

File with Fairfield Income Tax  
701 Wessel Drive  
Fairfield OH 45014-3611  
(513) 867-5327  
Fax (513) 867-5333

# CITY OF FAIRFIELD INDIVIDUAL INCOME TAX RETURN 2018

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

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

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

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15TH  
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.

OFFICE USE ONLY

Resident  
 Non Resident  
 Part-Year  
If you have moved since your last filing, give date:  
Date moved in \_\_\_\_\_  
Date moved out \_\_\_\_\_  
City of Employment \_\_\_\_\_  
Phone # \_\_\_\_\_  
 CREDIT REQUESTED  
 REFUND REQUESTED

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 COMPLETE COPY OF YOUR FEDERAL TAX RETURN.

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-2s HERE

1. Total W-2 wages (Box 5). W-2s MUST BE ATTACHED (Including W-2Gs) ..... 1. \_\_\_\_\_  
2. Other taxable income or deductions from Line 25\* from Page 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 or more. .... 6. \_\_\_\_\_  
7. Prior year(s) credits \$ \_\_\_\_\_ and Estimate/Extension Payment \$ ..... 7. \_\_\_\_\_  
8. Balance due for tax year 2018 (Interest & penalty to be calculated by tax office.) ..... 8. \_\_\_\_\_  
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.)  
9. OVERPAYMENT OF \$ \_\_\_\_\_ ..... 9A. CREDIT TO 2019 \$ \_\_\_\_\_ 9B. REFUND \$ \_\_\_\_\_

### DECLARATION OF ESTIMATED TAX FOR 2019 (COMPLETE THIS SECTION IF LINE 6 IS \$200.00 OR MORE.)

#### ESTIMATE FOR 2019. (1<sup>ST</sup> QUARTER PAYMENT IS DUE APRIL 15, 2019.)

10. Total income subject to tax \$ \_\_\_\_\_ . Multiply by tax rate of 1.5% (.015) .... 10. \_\_\_\_\_  
11. Estimated Income tax to be withheld for Fairfield, or paid to other cities ..... 11. \_\_\_\_\_  
12. Estimated tax due (Line 10 minus Line 11). If less than \$200 estimated payments are not required. .... 12. \_\_\_\_\_  
13. First quarter estimated tax payment 25% (.25) of Line 12 ..... 13. \_\_\_\_\_  
\*First Quarter estimated tax payment should be paid with this return Use enclosed estimate forms for 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters.  
14. Prior year tax credit from Line 9A above ..... 14. \_\_\_\_\_  
15. If Line 14 is greater than line 13, enter "0". Otherwise, enter amount of Line 13 less Line 14. .... 15. \_\_\_\_\_  
16. TOTAL TAX DUE (Lines 8 + 15). MAKE CHECKS PAYABLE TO "FAIRFIELD INCOME TAX" ..... 16. \_\_\_\_\_

OFFICE USE ONLY

TAX: \_\_\_\_\_  
INT: \_\_\_\_\_  
PEN: \_\_\_\_\_  
FEES: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

### 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

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 \_\_\_\_\_

### Credit Card Authorization

Card Type:  Mastercard  Visa  Discover

AMOUNT PAID (Line 16): \$ \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_ 3 Digit Code (Back of Card): \_\_\_\_\_

**YOUR RETURN IS NOT COMPLETE UNLESS A COMPLETE COPY OF YOUR FEDERAL INCOME TAX RETURN IS INCLUDED.**

**Other Taxable Income (Attach form.)**

17. Taxable income not reported on a W-2, or W-2G form (1099MISC – not on Schedule C, including gambling winnings) **(Income reported on a 1099-INT, 1099-R, 1099-D, and W2-P is not taxable.)** 17. \$ \_\_\_\_\_

**Schedule C/F (Business Operations and or Farm Operations) Profit/Loss (Attach Federal schedules.)**

**18. Schedule C or F**

A. Business Name \_\_\_\_\_ 18A. \$ \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

B. Business Name \_\_\_\_\_ 18B. \$ \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

C. Total Schedule C Profit/Loss ..... 18C. \$ \_\_\_\_\_

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

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

A. Address \_\_\_\_\_ 19A. \$ \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

B. Address \_\_\_\_\_ 19B. \$ \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

C. Address \_\_\_\_\_ 19C. \$ \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

D. Address \_\_\_\_\_ 19D. \$ \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

E. Total Rental Profit/Loss ..... 19E. \$ \_\_\_\_\_

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

A. Partnership Name/ID \_\_\_\_\_ 20A. \$ \_\_\_\_\_  
 Address \_\_\_\_\_

B. Partnership Name/ID \_\_\_\_\_ 20B. \$ \_\_\_\_\_  
 Address \_\_\_\_\_

C. Partnership Name/ID \_\_\_\_\_ 20C. \$ \_\_\_\_\_  
 Address \_\_\_\_\_

D. Total Partnership Profit/Loss..... 20D. \$ \_\_\_\_\_

21. Total business profit/loss (Line 18C, Line 19E and Line 20D). Business losses **CANNOT** be used to offset W-2 wages..... 21. \$ \_\_\_\_\_

22. Allowable portion of prior business loss (See O.R.C. § 718.01(D)(3)) Attach NOL schedule. .... 22. \$ \_\_\_\_\_

23. Net business profit: **If Line 21 is less than zero or less than Line 22, enter zero (0.00).**  
**Otherwise subtract Line 22 from Line 21**..... 23. \$ \_\_\_\_\_

**Other Deductions (Non-Resident Wages)**

24. Deductions and non-taxable income (see instruction sheet for details.)

A. \_\_\_\_\_ 24A. \$ \_\_\_\_\_

B. \_\_\_\_\_ 24B. \$ \_\_\_\_\_

C. \_\_\_\_\_ 24C. \$ \_\_\_\_\_

D. Total deductions and non-taxable income ..... 24D. \$ \_\_\_\_\_

25. **Total other taxable income or deductions** [Line 17 plus (Line 23 minus Line 24D)]. Enter this amount on Line 2\*\* .... 25. \$ \_\_\_\_\_

**\*\* Note:** Losses are not deductible from wage income. Only wages earned outside the City of Fairfield while a non-resident are allowed to be deducted from wages.