

File with Fairfield Income Tax  
701 Wessel Drive  
Fairfield OH 45014-3611  
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# CITY OF FAIRFIELD INDIVIDUAL INCOME TAX RETURN 2009

FORM IR

Forms available at  
[www.fairfield-city.org](http://www.fairfield-city.org)

PROVIDE NAME & ADDRESS OR CHANGES BELOW

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15TH  
AND FISCAL YEAR TAXPAYERS FILE BY THE 15TH DAY OF THE  
FOURTH MONTH AFTER THE CLOSE OF THE PERIOD.

Your social security number

Spouse's social security number

Resident | Date moved in \_\_\_\_\_  
 Non Resident | Date moved out \_\_\_\_\_  
 Sole Proprietor

City of Employment \_\_\_\_\_

Phone # \_\_\_\_\_

IF TAXPAYER AND SPOUSE ARE FULLY RETIRED AND WITHOUT TAXABLE INCOME, PLACE AN X IN THE BOX, COMPLETE SIGNATURE SECTION BELOW.

**FILING STATUS**  
 Single  
 Married filing joint return (even if only one had income). Did you file joint or separate last year?  Joint  Separate  
 Married filing separate return. Enter spouse's social security number above and full name here: ▶ \_\_\_\_\_

ATTACH W-2'S HERE

**INCOME**  
1. Total W-2 wages. **W-2s MUST BE ATTACHED** ..... 1 \$ \_\_\_\_\_  
2. Other Taxable Income or Deductions from Line 23\* from side two (back) of this form ..... 2 \$ \_\_\_\_\_  
3. Total Taxable Income ..... 3 \$ \_\_\_\_\_

**TAX**  
4. Fairfield Tax is 1.5% (.015) of Line 3 ..... 4 \$ \_\_\_\_\_

**TAX WITHHELD, PAYMENTS AND CREDITS**  
5. Tax Credits: **Credit will only be given with proper documentation.**  
A. Fairfield income tax withheld.....5A \$ \_\_\_\_\_  
B. Income tax withheld/paid to other cities (**1.5% maximum**) ..... 5B \$ \_\_\_\_\_  
C. Prior year overpayments ..... 5C \$ \_\_\_\_\_  
D. Estimated payments..... 5D \$ \_\_\_\_\_  
E. Total tax credits (Lines 5A through 5D) ..... 5E \$ \_\_\_\_\_

**BALANCE DUE**  
6. **Balance Due**, if Line 4 is greater than Line 5E. Subtract Line 5E from Line 4 ..... 6 \$ \_\_\_\_\_  
7. **Overpayment**, if Line 4 is less than Line 5E. Subtract Line 4 from 5E ..... 7 \$ \_\_\_\_\_  
A. **REFUND** amount ..... 7A \$ \_\_\_\_\_  
B. **CREDIT** amount..... 7B \$ \_\_\_\_\_  
**(Amounts less than \$1.00 are not paid, refunded, or credited).**

### DECLARATION OF ESTIMATED TAX FOR 2010 (See Instructions for requirements)

**ESTIMATE FOR NEXT YEAR**  
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 minus Line 9). If less than \$200, estimated payments are not required 10 \$ \_\_\_\_\_  
11. First quarter estimated tax payment (minimum of 22.5% (.225) of Line 10) ..... 11 \$ \_\_\_\_\_  
12. Prior year tax credit from Line 7B above..... 12 \$ \_\_\_\_\_  
13. If Line 12 is greater than Line 11, enter 0, otherwise enter amount of Line 11 less Line 12 13 \$ \_\_\_\_\_

**TAX DUE**  
14. **TOTAL TAX DUE** (Lines 6 and 13) ..... 14 \$ \_\_\_\_\_  
 **PAYMENT BY CREDIT CARD** (Check One)    No. \_\_\_\_\_  
 **PAYMENT BY CHECK: Payable to Fairfield Income Tax** Exp. Date: \_\_\_\_\_

### SIGNATURE(S) REQUIRED

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 return with your tax practitioner? (Check One)  Yes  No

\_\_\_\_\_  
SIGNATURE OF TAXPAYER DATE

\_\_\_\_\_  
SIGNATURE OF TAXPAYER DATE

\_\_\_\_\_  
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER DATE

\_\_\_\_\_  
NAME AND ADDRESS OF PREPARER TELEPHONE NUMBER

### FOR TAX DIVISION USE ONLY

Date \_\_\_\_\_

Tax Bal \_\_\_\_\_

Interest \_\_\_\_\_

Penalty \_\_\_\_\_

Total \_\_\_\_\_

**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 (attach Form)**

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

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

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. (attach Federal Schedule and K-1s.)**

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 for maximum of three (3) years to offset future business profit/loss and can NOT be used to offset W-2 wages or 1099 ..... 19 \$ \_\_\_\_\_

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

21. Net business profit/loss **if Line 19 is less than zero or less than Line 20, enter zero (0.00).**  
 Otherwise subtract Line 20 from Line 19 ..... 21 \$ \_\_\_\_\_

**Other Deductions [Non-Resident Wages and or Employee Business Expenses (Form 2106) include forms & calculations]**

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 \$ \_\_\_\_\_

**\*NOTE: LOSSES ARE NOT DEDUCTIBLE FROM WAGE INCOME.** Only Employee business expenses (attach Form 2106) and/or wages earned outside the City of Fairfield while a non-resident are allowed to be deducted from wages.