



**CITY OF MARYSVILLE, OHIO**  
Income Tax Division  
P.O. Box 385  
Marysville, Ohio 43040-0385  
Telephone: (937) 645-1090  
Fax: (937) 645-1105

## **CITY OF MARYSVILLE INDIVIDUAL INCOME TAX RETURN INSTRUCTIONS**

Additional Forms Available  
at [www.marysvilleohio.org](http://www.marysvilleohio.org)

**ONLINE TAX CALCULATION:** You can prepare your tax return using our tax calculator on the city website at [www.marysvilleohio.org](http://www.marysvilleohio.org). Go to the Income Tax page (under Finance Department) and click on the Tax Tool. Activate your account for 2010, enter your account number, last name and email address. You'll be able to create your own username and password. Follow the instructions to have the Tool calculate your return, after which you'll print, sign, and mail your return in with appropriate supporting documents and payment, if applicable, by the due date.

**WHO MUST FILE:** Filing is mandatory. Therefore, all Marysville residents (including part year residents) eighteen years of age and older must file a City of Marysville Income Tax Return. Non-resident taxpayers (any person or business) having derived income within the City, and for whom the tax is not withheld by their employer, are required to file a city return. If a person is under 18 and employed with Marysville city tax withheld, a return must be filed, with proof of age, to receive a refund. Anyone receiving a preprinted form is on active status. Please notify this office in writing with full details if your status has changed and your account should be inactive.

**DECLARATION OF EXEMPTION RETURN:** To meet mandatory filing requirements, this form must be filed in lieu of the tax return - **ONLY BY THOSE INDIVIDUALS WHO QUALIFY.** (See instructions on enclosed form.)

**FILING STATUS:** Taxpayers who prepare their federal and state tax returns using the "married filing separate" status to lower their overall tax liability may still file a joint return for the City of Marysville. Filing a joint return will neither increase nor decrease your City of Marysville tax liability.

**WHEN AND WHERE TO FILE:** This return must be filed on or before April 15th. Make checks or money orders payable to the **City of Marysville and mail to the Income Tax Division, PO Box 385, Marysville, Ohio 43040-0385.**

**EXTENSION OF TIME TO FILE:** If the deadline cannot be met, a copy of the Federal request (or Confirmation # from telefile), a copy of our extension request form or a letter requesting an extension which includes name, address, social security or federal tax identification number **MUST BE FILED WITH THE INCOME TAX DIVISION BY THE ORIGINAL DUE DATE OF THE RETURN.** An extension request is not an extension of time to pay. Payment of any estimated tax due should accompany the extension request. If no extension is filed, penalty and interest charges will apply. A copy of the extension request should also be attached to the return when it is filed.

**Blended Income Tax Rate:** Effective 7/01/2010, the City Income Tax Rate increased from 1.0% to 1.5%. Therefore, for those taxpayers filing a full calendar year Marysville return, the blended income tax rate to be used is 1.25% (.0125), which will result in the appropriate tax amount due. If you wish to prorate your income to the periods prior to and after the rate change (For example: income earned prior to 07/01/10), please provide detailing documentation with the 2010 income tax return.

**TAX CREDIT:** Effective 01/01/05, the tax credit was eliminated. Therefore, City of Marysville residents, who work in another municipality, will no longer be allowed a credit for taxes paid to their employment city.

**PARTIAL YEAR RESIDENTS:** If you only lived in Marysville during part of the taxable year, you must file a tax return covering that time. Report the amount of income you earned while you lived in Marysville. Pay statements with year-to-date figures or a statement from your payroll department must be used if available. When the actual amount you earned while living in Marysville cannot be determined, you may break down your earnings by the number of months employed at the job arriving at a monthly earnings figure. Use the monthly earnings figure multiplied by the number of months of residency to find your taxable amount. If you pro-rate your income, you must also pro-rate your city tax that was withheld on the same income. Attach a worksheet explaining your calculations.

**ESTIMATED TAX PAYMENTS:** Every person who anticipates any taxable income which is not subject to withholding of income tax or who engages in any business, profession, enterprise or activity subject to Marysville taxation shall file and pay estimated tax, if the amount of tax estimated is \$100 or

more. Such payments are due on April 15, July 31, October 31, and January 31 of the following year. The first estimated tax form is found at the bottom of the income tax return. Estimated payment vouchers have been provided for the 2nd, 3rd and 4th quarters or at [www.marysville.ohio.org](http://www.marysville.ohio.org). Quarterly reminder notices will be sent. A declaration and payment of estimated tax which is less than ninety percent (90%) of the tax shown on the final return, or less than one hundred percent (100%) of the previous year's tax shall not be considered to be made in good faith and the difference shall be subject to penalties and interest.

