

**TO EXPEDITE PROCESSING,
PLEASE DO NOT STAPLE**
THIS SPACE IS FOR OFFICIAL USE ONLY

BUSINESS TAX RETURN

2022

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? <input type="checkbox"/> YES <input type="checkbox"/> NO | Is this a combined corporate return? <input type="checkbox"/> YES <input type="checkbox"/> NO | Should this account be inactivated? If YES, please explain: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ACCOUNT NUMBER: _____ | FID #: _____ | Filing Status (Check one) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership/Association <input type="checkbox"/> Fiduciary <input type="checkbox"/> Amended Return <input type="checkbox"/> Refund (Amount must be entered on Line 13 to be a valid refund request) |
| BUSINESS NAME: _____ | LOCAL ADDRESS: _____ | |
| MAILING ADDRESS _____ | _____ | |
| _____ | _____ | |

Part A : 2022 TAX CALCULATION

| | | |
|--|------|---|
| 1. ADJUSTED FEDERAL TAXABLE INCOME (Enclose Copy of Federal Return) From Form _____ Line _____ | 1. | |
| 2. ADJUSTMENTS (From Line L, Schedule X) | 2. | |
| 3. TAXABLE INCOME BEFORE APPORTIONMENT (Line 1 plus/minus Line 2) | 3. | |
| 4. APPORTIONMENT PERCENTAGE (From Step 5, Schedule Y) _____ % | 4. | |
| 5. FAIRFIELD TAXABLE INCOME (Multiply Line 3 by Line 4) | 5. | |
| 6. OTHER SEPARATELY STATED ITEMS. (Net operating loss carryforward claimed) | 6. | |
| 7. AMOUNT SUBJECT TO FAIRFIELD INCOME TAX | 7. | |
| 8. FAIRFIELD INCOME TAX (Line 7 multiplied 1.50%) | 8. | |
| 9 a. ESTIMATES MADE ON THIS YEAR'S LIABILITY | 9 a. | |
| 9 b. CREDITS APPLIED TO THIS YEAR'S LIABILITY | 9 b. | |
| 10. TOTAL PAYMENTS AND CREDITS (Add Lines 9a and 9b) | 10. | |
| 11. TAX DUE (Subtract Line 10 from Line 8) | 11. | |
| 12. OVERPAYMENT (Line 10 greater then Line 8) | 12. | |
| 13. AMOUNT TO BE REFUNDED (Amounts less than \$10.01 will not be refunded) | 13. | |
| 14. CREDIT TO NEXT YEAR (Amounts less than \$10.01 will not be credited) | 14. | |
| | | FEDERAL EXTENSION FILED If yes, attach copy <input type="checkbox"/> YES <input type="checkbox"/> NO |

Part B: DECLARATION OF ESTIMATED TAX FOR 2023

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

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..... non-taxable income (at least 5% of line z, not including line n) | | o. | Interest earned or accrued..... | |
| c. | Taxes on net income deducted to compute federal taxable income..... | | p. | Dividends (less Federal Exclusion)..... | |
| d. | Guaranteed payments to partners and retired partners..... | | q. | Other items not taxable (full explanation required) | |
| 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)..... | | r. | Royalties (intangible) | |
| i. | Contributions in excess of Federal Limit..... | | z. | TOTAL DEDUCTIONS | |
| m. | TOTAL ADDITIONS | | | | |

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 .

| | A. LOCATED EVERYWHERE | B. LOCATED IN FAIRFIELD | C. PERCENTAGE (B/A) |
|--|-----------------------|-------------------------|---------------------|
| STEP 1. Average value of real and tangible personal property | \$ | \$ | |
| Gross annual rents multiplied by 8 | \$ | \$ | |
| TOTAL STEP 1 | \$ | \$ | % |
| 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 | | | % |

RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)

| | |
|---|----|
| Total Wages allocated to Fairfield | |
| 1. (From Business Apportionment Formula Step 3) | \$ |
| Total Wages reported on Form W-3 | |
| 2. (Withholding Annual Reconciliation) | \$ |
| 3. Please explain any difference | |

4. 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.