

**Tax Office Use Only: Tax Office Use Only: Tax Office Use Only**

\_\_\_\_ DATE RECEIVED \_\_\_\_\_

\_\_\_\_ FEDERAL 1040 \_\_\_\_\_

\_\_\_\_ SIGNATURE ON FORM \_\_\_\_\_

\_\_\_\_ REFUND \_\_\_\_\_

\_\_\_\_ ESTIMATED TAXES DUE \_\_\_\_\_

\_\_\_\_ BALANCE DUE \_\_\_\_\_

\_\_\_\_ PAYMENT RECEIVED \_\_\_\_\_

**INDIVIDUAL – 2019  
INCOME TAX RETURN**

**FAIRFIELD**  
**Due Date 04/15/2020**

**A COPY OF THE FEDERAL  
1040 AND SIGNATURE(S)  
ARE REQUIRED**

Taxpayer's Social Security No. _____	
Home Telephone No. _____	Business Telephone No. _____
Spouse's Social Security No. _____	
Spouse's Name _____	
Home Telephone No. _____	Business Telephone No. _____

**TAXPAYER NAME AND CURRENT ADDRESS:**

<b>Filing Status</b>		<b>IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES</b>
<input type="checkbox"/> Single	<input type="checkbox"/> RESIDENT	
<input type="checkbox"/> Married filing joint	<input type="checkbox"/> NON-RESIDENT	INTO / /
<input type="checkbox"/> Married filing separate		OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORD'S INFORMATION		
NAME _____		
ADDRESS _____		

IF TAXPAYER AND SPOUSE ARE FULLY RETIRED AND/OR WITHOUT TAXABLE INCOME, PLACE AN "X" IN THE BOX, ATTACH FORM 1040 AND COMPLETE THE SIGNATURE SECTION BELOW.

**Income**

- |  |          |
|--|----------|
| 1. Wages, salaries, tips, etc. (attach W2(s))                      | 1. _____ |
| 2. Other taxable income (attach schedule C, E, F, K-1, 1099-Misc.) | 2. _____ |
| 3. Total taxable income (add lines 1 and 2)                        | 3. _____ |

**Payments and Credits**

- |  |          |
|--|----------|
| 4. Fairfield tax due before credits (1.5% of line 3)   | 4. _____ |
| 5. Estimated tax payments made to Fairfield  | 5. _____ |
| 6. Taxes withheld and paid to Fairfield  | 6. _____ |
| 7. Overpayments from prior years   | 7. _____ |
| 8. Taxes withheld and paid to other localities (credit cannot exceed 1.5% of Fairfield taxable income) | 8. _____ |
| 9. Total credits (add lines 5 through 8)   | 9. _____ |

**Refund (issued if greater than \$10.00)**

- |   |           |
|---|-----------|
| 10. If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid. | 10. _____ |
| 11. Amount of line 10 to be credited to next year's estimate  | 11. _____ |
| 12. Amount of line 10 to be refunded  | 12. _____ |

**Tax Due (if greater than \$10.00)**

- |  |           |
|--|-----------|
| 13. If line 4 is more than line 9, subtract line 9 from line 4, this is the amount you owe.  | 13. _____ |
| 14. Penalties and interest Late file _____ Late Pay _____ Late Estimate _____ Interest _____ | 14. _____ |

**Declaration of Estimates for 2020 (required if tax liability after withholding credit for 2019 is \$200.00 or more)**

- |   |           |
|---|-----------|
| 15. Estimated income  | 15. _____ |
| 16. Estimated tax due. Multiply line 15 by 1.50%                      | 16. _____ |
| 17. Taxes to be withheld and paid to Fairfield and other localities   | 17. _____ |
| 18. Prior credit applied to estimated tax payments (from line 11)     | 18. _____ |
| 19. Net estimated tax due (subtract line 17 and line 18 from line 16) | 19. _____ |
| 20. Minimum amount due for first quarter (multiply line 19 by 22.5%)  | 20. _____ |

**Amount Due**

- |   |           |
|---|-----------|
| 21. Total amount due (add lines 13, 14, and 20) | 21. _____ |
|---|-----------|

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 Spouse                      Date

\_\_\_\_\_  
Signature of Preparer if other than Taxpayer

\_\_\_\_\_  
Phone Number of Tax Preparer

Credit Card			
Card Type:	MasterCard	Visa	Discover
Amount Paid (line 21):	_____	Phone Number	_____
Cardholder Name (as shown on card)	_____		
Card Number:	_____		
3 Digit Code (Back of Card):	_____	Expiration Date (MM/YY)	_____

Staple check here

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

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

1. 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, and 1099-D is not taxable.) 1. \$ \_\_\_\_\_

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

2. Schedule C or F  
A. Business Name \_\_\_\_\_ 2A. \$ \_\_\_\_\_  
Business Address \_\_\_\_\_  
  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_  
B. Business Name \_\_\_\_\_ 2B. \$ \_\_\_\_\_  
Business Address \_\_\_\_\_  
  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_  
C. Total Schedule C Profit/Loss..... 2C. \$ \_\_\_\_\_

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

3. Rental Property – Losses without an exact location will be disallowed.  
A. Address \_\_\_\_\_ 3A. \$ \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
B. Address \_\_\_\_\_ 3B. \$ \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
C. Address \_\_\_\_\_ 3C. \$ \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
D. Address \_\_\_\_\_ 3D. \$ \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E. Total Rental Profit/Loss ..... 3E. \$ \_\_\_\_\_  
4. Partnership Income/Loss – Applicable losses without exact locations will be disallowed.  
A. Partnership Name/ID \_\_\_\_\_ 4A. \$ \_\_\_\_\_  
Address \_\_\_\_\_  
B. Partnership Name/ID \_\_\_\_\_ 4B. \$ \_\_\_\_\_  
Address \_\_\_\_\_  
C. Partnership Name/ID \_\_\_\_\_ 4C. \$ \_\_\_\_\_  
Address \_\_\_\_\_  
D. Total Partnership Profit/Loss ..... 4D. \$ \_\_\_\_\_  
5. Total business profit/loss (Line 2C, Line 3E and Line 4D). Business losses **CANNOT** be used to offset  
W-2 wages..... 5. \$ \_\_\_\_\_  
6. Allowable portion of prior business loss (See O.R.C. § 718.01(D)(3)) Attach NOL schedule..... 6. \$ \_\_\_\_\_  
7. Net business profit: If Line 5 is less than zero or less than Line 6, enter zero (0.00). (Enter on Page 1 line 2)  
Otherwise subtract Line 6 from Line 5..... 7. \$ \_\_\_\_\_