File with Fairfield Income Tax
701 Wessel Drive
Fairfield OH 45014-3611
(513) 867-5327
Fax (513) 867-5333

Forms available on Internet at
www.fairfield-city.org

Provide Name and Address in space below

Name:

Address:

City, State, Zip:

City of Fairfield
Business Income Tax Return 2006

or

Fiscal Period _____ to _____

Calendar year taxpayers file on or before April 17th and fiscal year taxpayers file by the 17th day of the fourth month after the close of the period.

FORM BR

Your Federal ID # _____

Consolidated Return ☐

Amended Return ☐

Return for (check one)

Corporation ☐ S-Corporation ☐

Partnership ☐ LLC ☐

Payment by Check: Payable to Fairfield Income Tax
Payment by Charge Card Mastercard / Visa

No. _____

Exp Date _____

** denotes auto calculating field.

☐ **If taxpayer had no taxable income, place an x in the box, sign, date and return this form by the due date listed above.**

INCOME	1.	Adjusted Federal Taxable Income (Attach copy of Federal return)	1	$ _____
	2.	Adjustments (From Line Z, Schedule X)	2	$ _____
	3.	Taxable Income before allocation (Line 1 plus/minus Line 2)	3	$ 0.00 **
ADJUSTMENTS	A.	Apportionment percentage 0.00% (From Step 5, Schedule Y)		
TO INCOME	4.	Fairfield Taxable Income (Line 3 multiplied by Line 3A)	4	$ 0.00 **
	5.	Net Loss Carryforward (limited to 3 years)	5	$ _____
	6.	Income Subject to Fairfield Income Tax (Line 4 less Line 5)	6	$ 0.00 **
TAX	7.	Fairfield Tax is 1.5% (.015) of Line 6	7	$ 0.00 **
TAX	9.	Tax Credits: **Credit will only be given with proper documentation.**		
PAYMENTS	A.	Estimated payments	9A	$ _____
AND	B.	Prior year overpayments	9B	$ _____
CREDITS	C.	Total tax credits (Lines 9A and 9B)	9C	$ 0.00 **
BALANCE	10.	**Balance Due**, if Line 7 is greater than Line 9C. No tax due if less than $1.00	10	$ _____
DUE,	A.	Penalty	10A	$ _____
REFUND,	B.	Interest	10B	$ _____
AND/OR	C.	Total Penalty and Interest (Line 6A and Line 6B)	10C	$ _____
CREDIT	D.	Total Balance Due (Line 10 and Line 10C)	10D	$ _____
	11.	**Overpayment**, if Line 7 is less than Line 9C. No refund/credit if less than $1.00	11	$ _____
	A.	**REFUND** amount	11A	$ _____
	B.	**CREDIT** amount	11B	$ _____

DECLARATION OF ESTIMATED TAX FOR 2007

ESTIMATE	12.	Total income subject to tax $ _____ multiply by tax rate of 1.5% (.015)	12	$ 0.00 **
FOR	13.	Operating Loss Carryforward	13	$ _____
NEXT	14.	Estimated tax due (Line 12 less Line 13). If less than $200, estimated payments are not required	14	$ 0.00 **
YEAR	15.	Prior year tax credit from Line 11B above	15	$ _____
	16.	First quarter estimated tax payment (minimum of 22.5% (.225) of Line 14)*	16	$ 0.00 **
		*First quarter estimated tax payment should be paid with this return. Use enclosed estimate forms for 2nd, 3rd and 4th quarters.		
	17.	Line 16 minus Line 15. If Line 15 is greater than Line 16, enter 0	17	$ _____
TAX DUE	18.	**TOTAL TAX DUE** (Lines 10D and 17) Make checks payable to **FAIRFIELD INCOME TAX**	18	$ 0.00 **

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 the return with the tax practitioner below? Yes No

_____
Signature of Taxpayer or Agent (Required) Date

For Tax Division Use Only

_____
Signature of Preparer, if other than taxpayer Date

_____
Name and Address of Preparer Telephone Number

All appropriate Federal schedules and forms MUST be attached. A return is NOT complete unless schedules and forms are included.

Schedule X – Reconciliation with Federal Income Tax Return

	ITEMS NOT DEDUCTIBLE		ADD		ITEMS NOT TAXABLE		DEDUCT
A.	Capital Losses (Sec 1231 included).....	$		N.	Capital Gains	$	
B.	Income Taxes	$		O.	Interest Income	$	
C.	Guaranteed Payments or Accruals to or for current or former partners or members	$		P.	Dividends	$	
D.	Expenses Attributable to Non-taxable Income	$		Q.	Income from Copyrights and Patents ...	$	
E.	Other	$		R.	Other Income Exempt (Explain)	$	
	.....	$			.....	$	
	.....	$			.....	$	
	.....	$			.....	$	
M.	Total Additions	$	0.00 **	Y.	Total Deductions	$	0.00 **
				Z.	Combine Lines M and Y, enter on Line 2	$	0.00 **

Schedule Y – Business Apportionment Formula

		A. Located Everywhere	B. Located In Fairfield	C. Percentage (B/A)
Step 1.	Original Cost of Real & Tangible Personal Property			
	Gross Annual Rentals Paid Multiplied by 8			
	Total Step 1.	0.00 **	0.00 **	%
Step 2.	Gross Receipts from Sales Made and/or Work or Services Performed			%
Step 3.	Wages, Salaries and Other Compensation			%
Step 4.	Total Percentages			0.00 ** %
Step 5.	Average Percentage (Divide Total Percentage by Number of Percentages Used, enter on Line 3A)			%

Leased Employees

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 _____

_____

Extension Policy

Extensions may, upon request, be granted for filing of the annual return, provided and IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.