

**Village of Fairfax Tax**  
 5903 Hawthorne Avenue  
 Cincinnati, OH 45227-3697  
 Phone: (513) 527-6506  
 Fax: (513) 561-5748  
 www.fairfaxoh.org

# Business Tax Return 2018



FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_  
 Due on or before 4/15/19 or 15<sup>th</sup> day of the 4th month  
 following the end of the fiscal year

<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Name and Address _____	Account # _____
	Federal ID# _____
	Phone# _____
Partial year activity:	Start Date: _____
	End Date: _____

**Part A 2018 TAX CALCULATION**

1. Adjusted Federal Taxable Income (attach copy of Federal return) from Form _____ Line _____	\$ _____
2. Adjustments (Schedule X, Line L).....	\$ _____
3. Taxable income before apportionment (Line 1 plus or minus Line 2) .....	\$ _____
4. Enter up to 50% of losses from 2017 (to a maximum of 50% of Line 3) .....	\$ _____
5. Net Taxable Income (Line 3 minus Line 4).....	\$ _____
6. Apportionment percentage (Schedule Y, Step 5) _____%	
7. Fairfax taxable income (multiply Line 5 by Line 6).....	\$ _____
8. Allocated losses from tax years 2016 and prior (attach schedule).....	\$ _____
9. Amount subject to Fairfax income tax (Line 7 minus Line 8).....	\$ _____
10. Fairfax income tax (multiply Line 9 by 1.75% [.0175]).....	\$ _____
11 a. Estimates paid on this year's liability.....	\$ _____
11 b. Credits applied to this year's liability.....	\$ _____
12. Total payments and credits (Add lines 11a and 11b) .....	\$ _____
13. <b>Tax due</b> (Line 10 minus Line 12).....	\$ _____
14. Overpayment (If Line 12 is greater than Line 10).....	\$ _____
15. Amount to be refunded (amounts less than \$10 will not be refunded) \$ _____	
16. Amount to be credited to next year (If less than \$10 enter zero) \$ _____	

**Part B DECLARATION OF ESTIMATED TAX FOR 2019**

17. Total estimated income subject to tax .....	\$ _____
18. Fairfax income tax declared (multiply Line 17 by 1.75% [.0175]).....	\$ _____
19. Tax due before credits (minimum of 22.5% of Line 18).....	\$ _____
20. Less Credits from prior year (Line 16 above) .....	\$ _____
21. Net estimated tax due (Line 19 minus Line 20).....	\$ _____
(Estimate payments are required for annual balances of \$200 or more)	
22. <b>TOTAL AMOUNT DUE (Add Line 13 and Line 21).....</b>	<b>\$ _____</b>

Make checks or money orders payable to Village of Fairfax Tax Department.

**FOR TAX OFFICE USE ONLY**

<b>Tax \$</b> _____	<b>Late Filing Penalty \$</b> _____	<b>Late Payment Penalty \$</b> _____	<b>Interest \$</b> _____	<b>Total Due \$</b> _____
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Check to give us permission to contact your tax practitioner directly if there are questions regarding the preparation of this return.  
**The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as those used for Federal Income Tax purposes.**

_____ Signature of Person Preparing Return	_____ Date	_____ Signature of Officer or Agent	_____ Date
_____ Printed Name of Person Preparing Return	_____ Phone Number	_____ Name and Title	_____ Phone Number

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTABLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec.1221 OR 1231 included)	_____	H. Capital Gains	_____
B. Taxes on or measured by Net Income	_____	I. Intangible Income	_____
C. Guaranteed Payments to partners, retired partners, members or other owners	_____	J. Other income exempt (Explain)[NOT ALLOWED WORK OPPORTUNITY CREDIT OR NATIVE AMERICAN CREDIT]	_____
D. Expenses attributable to non-taxable income (5% of line I.)	_____		_____
E. Real Estate Investment Trust Distributions	_____		_____
F. Other:	_____		_____
	_____		_____
G. Total Additions	_____	K. Total Deductions	_____

L. Combine Lines G and K and enter net on Page 1, Line 2 \_\_\_\_\_

**SCHEDULE Y- BUSINESS APPORTIONMENT FORMULA**

	a. Located Everywhere	b. Located in Fairfax	c. Percentage (b/a)
STEP 1. Average Original Cost of Real and Tangible Personal Property Gross Annual Rent Paid Multiplied by 8 Total STEP 1.	_____	_____	_____
STEP 2. Wages, Salaries, and Other Compensation Paid	_____	_____	_____
STEP 3. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____
STEP 4. Total Percentages. (Add Percentages from STEPS 1-3)			_____
STEP 5. Apportionment Percentage (Divide Total Percentage by Number of Percentages Used)			_____

**Schedule Y-1 Reconciliation to Form W-3 (Withholding Reconciliation)**

Total wages allocated to Fairfax (From Federal Return or apportionment formula)	\$ _____
Total wages shown on Form W-3 (Withholding Reconciliation)	\$ _____

Please explain any difference:

\_\_\_\_\_

\_\_\_\_\_

Are there 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.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State

FID Number: \_\_\_\_\_

Are there any 1099 employees who work for your company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please enclose a listing of all 1099 employees and wages they were paid in this tax year including current addresses for these employees.

**NOTICE: Unless accompanied by copies of appropriate federal forms/schedules and by payment of the balance of tax declared due (Line 13) and at least 22.5% of the estimated tax due (Line 19), this form is not a legal final return or declaration.**

**NOTICE: Failure to file a required return and/or to pay taxes due by due date will result in imposition of penalty and interest. Payment is due by 4/15/19 or the 15<sup>th</sup> day of the fourth month for fiscal filers even with an extension.**