**SIGNATURE:** Do not fail to sign and date your return. A tax return is not legally filed until signed by the taxpayer or a legally authorized agent.

**PENALTIES AND INTEREST:** Penalty and interest for late payment or underpayment of estimated tax, shall be imposed at the rate of 10% penalty and 24% interest (2% per month or fraction thereof) as provided by ordinance. No penalty for failure to pay estimated tax will apply to an entity (individual, corporate, or association) whose tax for the year, after credit for tax withheld, is less than \$100.

**PAYMENTS UNDER ONE DOLLAR:** Payments of less than one dollar and one cent (\$1.01) of net tax due are not required to be paid, nor will refunds of less than one dollar and one cent (\$1.01) be made.

**DONATE YOUR OVERPAYMENT/REFUND TO THE CITY:** If you wish to make a voluntary donation of any portion or all of your income tax overpayment to the City, you can do so by indicating this on your income tax return. Simply indicate on Line 20, the amount you would like to donate. If you want the payment allocated between Donate, Refund and Credited to Next Year, please indicate the amount of each allocation on the appropriate line. Donation or Refunds of less than \$1.01 cannot be made.

**TAXABLE INCOME:** Items included in taxable income are listed on the reverse side.

Taxable wages are calculated before **ANY DEDUCTION.** Wages for city tax purposes may differ from the Federal wages reported on your W-2. Use Box 5 (Medicare Wages), from your Form W-2s. If Box 1 or 18 is larger, contact our income tax office. City taxable wages include all wages that may be deferred or excluded from Federal and State wages. Treat disability income as wages unless it is received from Worker's Compensation, Social Security or from insurance paid by you. Passive activity losses are deducted the year incurred: carry forwards are not allowed for city tax purposes. Income from intangibles (interest and dividends you received) are not taxable.

**NON-TAXABLE INCOME:** Items not included in taxable income are listed on the reverse side.

**EMPLOYEE BUSINESS EXPENSES:** Employee business expenses, as defined on Federal Form 2106, may be deducted against income subject to city taxation. If income is allocated between cities, 2106 expenses should likewise be allocated. Federal Form 2106 **MUST** be included with return.

**BUSINESS ACTIVITY:** 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.

**CHANGE IN TAX LIABILITY:** An amended tax return is required within three months of the determination of any changed tax liability resulting from a Federal Audit, Judicial Decision or other circumstance.

**PROPER ATTACHMENTS:** All income earned must be supported by copies of all applicable Federal Schedules, W-2's, 1099's or other substantiating documents and must be attached to the return when it is filed. Any return received without all of the applicable schedules and attachments will be considered "INCOMPLETE". Completed returns must be received by April 18th (postmarked April 18th) to avoid interest and penalty charges.

