

File with Fairfield Income Tax  
701 Wessel Drive  
Fairfield OH 45014-3611  
(513) 867-5327  
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# City of Fairfield Individual Income Tax Return 2006

FORM IR

Fiscal Period \_\_\_\_\_ or \_\_\_\_\_  
to \_\_\_\_\_

Your social security number \_\_\_\_\_

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

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

Spouse's social security number \_\_\_\_\_

Provide Name and Address in space below

Resident Date moved in \_\_\_\_\_

Non Resident

Sole Proprietor Date moved out \_\_\_\_\_

Payment by Check:  
Payable to Fairfield Income Tax

Payment by Charge Card Mastercard/Visa

No. \_\_\_\_\_

Exp Date \_\_\_\_\_

**If taxpayer and spouse are fully retired and without taxable income, place an x in the box, sign, date and return this form by the due date listed above.**

<b>FILING STATUS</b>	Single		
	Married filing joint return (even if only one had income). Did you file joint or separately last year? Joint Separate		
	Married filing separate return. Enter spouse's social security number above and full name here: _____		
<b>INCOME</b>	1. Total W-2 wages. <b>W-2s MUST BE ATTACHED</b> .....	1	\$ _____
	2. Other Taxable Income or Deductions from Line 23 from side two (back) of this form .....	2	\$ _____
	3. Total Taxable Income .....	3	\$ _____
<b>TAX</b>	4. Fairfield Tax is 1.5% (.015) of Line 3 .....	4	\$ _____
<b>TAX WITHHELD, PAYMENTS AND CREDITS</b>	5. Tax Credits: <b>Credit will only be given with proper documentation.</b>		
	A. Fairfield income tax withheld .....	5A	\$ _____
	B. Credit for income tax withheld/paid to other cities .....	5B	\$ _____
	C. Prior year overpayments .....	5C	\$ _____
	D. Estimated payments .....	5D	\$ _____
	E. Total tax credits (Lines 5A through 5D) .....	5E	\$ _____
<b>BALANCE DUE, REFUND AND/OR CREDIT</b>	6. <b>Balance Due</b> , if Line 4 is greater than Line 5E. No tax due if less than \$1.00 .....	6	\$ _____
	A. Penalty .....	6A	\$ _____
	B. Interest .....	6B	\$ _____
	C. Total Penalty and Interest (Line 6A and Line 6B) .....	6C	\$ _____
	D. Total Balance Due (Line 6 and Line 6C).....	6D	\$ _____
	7. <b>Overpayment</b> , if Line 4 is less than Line 5E. No refund/credit if less than \$1.00 .....	7	\$ _____
	A. <b>REFUND</b> amount .....	7A	\$ _____
	B. <b>CREDIT</b> amount .....	7B	\$ _____

**DECLARATION OF ESTIMATED TAX FOR 2007**

<b>ESTIMATE FOR NEXT YEAR</b>	8. Total income subject to tax \$ _____ multiply by tax rate of 1.5% (.015) .....	8	\$ _____
	9. Estimated income tax to be withheld or paid to other cities .....	9	\$ _____
	10. Estimated tax due (Line 8 less Line 9). If less than \$200, estimated payments are not required.....	10	\$ _____
	11. Prior year tax credit from Line 7B above .....	11	\$ _____
	12. First quarter estimated tax payment (minimum of 22.5% (.225) of Line 10)* .....	12	\$ _____
	*First quarter estimated tax payment should be paid with this return. Use enclosed estimate forms for 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters.		
	13. Line 12 minus Line 11. If Line 11 is greater than Line 12, enter 0 .....	13	\$ _____
<b>TAX DUE</b>	14. <b>TOTAL TAX DUE</b> (Lines 6D and 13) Make checks payable to <b>FAIRFIELD INCOME TAX</b> ....	14	\$ _____

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.

\_\_\_\_\_  
Signature of Taxpayer Date

\_\_\_\_\_  
Signature of Taxpayer Date

\_\_\_\_\_  
Signature of Preparer, if other than taxpayer Date

\_\_\_\_\_  
Name and Address of Preparer Telephone Number

May we discuss the return with the tax practitioner below? Yes No

For Tax Division Use Only

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

**OTHER TAXABLE INCOME OR DEDUCTIONS**

**Other Taxable Income**

15. Taxable income **not** reported on a W-2 form ..... 15 \$ \_\_\_\_\_  
 (Income on 1099-INT, 1099-R, 1099-D, 1099-G and W2-P are not taxable.)

**Schedule C (Business Operations) Profit/Loss**

16. **Schedule C**

A. Business Name \_\_\_\_\_ 16A \$ \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

B. Business Name \_\_\_\_\_ 16B \$ \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

C. Total Schedule C Profit/Loss ..... 16C \$ \_\_\_\_\_

**Schedule E (Rental and/or Partnership) Profit/Loss. S-Corporations are excluded from individual's income.**

17. **Rental Property** – Losses without an exact location will be disallowed.

A. Address \_\_\_\_\_ 17A \$ \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

B. Address \_\_\_\_\_ 17B \$ \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

C. Address \_\_\_\_\_ 17C \$ \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

D. Address \_\_\_\_\_ 17D \$ \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

E. Total Rental Profit/Loss ..... 17E \$ \_\_\_\_\_

18. **Partnership Income/Loss** – Applicable losses without exact locations will be disallowed.

A. Partnership Name/ID \_\_\_\_\_ 18A \$ \_\_\_\_\_  
 Address \_\_\_\_\_

B. Partnership Name/ID \_\_\_\_\_ 18B \$ \_\_\_\_\_  
 Address \_\_\_\_\_

C. Partnership Name/ID \_\_\_\_\_ 18C \$ \_\_\_\_\_  
 Address \_\_\_\_\_

D. Total Partnership Profit/Loss ..... 18D \$ \_\_\_\_\_

19. Total business profit/loss (Line 16C, Line 17E and Line 18D). If a loss, the amount can be carried forward to Line 19 for maximum of three (3) years to offset future business profit/loss and can NOT be used to offset W-2 wages ..... 19 \$ \_\_\_\_\_

20. Prior business loss from previously filed tax returns. Limited to the last three (3) years ..... 20 \$ \_\_\_\_\_

21. Net business profit/loss (Line 19 minus Line 20) ..... 21 \$ \_\_\_\_\_

**Other Deductions**

22. Deductions and non-taxable income (see instruction sheet for details)

A. \_\_\_\_\_ 22A \$ \_\_\_\_\_

B. \_\_\_\_\_ 22B \$ \_\_\_\_\_

C. \_\_\_\_\_ 22C \$ \_\_\_\_\_

D. Total deductions and non-taxable income ..... 22D \$ \_\_\_\_\_

23. **Total other taxable income or deductions** (Line 15 plus Line 21 minus Line 22D. Enter this amount on Line 2 ..... 23 \$ \_\_\_\_\_