

FORM FR  
MARIETTA INCOME TAX  
DEPARTMENT  
308 PUTNAM STREET  
MARIETTA, OHIO 45750-3075  
740-373-4032

2004  
**MARIETTA INCOME TAX RETURN**  
FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS OR OTHER  
TAXABLE PERIOD BEGINNING \_\_\_\_\_ 2004 AND ENDING \_\_\_\_\_  
Calendar Year Taxpayers FILE and PAY on or before April 15, 2005  
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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2004 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 - (Lines 1 through 4) 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 2005 STATE REASON AND CHECK HERE  .....

**DECLARATION OF ESTIMATED TAX FOR YEAR 2005**

- 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