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

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 O 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	%
5.	Marysville Taxable Income (Multiply Line 3 by Line 4)	5	$
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 (10% of Line 11)	12a	$
12b.	Interest (2% per month or fraction thereof)	12b	$
13.	Total Due (If $5.01 or more)	13	$
14.	Overpayment (Line 10 greater than Line 6)	14	$
15.	Indicate Refund (If $5.01 or more)	15	$
16.	Credit to next year	16	$

DECLARATION OF ESTIMATED TAX FOR YEAR _____

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 22.5% 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 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 practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.
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 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
A.	Capital Losses (not ordinary losses)	$ _____
B.	City or State Income Taxes Paid	_____
C.	5% of amount deducted as intangible income	_____
D.	Guaranteed Payments to partners	_____
E.	Amounts for Qualified Self-Employed Retirement. Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax	_____
F.	Other including REITS & RIC's all amounts (SEE INSTRUCTIONS)	_____
G.	Total Additions	$ _____

	ITEMS NOT TAXABLE	DEDUCT
H.	Capital Gains (not ordinary gains)	$ _____
I.	Interest Income	_____
J.	Dividends (less Federal exclusion)	_____
K.	Income from Patents and Copyrights	_____
L.	Intangible Income	_____
M.	Other Income Exempt from Marysville Tax (Explain) _____	_____
N.	Total Deductions	$ _____
O.	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 (Divice 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 $ _____