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 INDIVIDUAL INCOME TAX RETURN

[ ] Year

FILE ON OR BEFORE APRIL 15, 2015

YOUR SOCIAL SECURITY #

SPOUSE SOCIAL SECURITY #

Do you own rental property? ☐ Yes ☐ No
If renting residence, give name and address of property owner. _____

☐ Resident
☐ Partial Year Resident
Move In Date _____ Move Out Date _____
☐ Non Resident ☐ Sole Proprietor

Name and Address: Indicate above change(s) by checking ☐ Name ☐ Address Effective Date: _____

FILING STATUS
Check only one

☐ Single ☐ Married filing joint return (even if only had one income). Check if you filed a joint ☐ or separate ☐ return last year.
☐ 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, 2015**

ALL APPROPRIATE W-2's, FEDERAL SCHEDULES, EXPLANATIONS MUST BE ATTACHED

INCOME If none, see exemption form enclosed.	1.	Total W-2 wages. Complete Worksheet A on reverse. **W-2's MUST BE ATTACHED**	1	$
	2.	2106 Expenses. See instructions. **FEDERAL FORM 2106 MUST BE ATTACHED**	2	$
	3.	TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1	3	$
	4.	Other income. From Schedule C, E or O on reverse. **SCHEDULES MUST BE ATTACHED**	4	$
	5.	TOTAL INCOME. ADD LINES 3 AND 4	5	$
	6.	Adjustments. From Schedule X on reverse	6	$
	7.	MARYSVILLE TAXABLE INCOME. SUBTRACT LINE 6 FROM LINE 5	7	$
TAX	8.	MARYSVILLE INCOME TAX. MULTIPLY LINE 7 BY 1.5% (.015)	8	$
TAX WITHHELD, PAYMENTS AND CREDITS	9.	Marysville income tax withheld. From W-2 or Worksheet A on Reverse	9	$
	10.	Prior year credits (Carried forward from 2013 or prior)	10	$
	11.	Current year estimated payments (Paid as of _____)	11	$
	12.	TOTAL PAYMENTS AND CREDITS. ADD LINES 9 THROUGH 11	12	$
BALANCE DUE, REFUND OR CREDIT	13.	BALANCE DUE. If line 8 is more than 12, enter balance due here (No tax due if less than $5.01)	13	$
	14.	Penalty. 10% of balance due, applicable only if Line 13 is greater than $100.00	14	$
	15.	Interest. 2% per month or fraction thereof, applicable only if Line 13 is greater than $100.00	15	$
	16.	Total due. Carry to line 26 below (No tax due if less than $5.01)	16	$
	17.	OVERPAYMENT. If line 8 is less than line 12, enter overpayment here	17	$
	18.	AMOUNT FROM LINE 17 TO BE REFUNDED (No refund if less than $5.01)	18	$
	19.	AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR (No credit if less than $5.01)	19	$
	20.	AMOUNT FROM LINE 17 TO BE DONATED TO THE CITY	20	$

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.

21.	Total income subject to tax	21	$
22.	Estimated balance due (Multiply Line 21 by tax rate of 1.5% (.015))	22	$
23.	Credit from line 19 above	23	$
24.	Unpaid estimated tax (subtract line 23 from line 22)	24	$
25.	Amount due with this return 1st quarter payment (Line 24 divided by 4)	25	$
26.	Enter balance due from line 16 above (no tax due if less than $5.01)	26	$
27.	TOTAL TAX DUE. ADD LINE 25 AND LINE 26. **PLEASE MAKE CHECKS PAYABLE TO CITY OF MARYSVILLE**	27	$

TAX DUE

☐ 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 PREPARER, IF OTHER THAN TAXPAYER — DATE

NAME AND ADDRESS OF PREPARER — TELEPHONE NUMBER

SIGNATURE OF TAXPAYER — DATE

SIGNATURE OF SPOUSE (IF JOINT RETURN) — TELEPHONE NUMBER

FOR TAX DIVISION USE ONLY

WORKSHEET A - SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION

(A)	(B)	(C)	(D)	(E)
CITY WHERE EMPLOYED	INCOME EARNED IN MARYSVILLE	MARYSVILLE TAX WITHHELD	INCOME EARNED IN OTHER CITY	DATES INCOME EARNED
A.				/ / 14 - / / 14
B.				
C.				
D.				
E. **TOTALS**	$	$	$	

Add the total of Column B and D and enter on Page 1, Line 1. Enter the total of Column C on Page 1, Line 9.

1. SCHEDULE C (Attach Federal Schedule C(s))

Business Name _____ Business Address _____

Kind of Business _____ Date Started _____ Date Ended _____

A. Net Profit or Loss (Attach Schedule C(s)) ..... $ _____

B. Percentage Amount Allowable to the Municipality (Attach allocation calculation) ..... _____ %

C. Amount subject to tax. Multiply A times B. ..... $ _____

Total (1)* **$** _____

The net loss from a business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one business activity (except any portion of a loss separately reportable for municipal tax purposes to another taxing entity) may be used to offset the profits of another for purposes of arriving at overall net profits.

2. SCHEDULE E - INCOME FROM RENTS (Attach Federal Schedule E(s))

TYPE AND EXACT LOCATION OF PROPERTY (LOSSES WITHOUT EXACT LOCATION WILL BE DISALLOWED)	NET PROFIT OR (LOSS)	TYPE AND EXACT LOCATION OF PROPERTY (LOSSES WITHOUT EXACT LOCATION WILL BE DISALLOWED)	NET PROFIT OR (LOSS)
NAME ADDRESS CITY, STATE, ZIP		NAME ADDRESS CITY, STATE, ZIP	
NAME ADDRESS CITY, STATE, ZIP		NAME ADDRESS CITY, STATE, ZIP	

Please see business activity in instructions.

Total (2)* **$** _____

3. SCHEDULE O - OTHER INCOME NOT INCLUDED IN SCHEDULE C OR E (Attach Federal Schedules, forms or 1099's)

INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, FEES, TANGIBLE CAPITAL GAINS, TIPS, LOTTERY, PRIZES, ETC.

RECEIVED FROM NAME/TAX I.D. NUMBER	FOR (DESCRIPTION AND/OR LOCATION) (APPLICABLE LOSSES W/O EXACT LOCATION WILL BE DISALLOWED)	AMOUNT
A.		$
B.		$

Total (3)* **$** _____

***TOTAL OTHER INCOME (Add lines 1-3)** Enter on Page 1, Line 4 **$** _____

SCHEDULE X - 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 6	$ _____	$ _____