



CITY OF MARYSVILLE, OHIO
 Income Tax Division
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**THE CITY OF MARYSVILLE
 BUSINESS INCOME TAX RETURN**

Year **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.

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 Application of NOL (Line 1 plus/minus Line 2).....	3	\$
4.	Loss Carried Forward (attach schedule).....	4	\$
5.	Taxable Income before allocation (Line 3 minus Line 4).....	5	\$
6.	Allocation Percentage (From Line 5 on Reverse, Schedule Y).....	6	%
7.	Marysville Taxable Income/(Loss)(Multiply Line 5 by Line 6).....	7	\$
8.	Marysville Income Tax (Multiply Line 7 by 1.5%).....	8	\$
9.	Credits applied from previous year to this year's liability.....	9	\$
10.	Estimates paid for this year's liability.....	10	\$
11.	Other Credits (Explain).....	11	\$
12.	Total Credits.....	12	\$
13.	Tax Due (Subtract Line 12 from Line 8).....	13	\$
14a.	Penalty for late payment or underpayment of estimate (15% of Line 13).....	14a.	\$
14b.	Penalty for late filing \$25.00 per month, not to exceed \$150.00.....	14b.	\$
(If filing under federal extension, a copy of said extension must be attached to avoid a penalty)			
14c.	Interest (as set forth by ORC 718.27).....	14c.	\$
15.	Total Due (If \$10.01 or more).....	15	\$
16.	Overpayment (Line 12 greater than Line 8).....	16	\$
17.	Indicate Refund (If \$10.01 or more).....	17	\$
18.	Credit to next year (If \$10.01 or more).....	18	\$

DECLARATION OF ESTIMATED TAX FOR YEAR

19.	Total estimated income subject to tax.....	19	\$
20.	Multiply Line 19 by 1.5% (.015) Balance of Marysville City Income Tax declared.....	20	\$
21.	Tax due before credits (enter at least 25% of Line 20).....	21	\$
22.	Less credits (from Line 18 above).....	22	\$
23.	Net estimated tax due (Line 21 minus Line 22)*.....	23	\$
24.	TOTAL AMOUNT DUE - Combine Line 15 above with Line 23 (Make checks payable to the City of Marysville).....	24	\$

*First Quarter Estimate 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 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 taxpayers 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 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

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

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

		a. Located Everywhere	b. Located in Marysville	c. Percentage (b/a)
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 6)	_____	_____	%

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 \$ _____