

**BUSINESS
YEAR - FAIRFAX INCOME TAX RETURN - YEAR**

**Remittance Payable to Village of Fairfax. Submit with Return.
FILING REQUIRED EVEN IF NO TAX DUE**

File with TAX DEPT.
VILLAGE OF FAIRFAX
5903 HAWTHORNE ST.
FAIRFAX (CINTI) OH 45227
On or before April 15, Each Year

**HOURS 8:00 AM TO 5:00 P.M.
PHONE (513) 527-6506 FAX (513) 271-4178**

FISCAL YEAR DATE
FROM _____
TO _____

TAXPAYER'S NAME, ADDRESS

ACCOUNT NO. _____

PRINCIPAL BUSINESS ACTIVITY

CORPORATION PARTNERSHIP SOLE PROPRIETOR

IF OTHER, EXPLAIN _____

BUSINESS TELEPHONE _____

FEDERAL ID# _____

IF YOU MOVED DURING CURRENT YEAR PLEASE GIVE DATE

MOVED IN _____ MOVED OUT _____

INCOME	1.	TOTAL INCOME FROM PAGE 2 ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES	\$ _____
	2a	ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (FROM PAGE 2) ADD	\$ _____
ADJUSTMENTS TO INCOME	b.	ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X (FROM PAGE 2) DEDUCT	\$ _____
	c.	DIFFERENCE BETWEEN 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+OR -)	\$ _____
	3a	ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)	\$ _____
	b.	AMOUNT OF LINE 3a ALLOCABLE (_____ % FROM LINE 5 SCHEDULE Y)	\$ _____
	c.	LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (SUMMIT SCHEDULE)	\$ _____
		(4 YEAR MAXIMUM CARRY FORWARD)	
	4.	AMOUNT SUBJECT TO _____ INCOME TAX (LINE 3a OR 3b)	\$ _____
TAX	5.	TAX OF _____ %	\$ _____
	6.	CREDITS:	
		(a) PAYMENTS AND CREDITS ON _____ DECLARATION OF ESTIMATED TAX	\$ _____
		(b) _____ OVERPAYMENT	\$ _____
		(x) TOTAL CREDITS ALLOWABLE	\$ _____
7.		IF LINE 5 GREATER THAN LINE 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:	YEAR _____ TAX DUE \$ _____
	A.	PENALTY \$ _____, INTEREST _____ (TAX OFFICE USE ONLY)	\$ _____
	B.	TOTAL AMOUNT	\$ _____
		OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____	
		(REQUEST MUST BE MADE WITH 3 YEARS OF PAYMENT) AMOUNTS LESS THAN \$3.00 SHALL NOT BE COLLECTED OR REFUNDED.	

DECLARATION OF ESTIMATED TAX FOR YEAR _____

8. TOTAL ESTIMATED _____ INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF _____ % FOR GROSS TAX OF \$ _____

9. LESS EXPECTED TAX CREDITS

A. OVERPAYMENT FROM PRIOR YEAR(S) \$ _____

B. PAYMENT ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT EXCEED _____ %) \$ _____

C. TOTAL CREDITS \$ _____

10. NET TAX DUE (LINE 8 LESS LINE 9c) TIMES 90% \$ _____

11. MINIMUM AMOUNT TO BE PAID WITH THIS DECLARATION 1/4 OF LINE 10 \$ _____

12. AMOUNT ENCLOSED (LINE 7) \$ _____ + (LINE 11) \$ _____ = **TOTAL AMOUNT DUE** \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. MAY WE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? ___ YES ___ NO

Signature of Taxpayer (Required)

Date

Signature of Person Preparing if Other than Taxpayer

Date

Signature of Taxpayer or Agent

Date

SECTION A	Adjusted Federal Taxable Income Schedule C, or form 1120 for Corporations	\$ _____
------------------	---------------------------------------------------------------------------	----------

ADJUSTED FEDERAL TAXABLE INCOME FOR S-CORPORATIONS AND PARTNERSHIPS

Ordinary Income for 1120S (Line 21) or 1065 (Line 22) \$ _____

Add Income/Losses reported to shareholders on Schedule K:

