

City of Fairfield Tax
701 Wessel Drive
Fairfield, OH 45014
Phone: (513) 867-5327
Fax: (513) 867-5333

Business Tax Return 2019

Should your account be inactivated?
 YES NO If YES, please explain:

Name and Address: _____

FISCAL PERIOD _____ TO _____
Due on or before 4/15/20 or 15th day of the 4th month
following the end of the fiscal year

Return for (check one):
 C Corp S Corp LLC
 Partnership Sole Proprietor

Account # _____
Federal ID# _____
Phone# _____

Local Address _____

Partial year activity: _____

Start Date: _____

End Date: _____

Part A 2019 TAX CALCULATION

1. Adjusted Federal Taxable Income (attach copy of Federal return) from Form _____ Line _____ \$ _____
2. Adjustments (Schedule X, Line L) \$ _____
3. Taxable income before apportionment (Line 1 plus or minus Line 2) \$ _____
4. Enter up to 50% of losses from 2017 & 2018 (to a maximum of 50% of Line 3) \$ _____
5. Net Taxable Income (Line 3 minus Line 4) \$ _____
6. Apportionment percentage (Schedule Y, Step 5) _____ %
7. Fairfield taxable income (multiply Line 5 by Line 6) \$ _____
8. Allocated losses from tax year 2016 \$ _____
9. Amount subject to Fairfield income tax (Line 7 minus Line 8) \$ _____
10. Fairfield income tax (multiply Line 9 by 1.5% [.015]) \$ _____
- 11 a. Estimates paid on this year's liability..... \$ _____
- 11 b. Credits applied to this year's liability..... \$ _____
12. Total payments and credits (Add lines 11a and 11b)..... \$ _____
13. **Tax due** (Line 10 minus Line 12) \$ _____
14. Overpayment (If Line 12 is greater than Line 10) \$ _____
15. Amount to be refunded (amounts less than \$10 will not be refunded) \$ _____
16. Amount to be credited to next year (If less than \$10 enter zero) \$ _____

Part B DECLARATION OF ESTIMATED TAX FOR 2020

17. Total estimated income subject to tax \$ _____
18. Fairfield income tax declared (multiply Line 17 by 1.5% [.015]) \$ _____
19. Tax due before credits (minimum of 22.5% of Line 18) \$ _____
20. Less Credits from prior year (Line 16 above)..... \$ _____
21. Net estimated tax due (Line 19 minus Line 20) \$ _____
(Estimate payments are required for annual balances of \$200 or more)
22. **TOTAL AMOUNT DUE (Add Line 13 and Line 21)**..... \$ _____

Make checks or money orders payable to City of Fairfield Tax. Online payments: www.fairfield-city.org To pay by phone: 1-513-867-5327

FOR TAX OFFICE USE ONLY

Tax \$ _____ Late Filing Penalty \$ _____ Late Payment Penalty \$ _____ Interest \$ _____ Total Due \$ _____

Check to give us permission to contact your tax practitioner directly if there are questions regarding the preparation of this return.
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 those used for Federal Income Tax purposes.

Signature of Person Preparing Return _____ Date _____ Signature of Officer or Agent _____ Date _____

Printed Name of Person Preparing Return _____ Phone Number _____ Name and Title _____ Phone Number _____

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 1221 or 1231 included) \$ _____		H. Capital Gains \$ _____	
B. Taxes on or measured by Net Income _____		I. Intangible income _____	
C. Guaranteed Payments to Partners, retired partners, members or other owners _____		J. Other income exempt (Explain) _____	
D. Expenses attributable to intangible income (5% of Line I) _____		
E. Real Estate Investment Trust distributions _____		
F. Other..... _____		
..... _____		
..... _____		
G. Total additions \$ _____		K. Total deductions \$ _____	

L. Combine Lines G and K and enter net on Part A, Line 2 _____

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Fairfield	Percentage (b / a)
STEP 1. Original cost of real and tangible personal property... _____			
Gross annual rentals paid multiplied by 8..... _____			
TOTAL STEP 1..... _____			%
STEP 2. Wages, salaries, and other compensation paid See Schedule Y-1* _____			%
STEP 3. Gross receipts from sales made and services performed _____			%
STEP 4. Total percentages (add percentages from Steps 1-3) _____			%
STEP 5. Average percentage (divide total percentage by number of percentages used—enter on Part A, Line 6) _____			%

***SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Fairfield (from Federal return or apportionment formula Schedule Y Step 2)\$ _____

Total wages shown on Form W-3 (Withholding Reconciliation) \$ _____

Please explain any difference:

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.

Name: _____ Address: _____

Federal ID Number: _____

NOTICE: Unless accompanied by copies of appropriate federal forms/schedules and by payment of the balance of tax declared due (Line 13) and at least 22.5% of the estimated tax due (Line 19), this form is not a legal final return or declaration.

NOTICE: Failure to file a required return and/or to pay taxes due by due date will result in imposition of penalty and interest.