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

**OR FISCAL PERIOD** ___________ TO ___________

**CALENDAR YEAR TAXPAYERS**

**FILE ON OR BEFORE APRIL 15TH.**

**FISCAL YEARS FILE BY 15TH DAY OF THE FOURTH MONTH AFTER THE CLOSE OF THE PERIOD.**

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<table>
<thead>
<tr>
<th>Tax return for (Check One)</th>
<th>Did you file a city return last year?</th>
<th>Has a return been previously filed using this number?</th>
<th>PROVIDE NAME AND ADDRESS IN SPACE ABOVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Corporation</td>
<td>☐ YES ☐ NO</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
<tr>
<td>☐ S-Corporation</td>
<td>☐ YES ☐ NO</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
<tr>
<td>☐ Estate</td>
<td>☐ YES ☐ NO</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
<tr>
<td>☐ Partnership</td>
<td>☐ YES ☐ NO</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
<tr>
<td>☐ Fiduciary</td>
<td>☐ YES ☐ NO</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
<tr>
<td>☐ Trust</td>
<td>☐ YES ☐ NO</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
</tbody>
</table>

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1. **Taxable Income from Federal Return** (ATTACH COPY OF FEDERAL RETURN) From Form _______ Line _______ $ 
2. **Adjustments** (From Line Q on Reverse, Schedule X) $ 
3. **Taxable Income before allocation** (Line 1 plus/minus Line 2) $ 
4. **Allocation Percentage** (From Line 5 on Reverse, Schedule Y) $ 
5a. Marysville Taxable Income / (Loss) (Multiply Line 3 by Line 4) $ 
5b. Marysville Loss to carry forward (attach schedule) $ 
6. **Marysville Income Tax** (Multiply Line 5 by 1.5%) $ 
7. **Credits applied from previous year to this year's liability** $ 
8. **Estimates paid for this year's liability** $ 
9. **Other Credits (Explain)** $ 
10. **Total Credits** $ 
11. **Tax Due** (Subtract Line 10 from Line 6) $ 
12a. **Penalty for late payment or underpayment of estimate** (15% of Line 11) $ 
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) $ 
12c. **Interest** (as set by ORC 718.27) $ 
13. **Total Due (If $10.01 or more)** $ 
14. **Overpayment** (Line 10 greater than Line 6) $ 
15. **Indicate Refund** (If $10.01 or more) $ 
16. **Credit to next year** (If $10.01 or more) $ 

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**DECLARATION OF ESTIMATED TAX FOR YEAR**

17. **Total estimated income subject to tax** $ 
18. **Multiply Line 17 by 1.5% (.015) Balance of Marysville City Income Tax declared** $ 
19. **Tax due before credits** (enter at least 25% of Line 18) $ 
20. **Less credits** (from Line 16 above) $ 
21. **Net estimated tax due** (Line 19 minus Line 20)* $ 
22. **TOTAL AMOUNT DUE** - Combine Line 13 above with Line 21 (Make checks payable to the City of Marysville) $ 

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

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**Make Checks and Money Orders Payable to City of Marysville**

**Forms Available on Internet at www.marysvilleohio.org**

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**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)</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>
</tbody>
</table>

### SCHEDULE Y - BUSINESS ALLOCATION FORMULA

<table>
<thead>
<tr>
<th>STEP</th>
<th>Calculation</th>
<th>a. Located Everywhere</th>
<th>b. Located in Marysville</th>
<th>c. Percentage (b/a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Average Original Cost of Real &amp; Tangible Personal Property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gross Amount Rentals Paid Multiplied by 8</td>
<td></td>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>
|      | TOTAL STEP 1 | | | |%
| 2    | Total Percentages | | | % |
| 3    | 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 $