

**TO EXPEDITE PROCESSING,
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BUSINESS TAX RETURN

2021

OR

FISCAL YEAR _____ TO _____

City of Fairfield

Income Tax Division

701 Wessel Dr.

Fairfield, OH 45014

Phone: (513) 867-5327

Fax: (513) 867-5333

Website: www.fairfield-city.org/213/Income-Tax-Division

Did you file a City return last year?
 YES NO

Is this a combined corporate return?
 YES NO

Should this account be inactivated?
If YES, please explain: _____

YES NO

ACCOUNT NUMBER:

FID #:

Filing Status (Check one)

C-Corporation

S Corporation

LLC

Partnership/Association

Fiduciary

Amended Return

Refund (Amount must be entered on Line 13 to be a valid refund request)

Part A : 2021 TAX CALCULATION

1. **ADJUSTED FEDERAL TAXABLE INCOME** (Enclose Copy of Federal Return) From Form _____ Line _____
2. **ADJUSTMENTS** (From Line L, Schedule X)
3. **TAXABLE INCOME BEFORE APPORTIONMENT** (Line 1 plus/minus Line 2)
4. **APPORTIONMENT PERCENTAGE** (From Step 5, Schedule Y) _____ %
5. **FAIRFIELD TAXABLE INCOME** (Multiply Line 3 by Line 4)
6. **OTHER SEPARATELY STATED ITEMS**. Net operating loss carryforward claimed
7. **AMOUNT SUBJECT TO FAIRFIELD INCOME TAX**
8. **FAIRFIELD INCOME TAX** (Line 7 multiplied 1.50%)
- 9 a. **ESTIMATES MADE ON THIS YEAR'S LIABILITY**
- 9 b. **CREDITS APPLIED TO THIS YEAR'S LIABILITY**
10. **TOTAL PAYMENTS AND CREDITS** (Add Lines 9a and 9b)
11. **TAX DUE** (Subtract Line 10 from Line 8)
12. **OVERPAYMENT** (Line 10 greater than Line 8)
13. **AMOUNT TO BE REFUNDED** (Amounts less than \$10.00 will not be refunded)
14. **CREDIT TO NEXT YEAR**

FEDERAL EXTENSION FILED

If yes, attach copy

YES NO

Part B: DECLARATION OF ESTIMATED TAX FOR 2022

15. **TOTAL ESTIMATED INCOME SUBJECT TO TAX**
16. **FAIRFIELD ESTIMATED INCOME TAX DUE** (Multiply Line 15 by 1.5%)
17. **FIRST QUARTER ESTIMATED TAX DUE BEFORE CREDITS** (At least 25% of Line 16)
18. **LESS PRIOR YEAR CREDIT** (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT
19. **BALANCE OF FIRST QUARTER PAYMENT DUE** (Line 17 minus Line 18)
20. **TOTAL AMOUNT DUE** (Add Lines 11 and 19).

Make check or money order payable to City of Fairfield.

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 used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed

Signature	Title	Date	Preparer's Signature (other than taxpayer)	Date
E-Mail Address: _____			Address of Preparer (City, State, Zip)	
Website Address: _____			Phone Number	

If this return was prepared by a tax practitioner, may we contact them directly with any questions concerning the preparation of this return?

YES NO

BUSINESS INCOME TAX RETURN - FAIRFIELD INCOME TAX DIVISION

Questions regarding Schedule X and Schedule Y: Refer to Ohio Revised Code Section 718 for assistance. In preparing your FAIRFIELD Business Income Tax Return, you must arrive at "Adjusted Federal Taxable Income" as outlined in ORC 718.01. Refer to ORC 718.02 for instructions regarding Business Apportionment Formula.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses and 1231 losses.....	_____	n. Capital gains (Do not include ordinary gains from Federal Form 4797).....	_____
b. Interest and/or other expenses incurred in the production of.....	_____	o. Interest earned or accrued.....	_____
non-taxable income (at least 5% of line z, not including line n)	_____	p. Dividends (less Federal Exclusion).....	_____
c. Taxes on net income deducted to compute federal taxable income.....	_____	q. Other items not taxable (full explanation required)	_____
d. Guaranteed payments to partners and retired partners.....	_____		_____
e. Net operating loss deduction per Federal Return.....	_____		_____
f. Payments to Self-Employed Retirement Plans, health insurance, and life insurance payments to owners or owner-employees	_____		_____
g. Distribution to investors of REIT (Real Estate Investment Trusts).....	_____		_____
h. Other items not deductible (full explanation required).....	_____		_____
	_____		_____
	_____		_____
i. Contributions in excess of Federal Limit.....	_____		_____
m. TOTAL ADDITIONS	_____	TOTAL DEDUCTIONS	_____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

The business apportionment formula is to be used only in the absence of books and records which will disclose within reasonable accuracy that portion of the net profits which is attributable to the City of Fairfield.

STEP 1. Average value of real and tangible personal property Gross annual rents multiplied by 8 TOTAL STEP 1	A. LOCATED EVERYWHERE	B. LOCATED IN FAIRFIELD	C. PERCENTAGE (B/A)
	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	% % % % %
STEP 2. Gross receipts from sales and work or services performed			
STEP 3. Total wages, salaries, commissions, and other compensation of all employees			
STEP 4. Total percentages			
STEP 5. AVERAGE PERCENTAGE(Divide total percentages by the number of percentages used - Enter on % line 6 on front of the return			%

WORKSHEET B - BUSINESS INCOME OR LOSS

****Enclose copies of all Federal Forms and Schedules used to compute your local income.****

	Schedules	Column A Income / (Loss) from Federal Schedules	Column B FAIRFIELD Percentage	Column C FAIRFIELD Taxable Income (Column A x Column B for lines 1 - 4)
1.	Schedule C - Business Income (A separate allocation schedule is required for each Schedule C)	\$		\$
2.	Schedule E - Rental Income (Residents enter profit/loss from all properties. Nonresidents enter only profits/loss from FAIRFIELD properties)	\$		\$
3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold FAIRFIELD tax on entire distributive share)	\$		\$
4.	Miscellaneous Income - Other Income including 1099-MISC, W-2G & Schedule F	\$		\$
5.	Allowable Net Operating Loss Deduction (Enter the amount claimed as a deduction in Column C) Also enclose a worksheet showing prior years losses for up to 5 years and amounts previously claimed. Do not enter this amount in Column C.			\$
6.	Total Income (Loss) (Combine Lines 1 through 5 and enter this amount on Page 1, Line 6)			\$