

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 – 2020 INCOME TAX RETURN

FAIRFIELD

Due Date 04/15/2021

**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:

Filing Status		IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
<input type="checkbox"/> Single	<input type="checkbox"/> RESIDENT	INTO	/ /
<input type="checkbox"/> Married filing joint	<input type="checkbox"/> NON-RESIDENT	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.,1099-K, 1009-NEC)	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 2021 (required if tax liability after withholding credit for 2020 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 25%)	20. _____

Amount Due

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

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 _____

B. Business Name _____
Business Address _____

2B. \$ _____

C. Date Started _____ Date Ended _____
Total Schedule C Profit/Loss..... 2C. \$ _____**Schedule E (Rental and/or Partnership/Estate/Trust) 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/Estate/Trust Income/Loss – Applicable losses without exact locations will be disallowed.

A. Name/ID _____ 4A. \$ _____

Address _____

B. Name/ID _____ 4B. \$ _____

Address _____

C. 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 income..... 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. \$ _____