



CITY OF MARYSVILLE, OHIO
 Income Tax Division
 209 S. Main St., P.O. Box 385
 Marysville, Ohio 43040
 Telephone: (937) 645-7350
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**THE CITY OF MARYSVILLE
 2016 INDIVIDUAL INCOME
 TAX RETURN**

FILE ON OR BEFORE APRIL 18, 2017

YOUR SOCIAL SECURITY #

SPOUSE SOCIAL SECURITY #

Do you own or rent property? Own Rent
 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 Single Married filing joint return (even if only had one income). Check if you filed a joint or separate return last year.
 Check only one 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, 2017**

INCOME If none, see exemption form enclosed.	1.	Total W-2 wages. Complete Worksheet A on reverse. W-2's MUST BE ATTACHED (Generally found in box 5 of Form W-2. See instructions.)	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. 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 prior year)	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 \$10.01)	13	\$
	14.	Penalty. 15% of balance due. Non-filing Penalty. \$25 per month, not to exceed \$150 (If filing under federal extension, a copy of said extension must be attached to avoid a penalty. Include total of both items in box 14.)	14	\$
	15.	Interest .42% per month, as set by ORC 718.27 (changes annually)	15	\$
	16.	Total due. Carry to line 22 below (No tax due if less than \$10.01)	16	\$
	17.	Overpayment. To be refunded _____, Credited to next year _____, Donate to the City _____ (check one)	17	\$

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 – SEE INSTRUCTIONS.

21.	Amount due with this return 1st quarter payment (See calculation on worksheet.)	21	\$
22.	Enter balance due from line 16 above (no tax due if less than \$10.01)	22	\$
23.	TOTAL TAX DUE. ADD LINE 21 AND LINE 22. PLEASE MAKE CHECKS PAYABLE TO CITY OF MARYSVILLE	23	\$

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 taxpayer's 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 I/we declare that I/we have examined this information, including all accompanying schedules and statements and to the best of my/our belief, they are true, correct and complete.

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 _____

ASSESSMENT

FOR TAX DIVISION USE ONLY

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

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

(A) CITY WHERE EMPLOYED	(B) INCOME EARNED IN MARYSVILLE	(C) MARYSVILLE TAX WITHHELD	(D) INCOME EARNED IN OTHER CITY	(E) DATES INCOME EARNED
A.				/ / 16 - / / 16
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 _____

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 _____		NAME _____	
NAME _____		NAME _____	
Total (2)*			\$ _____

Please see business activity in instructions.

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		\$ _____

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	\$ _____	\$ _____

5. CALCULATION OF ESTIMATED TAX.

1. Total income subject to tax \$ _____

2. Estimated balance due (Multiply line 1 by tax rate of 1.5% (.015)) \$ _____

3. Credit carried forward from line 17 (if not refunded or donated) \$ _____

4. Unpaid estimated tax (subtract line 3 from line 2) \$ _____

5. Amount due with this return for 1st quarter payment (line 4 divided by 4) (carry this amount forward to line 21 on the front page of your return) \$ _____