Auditor Kelly Carr

Marion City Income Tax Return - Individual
233 West Center Street
Marion, Ohio 43302 740-387-6926

**** 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

If you do not anticipate having taxable income next year indicate your reason on your return and we will close your account

TAX OFFICE USE ONLY

Part Year Resident Date Moved In _____/_____/_____

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/O

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	$
12. Late Penalty $_____ plus Interest $_____ plus Tax Due $_____ = 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? □ Yes complete the following □ No

_____ (___)_____ _____

Third Party Designee's Name | Phone Number | Social Security Number

UNDER PENALTIES OF PERJURY, 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 Federal ID Number

Preparer ID No. _____