Net Income from Rental (Real Estate or Other)	\$ _____	
Interest	\$ _____	
Dividends	\$ _____	
Royalties	\$ _____	
Capital Gain/(Loss)	\$ _____	
Other Income/(Loss)	\$ _____	
Total Additions	\$ _____	

Less Deductions reported to shareholders on Schedule K:

Charitable Contributions (Limited to 10% of Adjusted Taxable Income)	\$ _____	
Section 179 Depreciation	\$ _____	
Other Deductions	\$ _____	
Total Deductions	\$ _____	

Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K) \$ _____

SECTION B	Total from Federal Schedule D, Form 4797 (Attach Schedule)	\$ _____
------------------	------------------------------------------------------------	----------

SECTION C	Income from rents - from Schedule E, form 8825 (Attach Schedule)	\$ _____
------------------	------------------------------------------------------------------	----------

SECTION D	All Other Taxable Income, Include Recapture of Depreciation (Attach Schedules)	\$ _____
------------------	--------------------------------------------------------------------------------	----------

TOTAL	From Sections A, B, C & D. Enter on Page 1, Line 1	\$ _____
--------------	----------------------------------------------------	----------

A Municipality taxes a business on "Net Profit" per ORC Sect. 718. Certain items are NOT taxed or deducted in the same manner as on the State and Federal Returns. Also S-Corporations and Partnerships must file their return as if they are C-Corporations (start with the amount on schedule K, line 23). **IT IS THEREFORE REQUIRED THAT "SCHEDULE X" BELOW BE COMPLETED AND ALL RELATED FEDERAL SCHEDULES BE ATTACHED.**

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. CAPITAL LOSSES DEDUCTED (INCLUDING SECT. 1221 OR SECT. 1231 LOSSES FROM PROPERTY DISPOSITIONS)	\$ _____	n. CAPITAL GAINS (IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME & GAINS APPLY TO THOSE DESCRIBED IN IRC 1245 OR 1250)	\$ _____
b. EXPENSES INCURRED IN PRODUCTION OF NON-TAXABLE INCOME (AT LEAST 5% OF INTANGIBLE INCOME)	\$ _____	o. INTEREST INCOME	\$ _____
c. TAXES BASED ON INCOME	\$ _____	p. DIVIDENDS	\$ _____
d. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN	\$ _____	q. OTHER FEDERALLY REPORTED INTANGIBLE INCOME (EXPLAIN)	\$ _____
e. GUARANTEED PAYMENTS TO OR FOR CURRENT PARTNERS OR FORMER PARTNERS OR MEMBERS	\$ _____	r. FEDERAL TAX CREDITS TO THE EXTENT THEY HAVE REDUCED CORRESPONDING OPERATING EXPENSES	\$ _____
f. SICK PAY NOT INCLUDED IN LINE 1, FRONT OF RETURN	\$ _____	s. OTHER (EXPLAIN)	\$ _____
g. FEDERALLY DEDUCTED SELF EMPLOYED RETIREMENT PLANS, HEALTH INSURANCE AND LIFE INSURANCE PAYMENTS TO OWNERS OR OWNER-EMPLOYEES OF NON-C CORP ENTITIES	\$ _____	z. TOTAL (ENTER LINE 2b OTHER SIDE)	\$ _____
h. FEDERALLY DEDUCTED DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR, OR CREDITED TO REIT OR RIC INVESTORS	\$ _____		
j. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN)	\$ _____		
m. TOTAL (ENTER LINE 2A OTHER SIDE)	\$ _____		

SCHEDULE Y	Business Apportionment Formula	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B+A)
STEP 1.	AVG. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	_____ %
	TOTAL STEP 1.	_____	_____	_____ %
STEP 2.	GROSS RECEIPTS FROM SALES MADE AND WORK OR SERVICES PERFORMED AND / OR GROSS RENTS RECEIVED	_____	_____	_____ %
STEP 3.	WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID	_____	_____	_____ %
4.	TOTAL PERCENTAGE			_____ %
5.	AVERAGE PERCENTAGE	Divide Total Percentages by Number of Percentages Used Carry to Line 3b, Page 1		_____ %

Are 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 _____