

File with Fairfield Income Tax
5350 Pleasant Ave
Fairfield OH 45014-3597
(513) 867-5327
Fax (513) 867-5325

City of Fairfield Business Income Tax Return 2005

FORM BR

Fiscal Period _____ or _____ to _____

Your Federal ID # _____

Forms available on Internet at
www.fairfield-city.org

Calendar year taxpayers file on or before April 17th
and fiscal year taxpayers file by the 17th day of the
fourth month after the close of the period.

Consolidated Return

Amended Return

Provide Name and Address in space below

Return for (check one)

Corporation

S-Corporation

Partnership

LLC

If taxpayer had no taxable income, place an x in the box, sign, date and return this form by the due date listed above.

INCOME	1. Adjusted Federal Taxable Income (Attach copy of Federal return)	1	\$	_____
	2. Adjustments (From Line Z, Schedule X)	2	\$	_____
	3. Taxable Income before allocation (Line 1 plus/minus Line 2).....	3	\$	_____
ADJUSTMENTS	A. Apportionment percentage _____ % (From Step 5, Schedule Y)			
TO INCOME	4. Fairfield Taxable Income (Line 3 multiplied by Line 4).....	4	\$	_____
	5. Net Loss Carryforward (limited to 3 years)	5	\$	_____
	6. Income Subject to Fairfield Income Tax (Line 4 less Line 5)	6	\$	_____
TAX	7. Fairfield Tax is 1.5% (.015) of Line 7	7	\$	_____
TAX	9. Tax Credits: Credit will only be given with proper documentation.			
PAYMENTS	A. Estimated payments	9A	\$	_____
AND	B. Prior year overpayments	9B	\$	_____
CREDITS	C. Total tax credits (Lines 5A and 5B)	9C	\$	_____
BALANCE	10. Balance Due , if Line 7 is greater than Line 9C. No tax due if less than \$1.00	10	\$	_____
DUE,	A. Penalty	10A	\$	_____
REFUND,	B. Interest	10B	\$	_____
AND/OR	C. Total Penalty and Interest (Line 6A and Line 6B)	10C	\$	_____
CREDIT	D. Total Balance Due (Line 10 and Line 10C).....	10D	\$	_____
	11. Overpayment , if Line 7 is less than Line 9C. No refund/credit if less than \$1.00	11	\$	_____
	A. REFUND amount	11A	\$	_____
	B. CREDIT amount	11B	\$	_____

DECLARATION OF ESTIMATED TAX FOR 2006

ESTIMATE	12. Total income subject to tax \$ _____ multiply by tax rate of 1.5% (.015)	12	\$	_____
FOR	13. Operating Loss Carryforward.....	13	\$	_____
NEXT	14. Estimated tax due (Line 12 less Line 13). If less than \$200, estimated payments are not required...	14	\$	_____
YEAR	15. Prior year tax credit from Line 11B above	15	\$	_____
	16. First quarter estimated tax payment (minimum of 22.5% (.225) of Line 14)*	16	\$	_____
	*First quarter estimated tax payment should be paid with this return. Use enclosed estimate forms for 2 nd , 3 rd and 4 th quarters.			
	17. If Line 15 is greater than Line 16, enter 0	17	\$	_____
TAX DUE	18. TOTAL TAX DUE (Lines 10D and 17) Make checks payable to FAIRFIELD INCOME TAX	18	\$	_____

The undersigned declares that this return (and accompanying schedules) is true, correct and complete for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Signature of Taxpayer or Agent (Required) Date

May we discuss the return with the tax practitioner below? Yes No

For Tax Division Use Only

Signature of Preparer, if other than taxpayer Date

Name and Address of Preparer Telephone Number

All appropriate Federal schedules and forms MUST be attached. A return is NOT complete unless schedules and forms are included.

Schedule X – Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 1231 included).....	\$ _____	N. Capital Gains	\$ _____
B. Income Taxes	\$ _____	O. Interest Income	\$ _____
C. Guaranteed Payments or Accruals to or for current or former partners or members	\$ _____	P. Dividends	\$ _____
D. Expenses Attributable to Non-taxable Income	\$ _____	Q. Income from Copyrights and Patents ...	\$ _____
E. Other	\$ _____	R. Other Income Exempt (Explain)	\$ _____
.....	\$ _____	\$ _____
.....	\$ _____	\$ _____
.....	\$ _____	\$ _____
M. Total Additions	\$ _____	Y. Total Deductions	\$ _____
		Z. Combine Lines M and Y, enter on Line 2	\$ _____

Schedule Y – Business Apportionment Formula

	A. Located Everywhere	B. Located Everywhere	C. Percentage (B/A)	
Step 1. Original Cost of Real & Tangible Personal Property	_____	_____	_____	%
Gross Annual Rentals Paid Multiplied by 8	_____	_____	_____	%
Total Step 1.	_____	_____	_____	%
Step 2. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____	%
Step 3. Wages, Salaries and Other Compensation	_____	_____	_____	%
Step 4. Total Percentages	_____	_____	_____	%
Step 5. Average Percentage (Divide Total Percentage by Number of Percentages Used, enter on Line 3A)				_____ %

Leased Employees

Are any employees leased in the year covered by this return? Yes No

If Yes, please provide the name, address and FID number of the leasing company _____

Extension Policy

Extensions may, upon request, be granted for filing of the annual return, provided and IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.