**ATTACHMENTS REQUIRED WITH ALL RETURNS: W-2'S, 1099's AND FEDERAL SCHEDULES**

## Instructions for Preparing City of Marysville Income Tax Return

<b>Line 1.</b>	Enter total amount of wages, salaries and other employee compensation. Complete Worksheet A on back of return. Attach all W-2's and 1099's. In most cases your wage amount will be Box 5 (Medicare Wages) from your Form W-2's. If Box 1 or 18 is larger, contact our income tax office.
<b>Line 2.</b>	Enter 2106 expenses, if applicable. When you reduce income earned in another city by 2106 expenses, you must also reduce the tax withheld by the same percentage. Form 2106 MUST be attached. Enter zero if Federal Form 2106 does not apply.
<b>Line 3.</b>	Subtract Line 2 from Line 1.
<b>Line 4.</b>	Enter the amount of other income from schedule C, E or O from the back of the return, but not less than -0-. Attach appropriate federal schedules, 1099's and documentation. If Line 4 is less than \$0.00, it may not be used to reduce Line 3.
<b>Line 5.</b>	Add Lines 3 and 4.
<b>Line 6.</b>	Use this space to enter income exempt from taxation from Schedule X on the back of the return. This would include part-year resident income and any other income included on Line 5 which is not taxable. Please attach appropriate documentation.
<b>Line 7.</b>	Subtract Line 6 from Line 5.
<b>Line 8.</b>	Multiply Line 7 by 1.25% (.0125).* See Blended Income Tax Rate on page 1.
<b>Line 9.</b>	Enter tax withheld for Marysville from W-2's - "Locality Name" Box (18) on W-2 will contain the word "Marysville".
<b>Line 10.</b>	Any prior year credits that were carried forward from a previous tax year. (Amounts may have been entered from our records).
<b>Line 11.</b>	Enter any payments that were made as quarterly estimated payments. If amount does not agree with your records, contact our office.
<b>Line 12.</b>	Add Lines 9 through 11.
<b>Line 13.</b>	Subtract Line 12 from Line 8. If Line 12 is less than Line 8, enter balance due. If Line 12 is greater than Line 8, skip Lines 14, 15, and 16 and enter overpayment on Line 17.
<b>Line 14 &amp; 15.</b>	Enter penalty and interest, if applicable. ONLY APPLICABLE IF LINE 13 IS GREATER THAN \$100.00.
<b>Line 16.</b>	Add Lines 13, 14 and 15.
<b>Line 17.</b>	If Line 12 is greater than Line 8, enter overpayment. Indicate disposition of overpayment on Lines 18 & 19.
<b>Line 18, 19 &amp; 20</b>	Overpayments may be credited to the next tax year, refunded or donated to the city. The total of Line 18, 19 and 20 must be equal to Line 17.
<b>Note:</b>	If you are fully withheld for the City of Marysville and not required to make estimated payments, STOP HERE, sign and date return and mail in the enclosed envelope.
<b>Line 21-25.</b>	Complete only if you are required to make the estimated payments. Estimated payments are required for those individuals who anticipate any taxable income which is not subject to withholding of Marysville income tax. If Line 21 is less than \$100, no estimate payment is required.
<b>Line 26.</b>	Enter amount from Line 16.
<b>Line 27.</b>	<b>Add Line 25 and Line 26.</b> Make checks payable to the City of Marysville.

### TAXABLE INCOME

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Wages, salaries and other compensation</li> <li>• Bonuses, stipends and tip income</li> <li>• Commissions, fees and other earned income</li> <li>• Sick pay (including third party sick pay)</li> <li>• Employer supplemental unemployment benefits (SUB pay)</li> <li>• Net rental income</li> <li>• Net profits of businesses, professions, sole proprietorship, etc.</li> <li>• Partnerships, estates or trusts</li> <li>• Employee contributions to cost of fringe benefits</li> <li>• Disability pay if received as a benefit of employment (includes third party plan)</li> <li>• Excess employment discounts</li> <li>• Ordinary gains on the sale of business property as reported on Federal Form 4797</li> <li>• Income from wage continuation plans (including retirement incentive plans, buyouts, severance pay and short-term disability)</li> <li>• Moving expense reimbursements (follow Federal rules but non-reimbursed expenses are not deductible)</li> </ul> | <ul style="list-style-type: none"> <li>• Vacation pay</li> <li>• Lottery and gambling winnings</li> <li>• Stock options (taxed at fair market value when exercised) and stock bonus incentive plans.</li> <li>• Net farm income</li> <li>• Employer-paid premiums for group term life insurance over \$50,000</li> <li>• Compensation paid in goods or services or property usage (taxed at fair market value)</li> <li>• Income from guaranteed annual wage contract</li> <li>• Prizes and gifts, if connected with employment, to the same extent as taxable for Federal Income Tax purposes</li> <li>• Contributions made by or on behalf of employees to a tax-deferred annuity or stock purchase plan (includes any plan where employee has the option to defer).</li> <li>• Contributions made by or on behalf of employees to a non-qualified deferred compensation plan.</li> <li>• Director fees</li> <li>• Income from jury duty</li> <li>• Union steward fees</li> </ul> | <ul style="list-style-type: none"> <li>• Strike pay</li> <li>• Employer-provided educational assistance. (taxable to the same extent as for federal taxation)</li> <li>• Executor fees</li> <li>• Profit sharing</li> <li>• Taxes paid by employer on employers behalf</li> <li>• Golden parachute payments</li> <li>• Adoption assistance payments (unless part of a cafeteria plan)</li> <li>• Income received as a result of a covenant or agreement not to compete</li> <li>• Interest on below market loans</li> <li>• Royalties (unless derived from registered copyrights, patents or trademarks)</li> <li>• Contributions made by or on behalf of employees to a qualified deferral plan (401K, 403b, 457b, etc.) – taxed at the year earned, deferral not permitted. Exception: employer matching contributions offered under a cafeteria plan are not taxable. Deferrals even under a cafeteria plan are always taxable.</li> </ul> |
|--|---|---|

