

File with Fairfield Income Tax
 701 Wessel Drive
 Fairfield OH 45014-3611
 (513) 867-5327
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CITY OF FAIRFIELD INDIVIDUAL INCOME TAX RETURN 2016

FORM IR

OR

FISCAL PERIOD _____ TO _____

Your Social Security Number _____

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

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE **APRIL 18TH**
 AND FISCAL YEAR TAXPAYERS FILE BY THE 15TH DAY OF THE
 FOURTH MONTH AFTER THE CLOSE OF THE PERIOD.

Spouse's Social Security Number _____

PLEASE PROVIDE NAME AND CURRENT ADDRESS IN SPACE BELOW

Resident Part-Year
 Non Resident Date moved in _____
 Sole Proprietor Date moved out _____
 City of Employment _____
 Phone# _____

IF TAXPAYER AND SPOUSE ARE FULLY RETIRED AND/OR WITHOUT TAXABLE INCOME, PLACE AN "X" IN THE BOX, COMPLETE SIGNATURE SECTION BELOW.

FILING STATUS

Attach a copy of 1040,1040A,1040EZ

- Single
 Married filing joint return (even if only one had income). Did you file joint or separate last year? Joint Separate
 Married filing separate return. Enter spouse's Social Security Number above and full name here: _____

OFFICE USE ONLY

ATTACH W-2'S HERE

1. Total W-2 wages. (Box 5) W-2's MUST BE ATTACHED (Including W-2G's)	1	\$ _____	\$ _____
2. Other Taxable Income or Deductions from Line 27* from side two (BACK) of this form.....	2	\$ _____	\$ _____
3. Total taxable income	3	\$ _____	\$ _____
4. Fairfield Tax is 1.5% (.015) of Line 3 (rounded to whole dollars).....	4	\$ _____	\$ _____
5. Tax Credits: Credit will only be given with proper documentation.			
A. Fairfield income tax withheld	5A	\$ _____	
B. Income tax withheld/paid to other cities (1.5% maximum).....	5B	\$ _____	\$ _____
6. Balance before payments - complete Declaration below if amount is \$200.00 or more	6	\$ _____	\$ _____
7. Prior year(s) Credits \$ _____ & Estimate/Extension payment \$ _____	7	\$ _____	\$ _____
8. Balance Due	8	\$ _____	\$ _____
9. Interest \$ _____; Penalties \$ _____; & Est/Late Penalty \$ _____;	9	\$ _____	\$ _____
10. Balance due for tax year (2016)	10	\$ _____	\$ _____
11. OVERPAYMENT OF \$ _____	11A REFUND	\$ _____	
	11B CREDIT TO	\$ _____	

Amounts of \$10.00 or less are not payable, refundable, or credited. For tax years 2015 and prior, the amount must be more than \$1.00

DECLARATION OF ESTIMATED TAX FOR 2017 (WILL NEED TO BE COMPLETED IF LINE 6 IS \$200.00 OR MORE)

ESTIMATE FOR 2017 1ST QUARTER DUE APRIL 18, 2017

12. Total income subject to tax \$ _____ multiply by tax rate of 1.5% (.015).....	12	\$ _____	\$ _____
13. Estimated income tax to be withheld for Fairfield, or paid to other cities.....	13	\$ _____	\$ _____
14. Estimated tax due (Line 12 minus Line 13). If less than \$200.00 estimated payments are not required.....	14	\$ _____	\$ _____
15. First quarter estimated tax payment 25.0% (.25) of Line 14*.....	15	\$ _____	\$ _____
<small>*First quarter estimated tax payment should be paid with this return. Use enclosed estimate forms for 2nd, 3rd and 4th quarters.</small>			
16. Prior year tax credit from Line 11B above	16	\$ _____	\$ _____
17. If Line 16 is greater than 15, enter 0, otherwise enter amount of Line 15 less Line 16.....	17	\$ _____	\$ _____
18. TOTAL TAX DUE (Lines 10 and 17) Make checks payable to FAIRFIELD INCOME TAX	18	\$ _____	\$ _____

OFFICE USE ONLY

Credit Card (Check One) Discover Master Card Visa No. _____ - _____ - _____
 Expiration Date ____/____/____ 3 Digit Code (Back of Card) _____

SIGNATURE(S) REQUIRED

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.

May we discuss this return with your tax practitioner? Yes No

For Tax Division Use Only

Signature of Taxpayer _____ Date _____

Signature of Taxpayer _____ Date _____

Signature of Preparer, if other than taxpayer _____ Date _____

Name & Address of Preparer _____

City, State, Zip _____ Phone Number _____

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

OTHER TAXABLE INCOME OR DEDUCTIONS

Other Taxable Income (attach Form)

19. Taxable income not reported on a W-2, or W-2G form (1099MISC – not on Schedule C, including gambling winnings) (Income on 1099-INT, 1099-R, 1099-D, and W2-P is not taxable.) 19. \$ _____

Schedule C/F (Business Operations and or Farm Operations) Profit/Loss (attach Federal Schedules)

20. Schedule C or F

A. Business Name _____ 20A. \$ _____
Business Address _____
Date Started _____ Date Ended _____
B. Business Name _____ 20B. \$ _____
Business Address _____
Date Started _____ Date Ended _____
C. Total Schedule C Profit/Loss 20C. \$ _____

Schedule E (Rental and/or Partnership) Profit/Loss. S-Corporations are excluded from individual's income. (attach Federal Schedule and K-1s.)

21. Rental Property – Losses without an exact location will be disallowed.

A. Address _____ 21A. \$ _____
City/State/Zip _____
B. Address _____ 21B. \$ _____
City/State/Zip _____
C. Address _____ 21C. \$ _____
City/State/Zip _____
D. Address _____ 21D. \$ _____
City/State/Zip _____
E. Total Rental Profit/Loss 21E. \$ _____

22. Partnership Income/Loss – Applicable losses without exact locations will be disallowed.

A. Partnership Name/ID _____ 22A. \$ _____
Address _____
B. Partnership Name/ID _____ 22B. \$ _____
Address _____
C. Partnership Name/ID _____ 22C. \$ _____
Address _____
D. Total Partnership Profit/Loss..... 22D. \$ _____

23. Total business profit/loss (Line 20C, Line 21E and Line 22D). If a loss, the amount can be carried forward for a maximum of three (3) years to offset future business profit/loss and CANNOT be used to offset W-2 wages. 23. \$ _____
24. Prior business loss from previously filed tax returns. Limited to the last three (3) years 24. \$ _____
25. Net business profit/loss; if Line 23 is less than zero or less than Line 24, enter zero (0.00).
Otherwise subtract Line 24 from Line 23..... 25. \$ _____

Other Deductions [Non-Resident Wages and or Employee Business Expenses (Form 2106) include forms]

26. Deductions and non-taxable income (see instruction sheet for details)
A. _____ 26A. \$ _____
B. _____ 26B. \$ _____
C. _____ 26C. \$ _____
D. Total deductions and non-taxable income 26D. \$ _____
27. Total other taxable income or deductions (Line 19 plus Line 25 minus Line 26D) Enter this amount on Line 2*.....27. \$ _____

**Note: Losses are not deductible from wage income. Only Employee business expenses (attach Form 2106) and/or wages earned outside the City of Fairfield while a non-resident are allowed to be deducted from wages.