Print | Clear Form

**CITY OF MARYSVILLE, OHIO**
Income Tax Division
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Marysville, Ohio 43040
Telephone: (937) 645-7350
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# THE CITY OF MARYSVILLE 2015 INDIVIDUAL INCOME TAX RETURN

Year

FILE ON OR BEFORE APRIL 18, 2016

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, 2016**

**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** 2016 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 – SEE INSTRUCTIONS.

| | | | |
|---|---|---|---|
| 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 | $ |

**TAX DUE**

| | | | |
|---|---|---|---|
| 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 | $ |

☐ 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. | | | | | |
| 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) ..... 100.00 %

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<br>ADDRESS<br>CITY, STATE, ZIP | | NAME<br>ADDRESS<br>CITY, STATE, ZIP | |
| NAME<br>ADDRESS<br>CITY, STATE, ZIP | | NAME<br>ADDRESS<br>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 ..... **$** _____ **$** _____