### NON-TAXABLE INCOME

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Interest or dividend income</li> <li>• Welfare payments</li> <li>• Social Security benefits</li> <li>• State unemployment benefits</li> <li>• Worker's compensation</li> <li>• Pension Income - includes lump sum distributions</li> <li>• Proceeds of life insurance</li> <li>• Alimony</li> <li>• Military pay including reserve pay</li> <li>• Earnings of persons under 18 years of age</li> <li>• Capital gains and losses (from sale of</li> </ul> | <ul style="list-style-type: none"> <li>intangible property)</li> <li>• Housing allowances for clergy to extent that the allowance is used to provide a home.</li> <li>• Patent and copyright income</li> <li>• Royalties derived from intangible property</li> <li>• Reimbursements in excess of deductible expenses</li> <li>• Annuity at time of distribution</li> <li>• Compensatory insurance proceeds derived from property damage or personal injury settlements</li> <li>• Gross income and receipts of religious, fraternal, charitable, scientific, literary or educational</li> </ul> | <ul style="list-style-type: none"> <li>institutions to the extent that such income and receipts are derived from real estate, tangible or intangible property or other activities that are tax-exempt.</li> <li>• Health and welfare benefits distributed by governmental, charitable, religious or educational organizations</li> <li>• Insurance benefits - unless your employer paid the premiums (Pro-rating is allowed if you paid a portion of the premiums)</li> <li>• Meals and lodging required on premises</li> </ul> |
|---|---|---|

Above lists are not all-inclusive. For items not listed, contact the Income Tax Division for clarification at (937) 645-1090.



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**THE CITY OF MARYSVILLE**  
**INDIVIDUAL INCOME**  
**TAX RETURN**

Year

FILE ON OR BEFORE APRIL 18, 2011

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**  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, 2011**

<b>INCOME</b> If none, see exemption form enclosed.	1.	Total W-2 wages. Complete Worksheet A on reverse. <b>W-2's MUST BE ATTACHED</b> .....	1	\$
	2.	2106 Expenses. See instructions. <b>FEDERAL FORM 2106 MUST BE ATTACHED</b> .....	2	\$
	3.	TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1 .....	3	\$
	4.	Other income. From Schedule C, E or O on reverse. <b>SCHEDULES MUST BE ATTACHED</b> .....	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	\$
<b>TAX</b>	8.	MARYSVILLE INCOME TAX. MULTIPLY LINE 7 BY 1.25% (.0125)* Blended Income Tax Rate - See Instructions		\$
<b>TAX WITHHELD, PAYMENTS AND CREDITS</b>	9.	Marysville income tax withheld. From W-2 or Worksheet A on Reverse .....	9	\$
	10.	Prior year credits (Carried forward from 2009 or prior) .....	10	\$
	11.	Current year estimated payments (Paid as of _____ ) .....	11	\$
	12.	TOTAL PAYMENTS AND CREDITS. ADD LINES 9 THROUGH 11 .....	12	\$
<b>BALANCE DUE, REFUND OR CREDIT</b>	13.	BALANCE DUE. If line 8 is more than line 12, enter balance due here (No tax due if less than \$1.01) .....	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 25 below (No tax due if less than \$1.01) .....	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 \$1.01) .....	18	\$
	19.	AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR .....	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.

