

Village of Fairfax Tax
 5903 Hawthorne Avenue
 Cincinnati, OH 45227-3697
 Phone: (513) 527-6506
 Fax: (513) 561-5748
 www.fairfaxoh.com

Business Tax Return



FISCAL PERIOD _____ TO _____

Due on or before the 15th day of the 4th month of the calendar year or following the end of the fiscal year

C Corp	S Corp	LLC	Partnership	Sole Proprietor	Should your account be inactivated? If YES, please explain:	YES	NO
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Name and Address _____ Account # _____
 Federal ID# _____
 Phone# _____
 Partial year activity: Start Date: _____
 End Date: _____

Part A 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 & on (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. Fairfax taxable income (multiply Line 5 by Line 6)..... \$ _____
8. Allocated losses from tax years 2016 and prior (attach schedule)..... \$ _____
9. Amount subject to Fairfax income tax (Line 7 minus Line 8)..... \$ _____
10. Fairfax income tax (multiply Line 9 by 1.75% [.0175])..... \$ _____
- 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 FOLLOWING YEAR

17. Total estimated income subject to tax \$ _____
18. Fairfax income tax declared (multiply Line 17 by 1.75% [.0175])..... \$ _____
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 Village of Fairfax Tax Department.

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 _____