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

APPLICATION FOR EXTENSION OF TIME TO FILE MARYSVILLE CITY INCOME TAX RETURN

FOR CALENDAR YEAR ENDING DECEMBER 31, _____

OR FISCAL PERIOD _____ **TO** _____

LAST NAME | FIRST NAME | INITIAL

SPOUSE'S FIRST NAME | INITIAL

SOCIAL SECURITY NO. OF TAXPAYER(S) OR FIN

SPOUSE'S SOCIAL SECURITY NUMBER OR FIN

ADDRESS | APT #

CITY | STATE | ZIP

PLEASE NOTE: FILE THIS FORM WITH THE CITY OF MARYSVILLE ON OR BEFORE THE DUE DATE OF THE RETURN AND PAY ANY AMOUNT YOU OWE. THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX.

I request a six month extension of time to file the City of Marysville Income Tax Return for the tax year ending _____.

Fiscal year filers enter extended due date _____ .

1. Total Marysville Tax Liability. ..... $ _____
2. Total payments and credits. ..... ($ _____)
3. Balance due. Subtract Line 2 from Line 1. ..... $ _____

   Complete the declaration of estimated taxes if liability to Marysville will exceed $200.00. .....

   A. Estimated income subject to Marysville tax $ _____
   Estimated tax due: 1.5% (.015) times Line A. ..... $ _____

   B. Marysville tax to be withheld by employer. ..... ($ _____)

   C. DECLARATION OF ESTIMATED TAX DUE (Line A minus Line B)..... $ _____

4. Amount of Declaration due. (Enter at least 22.5% of Line C if quarterly or at least 90% if annually)
   Reminders for Quarters 2, 3, & 4 will be sent to you based upon the declaration and payments made. ..... $ _____
5. **Total amount due. Add Lines 3 and 4.**..... $ _____

IN ORDER TO RECEIVE AN EXTENSION, YOU MUST PAY IN FULL THE BALANCE DUE WITH THIS FORM

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE | DATE

SIGNATURE OF SPOUSE | DATE

INSTRUCTIONS

Use this form, copy of Federal Extension or letter to request an automatic six month extension from the due date of return. To receive the extension you must:

1. Complete form correctly.
2. File it by DUE DATE of your return.
3. Pay the entire amount shown on Line 5.

We will contact you only if your request is denied.

This form does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest and penalty. If you wish a return copy of the approved request, you must include a self-addressed stamped envelope.