

CITY OF MARIETTA INCOME TAX - TAX RATE 1.7% FOR 2018/1.85% FOR 2019

LINE BY LINE INSTRUCTIONS

TAX ORDINANCE AVAILABLE UPON REQUEST

- LINE 1.** Enter total gross wages, salaries, tips, gambling winnings, lottery & other compensation. (Use box 5 Medicare wages or box 18 Local wages, whichever figure is larger on your W-2.) Attach front page of the Federal 1040, all W-2's and/or 1099's (Note: 1099-Rs are not taxable)
- LINE 2.** Other Taxable Income
A. Enter business income or loss and attach the federal schedules and allocation
B. Enter rental income or loss and attach the federal schedules
C. Net operating loss carry forward from prior year as defined in ord. 718.01. (Note: business or rental losses cannot be deducted from income on line 1)
- LINE 3.** Total Lines 2A through 2C
- LINE 4.** Enter Total Taxable Income (Add Lines 1 and Line 3)
- LINE 5.** Multiply line 4 by 1.7 % (.017). This is the Marietta tax due before credits.
- LINE 6.** A. Enter Marietta Income Tax withheld from W-2
B. Enter income tax paid to other cities. (Cannot exceed 1.7 % even if paid at a higher rate)
C. Enter estimated Marietta tax payments.
D. Enter prior year carryover.
E. Enter total credits (Add lines 6A thru 6D.)
- LINE 7.** Enter balance of tax due - Subtract Line 6E from line 5. If line 7 shows an overpayment/credit, enter the amount to be refunded or carried over to next year, on line 10. No refunds or credits will be applied for amounts less than \$10.00.
- LINE 8.** A penalty and interest may be assessed on returns filed after April 17th, Interest is assessed at 0.50% per month to the balance of tax due.
- LINE 9.** A late filing fee of \$25.00 per month not to exceed \$150.00.
- LINE 10.** Enter total amount due.
- LINE 11.** Enter overpayment to be refunded or credited to next year's taxes. Proper verification requested before refund can be issued.
- SIGN, DATE AND RETURN WITH PAYMENT OF ANY TAX DUE BY APRIL 17th. REQUESTS FOR EXTENSIONS MUST BE RECEIVED BY APRIL 17th TO AVOID PAST DUE NOTICES. THE INCOME TAX OFFICE DOES NOT AUTOMATICALLY RECEIVE EXTENSIONS, FROM THE FEDERAL.**

INSTRUCTIONS FOR DECLARATION OF ESTIMATED INCOME TAX

WHO MUST FILE A DECLARATION OF ESTIMATED INCOME TAX: Every taxpayer who anticipates receiving taxable income subject to Marietta Income tax, and has a balance of tax due of \$200.00 or more must file a Declaration of Estimated Income Tax and make four (4) quarterly payments. The balance of estimated tax may be paid in full with the filing of the Declaration or in installments. The estimate may be amended at any time.

- LINE 1.** Enter income subject to Marietta tax, multiply by 1.85%, (.0185%) and enter estimated tax due.
- LINE 2.** (A) Enter taxes withheld by employer.
(B) Enter payments made to other cities - not to exceed 1.85%, (.0185%) even if paid at a higher rate.
(C) Overpayment of taxes carried over from previous year
(D) Total credits. (Add lines 2A, B & C)
- LINE 3.** Net Tax Due (line 1 less line 2D)
- LINE 4.** Enter 22.5% of line 3 - this is the amount to be paid with this return.

**2019 DECLARATIONS ARE DUE QUARTERLY
A PAYMENT OF 22.5% PER QUARTER**

2018 Marietta Ohio Income Tax Return

DUE APRIL 17, 2019

Tax Office Use Only

If Moved During Year of This Return
 Give Date of Move _____
 INTO CITY _____
 OUT OF CITY _____

- Check all that applies:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Resident Full Yr. | <input type="checkbox"/> Proprietor | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Part Yr. | <input type="checkbox"/> Partner | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Professional | <input type="checkbox"/> Landlord |

YOUR SOCIAL SECURITY NO. _____

SPOUSE'S SOCIAL SECURITY NO. _____

FEDERAL ID NO. _____

DATE OF BIRTH _____ / _____ / _____

INCOME	1. Enter total gross wages, salaries, tips, gambling winnings, lottery & other compensation. \$ _____ <small>(Use box 5 Medicare wages or box 18 Local wages, whichever figure is larger on your W-2.) Attach front page of the Federal 1040, all W-2's and/or 1099's (Note: 1099-Rs are not taxable)</small>
	2. Other Taxable Income
	A. Enter business income or loss and attach the federal schedules and allocation \$ _____
	B. Enter rental income or loss and attach the federal schedules \$ _____
	C. Net operating loss carry forward from prior year as defined in ord. 718.01 \$ _____ <small>(Note: business or rental losses cannot be deducted from income on line 1)</small>
	3. Total Lines 2A through 2C \$ _____
	4. Enter Total Taxable Income (Add Lines 1 and Line 3) \$ _____
TAX	5. Marietta Tax Due - 1.7% of line 4 \$ _____
CREDITS	6. CREDITS
	A. Marietta Income Tax Withheld by Employers \$ _____
	B. Income Tax Paid to Other Cities (Cannot be higher than 1.7%) \$ _____
	C. Estimated Tax Paid \$ _____
	D. Prior Year Overpayment \$ _____
	E. Total Credits (Add lines 6A thru 6D) \$ _____
BALANCE	7. Balance Tax Due (Subtract line 6E from line 5) \$ _____
	8. Penalty; \$ _____ + interest \$ _____ (see instructions) \$ _____
	9. A late filing fee of \$25.00 per month not to exceed \$150.00 \$ _____
	10. Amount Due Before Estimated Taxes \$ _____
	11. Overpayment to be Refunded _____ Or Credited _____ To Next Years Estimate.

NO TAXES OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED, REFUNDED OR CARRIED FORWARD TO NEXT YEAR

DECLARATION OF ESTIMATED TAX FOR YEAR 2019
Must Be Filed If Tax Balance Due for 2018 Was Over \$200.00

DUE 4/17/19

1. income subject to tax Times tax rate of 1.85% for gross tax of.....	\$ _____
2. Less Expected Tax Credits:	
A. Tax withheld by employer	\$ _____
B. Income Tax paid to other cities (cannot be higher than 1.85%).....	\$ _____
C. Overpayment from prior years	\$ _____
D. Total Credits (Add lines 2A, B & C)	\$ _____
3. Net Tax Due (line 1 less line 2D)	\$ _____
4. Amount due with this declaration 22.5% of line 3	\$ _____

Total Amount Due	2018 Balance Due	2019 First Quarter Pmt	Total Due
			\$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer (please print) _____	Date _____	Signature of Taxpayer _____	Date _____
Address _____		Signature of Spouse (if joint filing) _____	Date _____
Phone Number _____		Phone Number _____	