Auditor Kelly Carr

Marion City Income Tax Return - Individual 233 West Center Street ** ATTACH ALL FEDERAL SCHEDULES
INCLUDING FEDERAL FORM 1040**

The Income Tax Department hours: Monday to Thursday 8:00 a.m. to 5:00 p.m. Fridays 8:00 a.m. to 3:00 p.m. excluding Holidays

Marion, Ohio 43302 740-387-6926 Part Year Resident Date Moved In TAX OFFICE USE ONLY Date Moved Out FOR CALENDAR YEAR 2017-DUE ON OR BEFORE APRIL 17TH, 2018 If the address caption is not correct please make any necessary changes Name: c/0 Address City: Use your City Account Number 1. Wages (attach all applicable W-2's & Federal Form 1040) 2. Unreimbursed Employee Business Expenses (attach Federal Form 2106 & Schedule A- Statutory Employees attach copy of Federal Schedule C 3. Taxable Wages (subtract Line 2 from Line 1) 4. Business and Rental Income 9 (Attach all Federal Schedules & Federal Form 1040) 5. Total taxable Income (losses from Line 4 are not deductible from Line 3) 6. Total Tax (multiply line 5 by 2.00% 7. Credits 7a. Tax withheld for Marion 7b. Marion Tax paid by partnerships on behalf of owner 7c. Tax paid to other cities (see income tax return instructions) 7d. Total Credit (add 7a, 7b and 7c) 8. Tax less credits (subtract line 7d from line 6) 9. Estimated tax paid and credit carryovers from prior tax years 10. Tax Due (subtract Line 9 from Line 8) 11. Distribution of overpayment: a. Apply credit to next year's estimated tax b. Refund _ plus Interest \$_ 12. Late Penalty \$ plus Tax Due \$_ NOTE AMOUNT \$10.00 OR LESS WOULD NOT BE DUE OR REFUNDED. DECLARATION OF ESTIMATED MARION, OHIO CITY INCOME TAX FOR 2018 Declaration required only if estimated tax due (line 15) is \$500.00 or more estimated taxable income (Salaries, Wages, Commissions, etc., before payroll deductions) and/or (estimated net profits) 13. Total income subject to tax \$_ multiply by 2.0% 14. Estimated credits (tax withheld, paid by partnerships, paid to other cities) 15. Net Tax Due (line 13 less Line 14) 16. First installment of declaration (not less than .25 of line 15) 17. Less overpayment from line 11A above: (\$) = Balance due with return: Third Party Designee
Do you want to allow another person to discuss this matter with the City of Marion? a Yes complete the following Third Party Designee's Name UNDER PENALTIES OF PERIURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE. CORRECT AND COMPLETE. DECLARATION OF PREPAPER (OTHER THAN TAXPAYER) IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. DATE: Signature of Taxpayer/Agent Social Security Number or Federal ID Number Signature of Preparer Signature of Taxpayer/Agent Social Security Number or Preparer ID No. Federal ID Number

	deral Schedule C, C-EZ, or I			\$
. Allocation % (if Resident Individual or if all of the business w	ras conducted within Mari	on, enter 100%)		
(Schedule 2, Line 12)			and any engage are any appropriate the second	\$
. Business Income (loss) Subject to City Tax	***	***		<u> \$</u>
. Rental Income - Attach Federal Schedule E (Resident Schedu	ule include all rental incom	e, non-residents include	only.	
rental income earned within Marion)				\$
. Business Income (loss) from partnerships (from Schedule 3)	A STATE OF THE STA			\$
. Total Business/Rental Income (loss)-If positive, enter amoun	nt on line 6 here and on lin	e 4 of your return.		Baller polici i restatura escribio de la companione de la
If negative, enter "loss" on line 4 of your retur	n.		the state of the s	5
chedule 2 - Business Allocation Formula In determining the portion of net profits of a business earned	within the city, the taxpa	ver shall use an allocation	formula based on prop	perty, sales and pay
	may use an actual account	ing of net profits earned.		
Average Value of Property	Property Loca	The state of the s		ed Everywhere End of Year
1.2	Beginning of Year	End of Year	Beginning of Year	End Of Tear
. Real Property at Original Cost	Emited for the Markey Company of Commence of the Commence of t	COLUMN TO THE PERSON AND THE PERSON		
. Tangible Personal Property at Original Cost				-
. Total Real and Tangible Property add Line 1. & 2				1
. Total of Beginning and End of Year Totals				AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
. Average Value of owned property (line 4 divided by 2)				- International Control of the Contr
5. Rented property (Value at 8 x Annual Rental)				
. Average Value - Add Lines 5 & 6	L	L.,	at a separate of the separate	1
Calculation of Taxable Portion		Within Marion	Everywhere	Percentage
. Property Factor (line7)				
. Sales Factor				
.0. Payroll Factor				
1. Add the percentages from Lines 8,9 & 10		L	and the same of th	1
2. Allocation % (divide line 11 by the number of factors used	F			1
DO NOT INCLUDE INCOME FROM S CORPORATIONS Owners may use this form to calculate their taxable income frichedule and complete a separate schedule for each pass-thro	om a pass-through entity.	If you own more than or	ne pass-through, please s-through entities regar	rdless of where the
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