

CITY OF MARYSVILLE ANNUAL RECONCILIATION RETURN

SUBMIT BY THE LAST DAY OF FEBRUARY. W-2'S MUST BE ATTACHED

MAIL TO: INCOME TAX DIVISION PHONE: (937) 645-7350
 CITY OF MARYSVILLE FAX: (937) 645-7351
 209 S. Main St., P.O. Box 385
 Marysville, OH 43040

FOR TAX YEAR ENDING

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME: _____

FIN: _____

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

ALL LINES MUST BE COMPLETED

1. TOTAL MARYSVILLE W-2'S.....\$ _____
2. MARYSVILLE WAGES SUBJECT TO WITHHOLDING TAX....\$ _____
3. AMOUNT OF MARYSVILLE TAX WITHHELD\$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD\$ _____
5. TOTAL MARYSVILLE TAX PAID.....\$ _____

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____