

FORM FR
MARIETTA INCOME TAX
DEPARTMENT
308 PUTNAM STREET
MARIETTA, OHIO 45750-3075

740-373-4032

2006
MARIETTA INCOME TAX RETURN
FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS OR OTHER
TAXABLE PERIOD BEGINNING _____ 2006 AND ENDING _____
Calendar Year Taxpayers FILE and PAY on or before April 15, 2007
Fiscal and Partial Year Taxpayers FILE and PAY within 4 months after end of period.
FILING REQUIRED EVEN IF NO TAX IS DUE

MAKE CHECK OR MONEY ORDER
PAYABLE TO:

MARIETTA CITY
INCOME TAX
FUND

Soc. Sec. No. (M)

Soc. Sec. No. (F)

Fed. I.D. No.

Landlords name and address

2006 Residency Status (check one)

Resident

Partial Year Resident

Non-Resident

from _____ to _____

Name & Address imprinted above are as shown by our records.
(If incorrect or if space is blank, please print your name and address as you wish them to show)

ATTENTION: If status has changed and does not require filing, PLEASE STATE REASON ON THIS FORM. SIGN AND RETURN PROMPTLY.

1. INDIVIDUALS NUMBER 1, ONLY, ENTER GROSS WAGES, SALARIES, BONUSES, TIPS, COMMISSIONS AND OTHER COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS.
ATTACH COPIES OF ALL W-2 AND 1099 FORMS ON BACK

TOTAL
MARIETTA
TAX WITHHELD

TOTAL
GROSS WAGES

\$ _____ \$ _____

ATTACH FEDERAL SCHEDULES OR FORMS AS APPLICABLE:

2. NET PROFIT (or Loss) from Business or Profession - 1040 + Schedule C, F, 1120, 1120S, 1065\$ _____
3. NET PROFIT (or Loss) from Partnerships, Estates, Trusts, Fees, etc. - 1040 + Schedule E Page 2.....\$ _____
4. NET PROFIT (or Loss) from Rentals - 1040 + Schedule E Page 1.....\$ _____
5. TOTAL INCOME SUBJECT TO TAX - (See instructions 1 through 4 and note) W-2 and 1099 Forms must be attached.....\$ _____
6. MARIETTA INCOME TAX - 1.7% (.017 times the amount on Line 5).....\$ _____
7. LESS: Marietta Tax withheld by Employers.....\$ _____
8. LESS: Payments and Credits on Declaration of Estimated Tax.....\$ _____
9. LESS: Income Taxes paid City of _____ (for individuals only).....\$ _____
10. TOTAL TAX (Lines 6 less Lines 7 through 9).....\$ _____
11. PLUS: Interest of 1% per month \$ _____ and Penalty of 10% \$ _____.....\$ _____
12. BALANCE DUE (Remittance must accompany this return. Payable to MARIETTA CITY INCOME TAX FUND).....\$ _____

NOTE: Amounts of less than one dollar (\$1.00) shall not be collected or refunded.

13. OVERPAYMENT CLAIMED: Refund _____ or Credit next year's Estimated Tax \$ _____
IF YOU DO NOT ANTICIPATE HAVING TO FILE IN 2007 STATE REASON AND CHECK HERE

MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR 2007 (see reverse side of yellow copy)

14. TOTAL ESTIMATED INCOME SUBJECT TO TAX.....\$ _____
15. ESTIMATED TAX 1.7% (.017) of Line 14.....\$ _____
16. ESTIMATED MARIETTA TAX WITHHELD OR TO BE WITHHELD DURING YEAR BY EMPLOYER.....\$ _____
17. ESTIMATED MARIETTA TAX PER THIS DECLARATION (Line 15 Less Line 16).....\$ _____
18. LESS: (a) Credit for Overpayment of Previous Return.....\$ _____
(b) If this is an Amended Return, enter the Total Amount Paid on Prior Declaration.....\$ _____
19. BALANCE OF ESTIMATED TAX (Line 17 Less Line 18a and/or 18b).....\$ _____
20. AMOUNT PAID WITH THIS DECLARATION (AT LEAST 22.5% OF LINE 19).....\$ _____
21. AMOUNT ENCLOSED (Line 12) \$ _____ plus (Line 20) \$ _____ TOTAL.....\$ _____

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS TRUE AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME USED FOR FEDERAL TAX PURPOSES.

X
Signature of Taxpayer or Agent _____ Date _____ Signature of Person Preparing, if Other Than Taxpayer _____ Date _____

Signature of Taxpayers Spouse (If Joint Return) _____ Address or Name and Address of Firm or Employer _____

Title _____ Phone Number to Contact _____

TAX DEPARTMENT