

Auditor Kelly Carr

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

Hours 8 a.m. to 5:00 p.m.
Monday Through Thursday
Friday 8:00 a.m. to 3:00 p.m.
Closed Saturday

Taxable Period Beginning _____ and Ending _____

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

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. 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 & 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 \$500.00 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 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. _____

Phone Number(____) _____

May the City of Marion discuss this return with the preparer shown above? Yes _____ No _____