

Auditor Miranda Meginness 233 West Center Street Marion, Ohio 43302 740-387-6926	2023 BUSINESS TAX RETURN <i>Attach all Federal Schedules and Forms related to income and taxes included on this return</i>	Income Tax Department Hours: Monday - Thursday: 8:00 am to 5:00 pm Friday: 8:00 am to 2:00 pm (excluding Holidays)
Taxable Period Beginning _____ and Ending _____ <p style="text-align: center;">FOR CALENDAR YEAR 2023 - DUE ON OR BEFORE APRIL 15, 2024</p>		If you do not anticipate having taxable income next year indicate your reason on your return and we will close your account
Name: _____ C/O _____ Address: _____ City: _____		TAX OFFICE USE ONLY

1. Adjusted Federal Taxable Income (schedule 1, Line 14 or Schedule 3 Line 22)		\$
2. Taxable Income From Pass-Through Entities you own (excluding S Corporations)		\$
3. Taxable Income (Add Lines 1 and 2)		\$
4. Tax (Multiply Line 3 by 2.00%)		\$
5. Credit for Tax Paid by Pass-Through Entities (excluding S Corporations)	\$	
6. Estimated Tax Payments and Credits	\$	
7. Total Credits (Add Lines 5 and 6)		\$
8. Tax Due/(Overpayment) (Subtract Line 7 from Line 4)		\$
9. Overpayment is to be:		
a. Apply credit to next year's estimated tax	\$	
b. Refunded	\$	
10. Late Penalty \$ _____ plus interest \$ _____ plus Tax Due \$ _____ = Tax Due		\$

NOTE AMOUNTS \$10.00 OR LESS WOULD NOT BE DUE OR REFUNDED.

DECLARATION OF ESTIMATED MARION, OHIO CITY INCOME TAX FOR CALENDAR YEAR OR FISCAL YEAR FROM _____ THROUGH _____
Declaration required only if estimated tax due (line 13) is \$1,000.00 or more estimated taxable income (Salaries, Wages, Commissions, etc., before payroll deductions) and/or (estimated net profits)

11. Total income subject to tax \$ _____ multiply by 2.0%		\$
12. Estimated Tax Paid by Pass-Through Entities (Except S Corporations) on your behalf		\$
13. Net Tax Due (Subtract Line 12 from Line 11)		\$
14. First installment of declaration (not less than 25% of Line 13)		\$
15. Less overpayment from line 9A above (\$ _____) = Balance due with return:		\$

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 PREPARER (OTHER THAN TAXPAYER) IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS 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. _____		
Phone Number (____) _____		
May the City of Marion discuss this return with the preparer shown above? Yes _____ No _____		

Schedule 1 - C CORPORATIONS, REAL ESTATE INVESTMENT TRUSTS AND REGULATED INVESTMENT COMPANIES. DO NOT INCLUDE AMOUNTS FROM PASS-THROUGH ENTITIES. IF YOU OWN ANY PASS THROUGH ENTITIES, ADJUST THE AMOUNTS ENTERED BELOW TO ELIMINATE AMOUNTS FROM PASS-TROUGH ENTITIES. ATTACH A COPY OF SCHEDULE K-1. YOUR SHARE OF A PASS-TROUGH ENTITY'S TAXABLE INCOME ATTRIBUTIBLE TO MARION SHOULD BE REPORTED TO YOU BY THE PASS-THROUGH ENTITY AND REPORTED ON LINE 2 OF YOUR RETURN.

1. Taxable Income before Net Operating Loss and Special Deductions (attach Page 1 of Federal Return)		\$
2. Deduct Intangible Income not related to asses		
2A. Dividends	\$	
2B. Interest	\$	
2C. Royalties	\$	
2D. Total (Add Lines 2A, 2B and 2C)		\$
3. Deduct Capital Gains		\$
4. Deduct Gain Reported on Federal Form 4797, Line 12 (Attach Form 4797)		\$
5. Total Deductions (Add Lines 2D, 3 and 4)		\$
6. Subtotal (Subtract Line 5 from Line 1)		\$
7. Add 5% (.05) of line 2D	\$	
8. Add Loss reported on Federal Form 4797, Line 11 (Attach Form 4794)	\$	
9. Add Taxes based on Income (Attach Schedule of Taxes Deducted from the Federal Return)	\$	
*Note whether Franchise Taxes were paid on the net income or net worth basis		
10. If a real estate investment trust or regulated investment company, dividends and distributions to owners allowed as a deduction for Federal Income Tax	\$	
11. Total Additions (Add Lines 7, 8, 9 and 10)		\$
12. Adjusted Federal Taxable Income (Add Lines 6 and 11)		\$
13. Allocation % (Schedule 2, Line 12)		\$
14. City Taxable Income (Multiply Line 12 by Line 13. Enter result on Line 1 of Return)		\$

