Marietta City Income Tax Office 301 Putnam St, Suite 1100 Marietta, OH 45750 (740) 373-4032

2023 Individual income tax return

ACCOUNT NUMBER

YOUR SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

	***		□ RESIDENT	DATE MOVED IN_				
			□ NON RESIDENT	DATE MOVED OUT				
		*	□ SOLE PROPRIETOR	FORMER ADDRESS	8:			
			PHONE #:					
			I E-MAIL:					
IF R	ENTING A RESIDENCE	, NAME AND ADDRESS OF OWNER:		···				
1. 2.	TOTAL W-2 INCO							
Less Applicable Net Operating Loss From Prior Year								
3.	TOTAL INCOME	(Add box 1 Plus box 2)		3.				
4.	TAX LIABILITY	Multiply box 3 by 1.85%		4.				
5.	CREDITS	A. MARIETTA tax withheld	5A.					
		B. Credit for other Ohio city tax withheld	. 5B.					
		C. 2023 Estimated tax payments	5C.					
		D. Prior year credit carried forward	5D.					
		E. Total of credits. Add 5A through 5D and enter here		5E,				
6.	If box 4 is greater	6.						
7.	7							
	Amount to be REF	UNDED \$ or CREDITED TO 2	2024 \$	*** <u> </u>				
8.	PENALTY:	*						
9.	BALANCE DUE F							
14.25 V 1.15		2024 DECLARATION OF ESTIMATED TAX DUE - Co	mplete this section if 202	3 tax due exceeds	\$200			
10.	Total estimated for t	ax year 2024 (gross taxable income multiplied by 1.85%	(o)	10.				
11.	Estimated Tax Withl							
12,	Total Estimated Tax							
13.	Credit Carryforward							
14.	Net Estimated Tax [
15.	First Quarter of 2024							
16.	Total Due (Sum of L							
ue ai	y that I have examined accurate, and correction. YES	this return including accompanying Federal 1040 page one, to lift my return was prepared by a tax practitioner, I have indic NO (Note: Preparer must completely fill out section	cated whether or not you may	contact my preparer dir	ny knowledge and belief, it is ectly concerning the preparation			
Your signature Spouse signature (if filling joint return) Date								
Signature and address of preparer (if not prepared by taxpayer):								
PHONE NUMBER OF PREPARER: E-MAIL: Date:								

D 1. REQUIRE	D ATTACHMENTS: AL	L W-2'S. FRONT	PAGE OF FORM	1040, ALL REFERE	ENCED SCHEDULES	
	oyer's Name	Locality Name Box 20	Resident Tax Withheld	Other City Tax W/H	Medicare Wages Box 5 of W-2	
		¥	3			
-		M (1-18 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
					1	
		TOTAL			***************************************	
		TOTAL				
WORKSHEET 1	- INCOME OTHER TH	AN WAGES	Sentence of the sentence of th			
Schedule C line 31 Schedule E line 21. Schedule F Schedule K1 Form 4835 line 32	ry. If you are unsure if the or allocation from Works	heet 3				
0.50			•			
TOTAL Carry to line	e2, page 1					
WORKSHEET 2	- SCHEDULE C			Water Commence		
determination of whome and if you do	ntures reported on Sche- here your small business o not have any other propoyees, go to our website	s is taxable. This wo perty expenses such	orksheet can be use as rent and utilities	ed if you did not claim	business use of your	
Product or service	roduct or service provided: Date began:					
Is all of your work p proceed on. If your	erformed at your home s answer is no, continue v	site? with this worksheet.	If yes, record your	net income or loss on	worksheet 1 and	
	ormed inside the city limite paid for jobs inside differ			city. Organize your w	ork and determine	
City	Amount received before expenses	. •		Net Profit or Loss from Schedule C	Taxable	
Personal		÷	_ =	x	<u> </u>	
<u> </u>	<u> </u>	_ ÷	_ =	x		

RESIDENTS: Record 100% of line 31 of Schedule C on Worksheet 1. Attach Worksheet 1, Schedule C, and copies of the city returns for tax credit. List this tax credit on line 1, box 4.

____ = ___ x ___ = ___

NONRESIDENTS: Use the amount shown to be taxable to the city for which you are filing and list on Worksheet 1. Do not take credit for taxes paid to other cities.