

CHECK ONE OR MORE: Employee Proprietor Partner Partnership Corporation S Corporation

Calendar Year Taxpayers - File this Return with Marshallville Tax Department No Later than April 15
 Fiscal Year - File within 4 months after End of the Period
 Fiscal Period _____ to _____

Village of Marshallville, Ohio
INCOME TAX RETURN
2025

PRINT NAME, EIN OR SOCIAL SECURITY NUMBER, AND ADDRESS IN SPACE PROVIDED BELOW

RESIDENT NON-RESIDENT
 PART YEAR RESIDENT

If you moved during the year, please answer: Moved INTO Marshallville on _____
 OR Moved OUT of Marshallville on _____

SOCIAL SECURITY NUMBER
 TAXPAYER _____
 SPOUSE _____

FEDERAL I.D. NO. (BUSINESS) _____

Account # 01-068020

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

ACTIVE DUTY MILITARY _____ RETIRED WITH ONLY NON-TAXABLE INCOME _____ RETIREMENT DATE _____
 TAXPAYER DECEASED _____ under 18 (enclose copy of birth certificate)

1. GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION use Box 5 medicare wages on each W-2 (Attach W-2's and/or 1099 Misc.) \$ _____
2. OTHER TAXABLE INCOME (from Schedule B on reverse side, Section 4, Line 3).....\$ _____
 - A. Business Profit (Attach Federal Schedule C)
 - B. Rental Income (Attach Federal Schedule E)
3. DEDUCT EMPLOYEE BUSINESS EXPENSE (Attach Federal Form 2106 and Federal Schedule A)\$ _____
4. TAXABLE INCOME (Line 1 plus Line 2 less Line 3)\$ _____
5. CITY TAX DUE - 1.00% of Line 4.\$ _____

6. CREDITS
- A. Marshallville Income Tax Withheld by Employers\$ _____
 - B. Income Tax Paid Other Cities **Not to Exceed .5% Each W-2 Separately**\$ _____
 - C. Payments on Declaration of Estimated Tax.....\$ _____
 - D. Amount Brought Forward from previous Return.....\$ _____
 - E. Total Credits (Add Line A, B, C, D).....\$ _____

7. BALANCE TAX DUE (Line 5 minus Line 6E).....\$ _____

8. TOTAL AMOUNT DUE - PAYMENT IN FULL MUST ACCOMPANY THIS RETURN\$ _____

9. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE.

NOTE: NO TAXES OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED.

Make check or money order payable to:
 Village of Marshallville Income Tax

Mail To: Income Tax Department, P.O. Box 169,
 Marshallville, Ohio 44645

DECLARATION OF ESTIMATED TAX (SEE GENERAL INSTRUCTIONS)

Tax Year **2026**

1. Total income subject to Marshallville \$ _____ 2. Marshallville Tax at .010\$ _____
3. LESS TAX WITHHELD
 - a. By a Marshallville Employer\$ _____
 - b. By an employer in(name of city)\$ _____
 - c. Total Tax Withheld (Total 3a plus 3b)\$ _____
4. Balance estimated Marshallville tax (2 minus 3c)\$ _____
5. Less Credits: Overpayment on previous year's return\$ _____
6. Net Tax due (line 4 less line 5)\$ _____
7. Amount paid with this Estimate (should be 22 1/2% of line 6)\$ _____

GRAND TOTAL Total of TAX (line 9) and ESTIMATED PAYMENT (line 7)PAY THIS AMOUNT \$ _____

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 AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer Name if other Than Taxpayer _____ Signature of Taxpayer _____ Date _____
 Signature of Spouse _____ Date _____

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARY AND WAGES

SCHEDULE B OTHER TAXABLE INCOME

SECTION 1	RENTAL INCOME FROM FEDERAL SCHEDULE E (Attach copy of federal schedule)	\$ _____
SECTION 2	Attach appropriate federal schedules for income from partnerships, business, estates, trusts, fees and other	
Received From	For (Describe)	Federal Form(s) Attached
		Amount
		\$ _____
		\$ _____
		\$ _____
TOTAL INCOME, SECTION 2		\$ _____

SECTION 3

1. BUSINESS INCOME.....	\$ _____
2. A. ITEMS NOT DEDUCTIBLE (Schedule X, Line H)Add	\$ _____
B. ITEMS NOT TAXABLE (Schedule X, Line Z)Deduct	\$ _____
C. ENTER EXCESS LINE 2A OR 2B	\$ _____
3. A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED	\$ _____
B. AMOUNT ALLOCABLE TO MARSHALLVILLE IF SCHEDULE Y STEP 5 IS USED	% _____
OF LINE 3A	\$ _____
4. TAXABLE BUSINESS INCOME:	\$ _____

SECTION 4

1. TOTAL OTHER TAXABLE INCOME (loss) Section 1, 2, 3	\$ _____
2. DEDUCT NET OPERATING LOSS CARRY OVER	\$ _____
3. IF LINE SHOWS AN INCOME, ENTER ON PAGE 1 LINE 2	\$ _____
4. IF LINE 3 SHOWS A LOSS, ENTER THAT AMOUNT HERE	\$ _____

(This amount is eligible for carry over up to 5 years.)

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (excluding ordinary losses)	\$ _____	n. Capital Gains (excluding ordinary gains)	\$ _____
b. Expenses incurred in the production of non-taxable income	_____	o. Interest Income	_____
c. Taxes paid to state and local municipalities	_____	p. Dividends	_____
d. Payments to partners or compensation of officers of S corporations	_____	q. Other (explain)	_____
e. Net operating loss carry forward from federal return..	_____		_____
f. Contributions	_____		_____
g. Other expenses not deductible (explain)	_____		_____
h. Enter Section 3 line 2A	\$ _____	z. Enter Section 3 line 2B	\$ _____

SCHEDULE Y

Resident Unincorporated Businesses Enter 100% in Step 5 Below

	a LOCATED EVERYWHERE	b LOCATED IN MARSHALLVILLE	c PERCENTAGE (b divided by a)
STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY (GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8)	_____	_____	% _____
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)	_____	_____	% _____
STEP 3. WAGES, SALARIES & OTHER COMPENSATION PAID	_____	_____	% _____
STEP 4. TOTAL PERCENTAGES	_____	_____	% _____
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used.)			ENTER SECTION 3 LINE 3B _____ %

ATTACH COPY OF FEDERAL SCHEDULES