTACH SCHEDULE</td>
<td></td>
</tr>
<tr>
<td>G. Net operating loss carried forward (C corps) ATTACH SCHEDULE</td>
<td></td>
<td>O. Other Income Exempt from Marysville Tax (Explain)</td>
<td></td>
</tr>
<tr>
<td>H. Total Additions ........................................</td>
<td>$ ___________________</td>
<td>P. Total Deductions ......................................</td>
<td>$ ___________________</td>
</tr>
<tr>
<td>Q. Combine Lines G and N and enter net on Page 1, Line 2</td>
<td></td>
<td>Q. Combine Lines G and N and enter net on Page 1, Line 2</td>
<td>$ ___________________</td>
</tr>
</tbody>
</table>

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

STEP 1. Average Original Cost 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 $ __________