

File with Fairfield Income Tax  
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Fairfield OH 45014-3611  
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# CITY OF FAIRFIELD INDIVIDUAL INCOME TAX RETURN 2017

FORM IR

OR

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

Your Social Security Number \_\_\_\_\_

Forms available on Internet at  
[www.fairfield-city.org](http://www.fairfield-city.org)

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE **APRIL 17TH**  
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) <b>W-2's MUST BE ATTACHED</b> (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: <b>Credit will only be given with proper documentation.</b>			
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 (2017) .....	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 2018 (WILL NEED TO BE COMPLETED IF LINE 6 IS \$200.00 OR MORE)

#### ESTIMATE FOR 2018 1ST QUARTER DUE APRIL 17, 2018

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	\$ _____	\$ _____
*First quarter estimated tax payment should be paid with this return. Use enclosed estimate forms for 2nd, 3rd and 4th quarters.			
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 <b>FAIRFIELD INCOME TAX</b> .....	18	\$ _____	\$ _____

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

### OFFICE USE ONLY

### 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-DIV, 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 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; 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.