Schedule 2 - Business Allocation Formula

In determining the portion of net profits of a business earned within the city, the taxpayer shall use an allocation formula based on property, sales and payroll. The taxpayer may use an actual accounting of net profits earned.

Average Value of Property

1. Real Property at Original Cost
2. Tangible Personal Property at Original Cost
3. Total Real and Tangible Property add Line 1 & 2
4. Total of Beginning and End of Year Totals
5. Average Value of owned property (line 4 divided by 2)
6. Rented property (Value at 8 x Annual Rental)
7. Average Value - Add Lines 5 & 6

Property Located in Marion		Property Located Everywhere	
Beginning of Year	End of Year	Beginning of Year	End of Year

Calculation of Taxable Portion

8. Property Factor (line 7)
9. Sales Factor
10. Payroll Factor
11. Add the percentages from Lines 8, 9 & 10
12. Allocation % (divide line 11 by the number of factors used - a factor with a zero in the "everywhere" column is not used)

Within Marion	Everywhere	Percentage

Schedule 3 - Business/Rental Income - Partnerships, S Corporations and Other Entities

DO NOT INCLUDE AMOUNTS FROM OTHER PASS-THROUGH ENTITIES YOU MAY OWN.

If you own any Pass-Through Entities, adjust the amounts entered below to eliminate amounts from other Pass-Through Entities. Attach a copy of Schedules K-1. Another Pass-Through Entity's Taxable Income attributable to Marion should be reported to you by the Pass-Through Entity and reported on Line 2 of your return.

1. Ordinary Income (Attach Page 1 and Schedule K of Federal Return)		\$
IF YOU ARE USING ACTUAL ACCOUNTING FOR RENTAL ACTIVITIES SKIP LINES 2 & 3		
2. Income (loss) from Rental Real Estate		\$
3. Income (loss) from other Rentals		\$
4. Guaranteed Payments to Partners		\$
5. Other Income		\$
6. Subtotal - Add lines 1 through 5		\$
7. Charitable Contributions	\$	
8. Section 179 Deduction	\$	
9. Deductions related to portfolio income	\$	
10. Other Deductions if Deductible by a C Corporation (Attach Schedule)	\$	
11. Total Deductions - Add lines 7 through 10		\$
12. Subtotal - Subtract Line 11 from Line 6		\$
13. Add 5% of intangible income not related to disposition of capital assets		
13a. Interest	\$	
13b. Dividends	\$	
13c. Gross Royalties	\$	
13d. Other Portfolio Income	\$	
13e. Add lines 13a, 13b, 13c, & 13d	\$	
13f. Multiply line 13e by 5%	\$	
14. Add taxes based on income (Attach Schedule detailing taxes deducted on Federal Return)	\$	
15. If included as a deduction on any previous line, add back amounts deducted for Qualified Self-Employed Retirement Plans, Health Insurance and/or Life Insurance for an Owner/Employee	\$	
16. Total Additions - add lines 13f, 14 and 15		\$
17. Adjusted Federal Taxable Income - Add lines 12 and 16		\$
18. Allocation % (Schedule 2)		\$
19. Subtotal - Multiply Line 17 by Line 18 (If you included your rental activities on Lines 2 and 3 above, skip lines 20 & 21 and enter amount on Line 19 on Line 22)		\$
20. Income (loss) from Rental Real Estate (Attach Federal Form 8825)		\$
21. Income (loss) from other Rentals (Attach detail of actual accounting)		\$
22. City Taxable Income - Add Lines 19, 20 & 21 (enter result on line 1 of your return)		\$