

File with Fairfield Income Tax
701 Wessel Drive
Fairfield OH 45014-3611
(513) 867-5327
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Forms available at
www.fairfield-city.org

PROVIDE NAME & ADDRESS OR CHANGES BELOW

CITY OF FAIRFIELD INDIVIDUAL INCOME TAX RETURN 2013

FORM IR

OR

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 Part-Year
 Non Resident Date moved in _____
 Sole Proprietor Date moved out _____

City of Employment _____

Phone # _____

IF TAXPAYER AND SPOUSE ARE FULLY RETIRED AND/OR 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

- 1. Total W-2 wages. **(Box 5) 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 \$ _____
- 4. Fairfield Tax is 1.5% (.015) of Line 3 4 \$ _____
- 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) **Line 5B cannot exceed Line 4** 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 2014 (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 \$ _____
 - 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 this return with your tax preparer? (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 _____

OTHER TAXABLE INCOME OR DEDUCTIONS

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

Other Taxable Income (attach Form)

15. Taxable income not reported on a W-2 (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 & 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/FID# _____ 18A \$ _____
 Address _____

B. Partnership Name/FID# _____ 18B \$ _____
 Address _____

C. Partnership Name/FID# _____ 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.