

**Marion City Income Tax Department
233 W. Center St. · Marion, OH 43302
740-387-6926**

**INSTRUCTIONS FOR COMPLETING FORM EQR - ANNUAL RECONCILIATION
EMPLOYER'S RECONCILIATION OF MARION CITY INCOME TAXES WITHHELD**

1. On line 1 enter the total wages paid for the year subject to Marion City Income Tax.
2. On line 2 enter the amount of Marion City Income Taxes withheld for the year.
3. On line 3 enter the amount of Marion City Income Tax remitted for the tax year being reported.
4. On line 4 enter any difference between line 2 and line 3 (line 2 minus line 3). If line 3 is more than line 2, enter the [overpayment] on line 4 and complete line 5. We will not issue credit for fractional differences. If line 2 is more than line 3, enter the underpayment on line 4 and remit payment with this reconciliation.
5. On line 5 indicate whether overpayment is to be credited to next year or refunded.
6. On line 6 enter the number of W-2 forms submitted with this return. Copies of original W-2 forms are acceptable. Include an adding machine tape showing the total Marion wages and Marion withholding. A computer listing of the W-2 information is acceptable if the listing includes all W-2 information including name, address, social security number, federal taxable wages, Medicare wages, deferred compensation information, etc. A CD with all the W-2 information is preferred if you have 25 or more employees.
NOTE: Complete Social Security numbers are required.
7. If you issued 1099-MISC or 1099-NEC forms for services performed or property rented within the City of Marion, include a copy of such 1099-MISC and/or 1099-NEC forms, or a computer printout with the complete 1099-MISC and/or 1099-NEC information with your withholding reconciliation.

Enclose all W-2/1099-MISC/1099-NEC information along with a check for any underpayment and mail to:
City of Marion Income Tax, 233 W. Center St., Marion, OH 43302.

MARION CITY INCOME TAX – RECORD OF PAYMENT
(Quarterly filers – Use lines for Mar, Jun, Sep and Dec)

Month	Taxable Payroll	Tax Withheld	Amount Paid	Date Paid	Check Number
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Total					

RETURN OF INCOME TAX WITHHELD
FILE AND PAY PROMPTLY

***** RECONCILIATION *****

File with:
Marion City Income Tax Dept
233 W. Center St.
Marion, OH 43302

For Period

ACCOUNT NUMBER

DUE ON OR BEFORE

- Notify office of any change in name or address.
- Make check or money order payable to City of Marion Income Tax.
- If you did not have any employees this period so state and return.

1. Total Salaries, Wages, etc. subject to Marion Tax	\$	
2. Tax withheld this period	\$	
3. Amount Paid	\$	
4. Variance	\$	
5. Overpayment to be ___ Refunded - or - ___ Credited to next filing	\$	
6. Number of W-2 Forms enclosed _____. See instructions.		

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

X _____
Signature Date