

CHECK ONE OR MORE: <input type="checkbox"/> Employee <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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 _____ PRINT NAME, EIN OR SOCIAL SECURITY NUMBER, AND ADDRESS IN SPACE PROVIDED BELOW				RESIDENT <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> PART YEAR RESIDENT <input type="checkbox"/> 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) _____		
Village of Marshallville, Ohio INCOME TAX RETURN 2025						
Account # 01-068020						

RETired AND TAXPAYERS WITH NO TAXABLE INCOME:		REASON (CHECK APPROPRIATE BOX)	
<input type="checkbox"/> ACTIVE DUTY MILITARY _____ <input type="checkbox"/> TAXPAYER DECEASED _____		<input type="checkbox"/> RETIRED WITH ONLY NON-TAXABLE INCOME <input type="checkbox"/> under 18 (enclose copy of birth certificate)	
RETIREMENT DATE _____			

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	S _____	z. Enter Section 3 line 2B	\$ _____

Resident Unincorporated Businesses Enter 100% in Step 5 Below

SCHEDULE Y

a LOCATED b LOCATED IN c PERCENTAGE
EVERYWHERE MARSHALLVILLE (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
3LINE 3B %