<b>ESTIMATE FOR NEXT YEAR</b>	<input type="checkbox"/> 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	\$	
<b>TAX DUE</b>	26. Enter balance due from line 16 above (no tax due if less than \$1.01) .....	26	\$
	27. TOTAL TAX DUE. ADD LINE 25 AND LINE 26. <b>PLEASE MAKE CHECKS PAYABLE TO CITY OF MARYSVILLE</b> .....	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

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.				/ / 10 - / / 10
B.				
C.				
D.				
<b>E. TOTALS</b>	\$	\$	\$	

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.		\$ _____
<b>Total (3)*</b>		<b>\$ _____</b>

**\*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	\$ _____	\$ _____



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**CITY OF MARYSVILLE, OHIO  
 INDIVIDUAL QUARTERLY  
 ESTIMATED PAYMENT**

**2ND  
 QUARTER**

Taxpayer Soc. Sec. No.	Spouse Soc. Sec. No.	Due on or Before <b>July 31,</b>
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Name & Address

1. Total Estimated Tax Owed \$ \_\_\_\_\_

2. Amount of Quarterly  
 Installment (not less than  
 22.5% of Line 1) \$ \_\_\_\_\_

**Payable To:  
 City of Marysville Income Tax**



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**CITY OF MARYSVILLE, OHIO  
 INDIVIDUAL QUARTERLY  
 ESTIMATED PAYMENT**

**3RD  
 QUARTER**

Taxpayer Soc. Sec. No.	Spouse Soc. Sec. No.	Due on or Before <b>October 31,</b>
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Name & Address

1. Total Estimated Tax Owed \$ \_\_\_\_\_

2. Amount of Quarterly  
 Installment (not less than  
 22.5% of Line 1) \$ \_\_\_\_\_

**Payable To:  
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**CITY OF MARYSVILLE, OHIO  
 INDIVIDUAL QUARTERLY  
 ESTIMATED PAYMENT**

**4TH  
 QUARTER**

Taxpayer Soc. Sec. No.	Spouse Soc. Sec. No.	Due on or Before <b>January 31,</b>
------------------------	----------------------	--

Name & Address

1. Total Estimated Tax Owed \$ \_\_\_\_\_

2. Amount of Quarterly  
 Installment (not less than  
 22.5% of Line 1) \$ \_\_\_\_\_

**Payable To:  
 City of Marysville Income Tax**



## INSTRUCTIONS FOR FORM DOE

If you were a wage earner, were self-employed, owned rental property, or derived any other city taxable income, you are not exempt from the mandatory annual filing requirement and may not use this form.

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**EXEMPTION #1** If you were under the age of eighteen (18) for the entire year in question, indicate so by filling in your date of birth. This exemption must be accompanied by proof of age (e.g. a photocopy of a birth certificate or driver's license).

**Parents of Minors**

If your child has received this registration, please fill in Name and Date of Birth so that we get this information noted to avoid future requests.

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**EXEMPTION #2** If you were retired for the entire year in question, received only pension income, and did not receive any city taxable income, indicate so by filling in the date of your retirement. Those individuals of or near retirement age who received only city nontaxable income (e.g. interest, dividends) may also claim this exemption by filling in the date that the individual discontinued earning city taxable income.

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**EXEMPTION #3** If the taxpayer did not reside in the City of Marysville at all during the year in which the exemption is being claimed, indicate so by filling in the date the taxpayer moved in or out of the municipality.

**College Students are generally Not Exempt from Filing.**

A majority of students are living at their respective colleges during the school year: however, their domicile (legal residence) is their parent's home. Therefore, they are required to file a city return.

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**EXEMPTION #4** If the taxpayer in question is deceased, the executor of the taxpayer's estate should indicate the taxpayer's date of death.

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**EXEMPTION #5** If the taxpayer is not retired but did not receive any city taxable income for the year in question, indicate so by checking Box 5 and describing the nature of the income in the space provided. This exemption is for one year only and Form DOE must be completed for each subsequent applicable year.

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**EXEMPTION #6** If the taxpayer was an active member of the U.S. Armed Forces for the entire year in question, indicate so by checking Box 6. This exemption is for one year only and Form DOE must be completed for each subsequent year.

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**EXEMPTION #7** If the taxpayer has filed jointly with his/her spouse, indicate so by filling in the name of the spouse and provide their Social Security Number. If in a subsequent year, a married couple elects to file separately, it shall be the responsibility of each spouse to obtain and file a return.

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In all cases where the taxpayer is eligible for exemption, the taxpayer should provide his/her social security number, name, address and phone number.

**THIS EXEMPTION FORM IS NOT VALID AND WILL NOT BE PROCESSED WITHOUT THE TAXPAYER'S SIGNATURE.**

**Completed forms should be directed to:**

**City of Marysville  
Income Tax Division  
P.O. Box 385  
Marysville, OH 43040-0385**