

File with Fairfield Income Tax
 701 Wessel Drive
 Fairfield OH 45014-3611
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**CITY OF FAIRFIELD
 BUSINESS INCOME TAX RETURN 2014**

FORM BR

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.

Forms available at
www.fairfield-city.org

PROVIDE NAME & ADDRESS OR CHANGES BELOW

Your Federal ID/SSN _____

- Final Return
- Consolidated Return
- Amended Return

- Return for (check one)
- Corporation S-Corporation
 - Partnership Sole Prop (non resident)

Make checks payable to:

FAIRFIELD INCOME TAX

Payment by Credit Card

Check One: VISA MasterCard Discover

No. _____

Exp. Date _____

Telephone Number _____

INCOME	1. Adjusted Federal Taxable Income (Attach copy of Federal return)	1	\$ _____
	2. Adjustments (From Line L, Schedule X)	2	\$ _____
	3. Taxable Income before allocation (Line 1 plus/minus Line 2)	3	\$ _____
ADJUSTMENTS TO INCOME	A. Apportionment percentage _____ % (From Step 5, Schedule Y)		
	4. Fairfield Taxable Income (Line 3 multiplied by Line 3A)	4	\$ _____
	5. Net Loss Carry Forward (limited to 3 years – provide schedule)	5	\$ _____
	6. Income Subject to Fairfield Income Tax (Line 4 less Line 5)	6	\$ _____
TAX	7. Fairfield Tax is 1.5% (.015) of Line 6	7	\$ _____
TAX PAYMENTS AND CREDITS	8. Tax Credits: Credit will only be given with proper documentation.		
	A. Estimated payments 8A	\$ _____	
	B. Prior year overpayments 8B	\$ _____	
	C. Total tax credits (Lines 8A and 8B) 8C	\$ _____	
BALANCE DUE, REFUND, AND/OR CREDIT	9. Balance Due , if Line 7 is greater than Line 8C. (Subtract Line 8C from Line 7)	9	\$ _____
	10. Overpayment , if line 7 is less than Line 8C (Subtract line 7 from line 8C)	10	\$ _____
	A. REFUND amount 10A	\$ _____	
	B. CREDIT amount 10B	\$ _____	

DECLARATION OF ESTIMATED TAX FOR 2015

ESTIMATE FOR NEXT YEAR	11. Total income subject to tax \$ _____ multiply by tax rate of 1.5% (.015)	11	\$ _____
	12. Operating Loss Carryforward	12	\$ _____
	13. Estimated tax due (Line 11 less Line 12). If less than \$200, estimated payments are not required	13	\$ _____
	14. First quarter estimated tax payment (minimum of 22.5% (.225) of Line 13)*	14	\$ _____
	<small>*First quarter estimated tax payment should be paid with this return. Use enclosed estimate forms for 2nd, 3rd and 4th quarters.</small>		
	15. Prior year tax credit from Line 10B above	15	\$ _____
	16. If Line 15 is greater than Line 14, enter "0"; otherwise, enter amount of Line 14 less Line 15	16	\$ _____
TAX DUE	17. TOTAL TAX DUE (Lines 9D and 16) Make checks payable to FAIRFIELD INCOME TAX . . .	17	\$ _____

SIGNATURE REQUIRED

The undersigned declares that this return (and accompanying schedules) are 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 practitioner? (Check One) Yes No

 SIGNATURE OF TAXPAYER OR AGENT (REQUIRED) 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.

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 1231 included)	\$ _____	H. Capital Gains	\$ _____
B. Income Taxes	\$ _____	I. Intangible Income	\$ _____
C. Guaranteed Payments or Accruals to or for current or former partners or members	\$ _____	J. Other exempt income (Explain)	\$ _____
D. Expenses Attributable to Non-taxable Income	\$ _____	\$ _____
E. Real Estate Investment Trust Distributions.....	\$ _____	\$ _____
F. Other	\$ _____		
.....	\$ _____		
.....	\$ _____		
G. Total Additions	\$ _____	K. Total Deductions.....	\$ _____
		L. Combine Lines G and K, enter on Line 2	\$ _____

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.	_____	_____	_____ %
STEP 2 Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
STEP 3 Wages, Salaries and Other Compensation.....	_____	_____	_____ %
STEP 4 TOTAL PERCENTAGES.....			_____ %
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 AN 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.