



Business Tax Return 2023

City of Fairfield
Income Tax Division
701 Wessel Dr
Fairfield, OH 45014
www.fairfield-city.org

Phone: 513-867-5327
Fax: 513-867-5333

Account Number: _____ FEIN: _____	Filing Status (Check one) ☐ C-Corporation ☐ S Corporation ☐ LLC ☐ Partnership/Association ☐ Fiduciary ☐ Amended Return ☐ Refund
Business Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Local Address (if different than above): _____	
City/State/Zip: _____	

Did you file a City return last year?

☐ YES ☐ NO

Is this a combined corporate return?

☐ YES ☐ NO

Should this account be inactivated?

☐ YES ☐ NO

1. ADJUSTED FEDERAL TAXABLE INCOME (Enclose Copy of Federal Return) From Form _____ Line _____	1. _____
2. ADJUSTMENTS (From Schedule X, total of lines M and S)	2. _____
3. TAXABLE INCOME BEFORE APPORTIONMENT (Line 1 plus/minus Line 2)	3. _____
4. APPORTIONMENT PERCENTAGE (From Step 5, Schedule Y) _____ %	4. _____
5. FAIRFIELD TAXABLE INCOME (Multiply Line 3 by Line 4)	5. _____
6. OTHER SEPARATELY STATED ITEMS. (Net operating loss carryforward claimed)	6. _____
7. AMOUNT SUBJECT TO FAIRFIELD INCOME TAX	7. _____
8. FAIRFIELD INCOME TAX (Line 7 multiplied 1.50%)	8. _____
9 a. ESTIMATES MADE ON THIS YEAR'S LIABILITY	9 a. _____
9 b. CREDITS APPLIED TO THIS YEAR'S LIABILITY	9 b. _____
10. TOTAL PAYMENTS AND CREDITS (Add Lines 9a and 9b)	10. _____
11. TAX DUE (Subtract Line 10 from Line 8)	11. _____
12. OVERPAYMENT (Line 10 greater then Line 8)	12. _____
13. AMOUNT TO BE REFUNDED (Amounts less than \$10.01 will not be refunded)	13. _____
14. CREDIT TO NEXT YEAR (Amounts less than \$10.01 will not be credited)	14. _____

FEDERAL EXTENSION FILED

If yes, attach copy

☐ YES ☐ NO

2024 DECLARATION OF ESTIMATED TAX DUE - Complete this section if 2023 tax due is \$200.00 or greater

15. TOTAL ESTIMATED INCOME SUBJECT TO TAX	15. _____
16. FAIRFIELD ESTIMATED INCOME TAX DUE (Multiply Line 15 by 1.5%)	16. _____
17. FIRST QUARTER ESTIMATED TAX DUE BEFORE CREDITS (At least 25% of Line 16)	17. _____
18. LESS PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT	18. _____
19. BALANCE OF FIRST QUARTER PAYMENT DUE (Line 17 minus Line 18)	19. _____
20. TOTAL AMOUNT DUE (Add Lines 11 and 19).	20. _____

Make check or money order payable to City of Fairfield.

The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed

Signature _____	Title _____	Date _____	Preparer's Signature (other than taxpayer) _____	Date _____
E-Mail Address _____			Address of Preparer (City, State, Zip) _____	
			Phone Number _____	

If this return was prepared by a tax practitioner, may we contact them directly with any questions concerning the preparation of this return? ☐ YES ☐ NO

BUSINESS INCOME TAX RETURN - FAIRFIELD INCOME TAX DIVISION

Questions regarding Schedule X and Schedule Y: Refer to Ohio Revised Code Section 718 for assistance. In preparing your FAIRFIELD Business Income Tax Return, you must arrive at "Adjusted Federal Taxable Income" as outlined in ORC 718.01. Refer to ORC 718.02 for instructions regarding Business Apportionment Formula.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a.	Capital Losses and 1231 losses.....		n.	Capital gains (Do not include ordinary gains from Federal Form 4797).....	
b.	Interest and/or other expenses incurred in the production of..... non-taxable income (at least 5% of line z, not including line n)		o.	Interest earned or accrued.....	
c.	Taxes on net income deducted to compute federal taxable income.....		p.	Dividends (less Federal Exclusion).....	
d.	Guaranteed payments to partners and retired partners.....		q.	Other items not taxable (full explanation required)	
e.	Net operating loss deduction per Federal Return.....				
f.	Payments to Self-Employed Retirement Plans, health insurance, and life insurance payments to owners or owner-employees				
g.	Distribution to investors of REIT (Real Estate Investment Trusts).....				
h.	Other items not deductible (full explanation required).....		r.	Royalties (intangible)	
i.	Contributions in excess of Federal Limit.....		s.	TOTAL DEDUCTIONS	
m.	TOTAL ADDITIONS				

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

The business apportionment formula is to be used only in the absence of books and records which will disclose within reasonable accuracy that portion of the net profits which is attributable to the City of Fairfield .

	A. LOCATED EVERYWHERE	B. LOCATED IN FAIRFIELD	C. PERCENTAGE (B/A)
STEP 1. Average value of real and tangible personal property	\$	\$	
Gross annual rents multiplied by 8	\$	\$	
TOTAL STEP 1	\$	\$	%
STEP 2. Gross receipts from sales and work or services performed	\$	\$	%
STEP 3. Total wages, salaries, commissions, and other compensation of all employees	\$	\$	%
STEP 4. Total percentages			%
STEP 5. AVERAGE PERCENTAGE(Divide total percentages by the number of percentages used - Enter on % line 6 on front of the return			%

RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)

Total Wages allocated to Fairfield	
1. (From Business Apportionment Formula Step 3)	\$
Total Wages reported on Form W-3	
2. (Withholding Annual Reconciliation)	\$
3. Please explain any difference	

4. Are there 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.