

**INDIVIDUAL - 2017  
INCOME TAX RETURN  
FAIRFAX  
Due Date 04/17/2018  
Federal Schedules Are Required To Be  
Attached**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF FAIRFAX TAX DEPARTMENT

5903 HAWTHORNE AVE  
FAIRFAX (CINTL.) OH 45227-3697

Voice 513-527-6506 Fax 513-561-5748  
awillis@fairfaxoh.org

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Filing Status**

Single  RESIDENT

Married filing joint  NON-RESIDENT

Married filing separate

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OUT OF \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Income**

1 Wages, salaries, tips, etc. 1 \_\_\_\_\_

2 Other taxable income 2 \_\_\_\_\_

3 Total taxable income (add lines 1 and 2) 3 \_\_\_\_\_

**Tax and Credits**

4 Fairfax tax due before credits (1.750% of line 3) 4 \_\_\_\_\_

5 Estimated tax payments made to Fairfax 5 \_\_\_\_\_

6 Taxes withheld and paid to Fairfax 6 \_\_\_\_\_

7 Overpayment from prior year(s) 7 \_\_\_\_\_

8 Taxes withheld and paid to other localities 8 \_\_\_\_\_

Credit cannot exceed 100.0% of tax withheld up to 1.75% of income earned in each location.

9 Total credits (add lines 5 through 8) 9 \_\_\_\_\_

**Refund** ( Issued if greater than \$10.00 )

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 \_\_\_\_\_

11 Amount of line 10 to be credited to next years estimate 11 \_\_\_\_\_

12 Amount of line 10 to be refunded 12 \_\_\_\_\_

**Tax Due** ( if greater than \$10.00 )

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 \_\_\_\_\_

14 Penalties and interest **Late File** \_\_\_\_\_ **Late Pay** \_\_\_\_\_ **Late Estimate** \_\_\_\_\_ **Interest** \_\_\_\_\_ 14 \_\_\_\_\_

**Declaration of Estimate For 2018**

15 Estimated income 15 \_\_\_\_\_

16 Estimated tax due. Multiply line 15 by 1.750% 16 \_\_\_\_\_

17 Taxes to be withheld and paid to Fairfax and other localities 17 \_\_\_\_\_

18 Prior credit applied to estimated tax payments (From line 11) 18 \_\_\_\_\_

19 Net estimated tax due (subtract line 17 and 18 from 16) 19 \_\_\_\_\_

20 Minimum amount due for first quarter (multiply line 19 by .25) 20 \_\_\_\_\_

**Amount You Owe**

21 Total amount due (add lines 13, 14 and 20) 21 \_\_\_\_\_

<b>Tax Office Use Only : Tax Office Use Only : Tax Office Use Only</b>		
FC-Batch: B	-	-
Batch: B	-	-
Postmark Date:		

\*Subsequent estimated payments are due 06/15/18, 09/15/18 and 1/15/19  
\*Failure to remit timely estimated payments will result in the assessment of interest and penalties.  
\*If the total estimate due after applicable credits for 2017 is less than \$200.00, then no declaration is required.  
The signed 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 used for Federal Income Tax purposes.

\_\_\_\_\_  
Taxpayer's Signature Date

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Tax Preparer's Signature Date

(If other than taxpayer) Phone No. \_\_\_\_\_

May VILLAGE OF FAIRFAX discuss this return with the preparer shown above \_\_\_Yes \_\_\_No

**WORKSHEET A-SALARIES, WAGES, TIPS, AND OTHER COMPENSATION**

**(To be completed by taxpayers who receive W-2 income from more than one source)**

**\*\*Taxes Withheld to Counties Do NOT Count as Credit, Enclose copies of All W-2s used to compute your local income\*\***

Employer	City Where Employed	Qualifying Wages (Box 5 on W-2)	Fairfax Tax Withheld on W-2	Other City Tax Withheld (Box 19 on W-2; Credit not to exceed 100% of 1.75% of income earned in each location)
Totals (Enter Total Qualifying Wages on Line 1, Page 1)				

**WORKSHEET B- BUSINESS INCOME or LOSS**

**\*\*Enclose copies of all Federal Forms and Schedules used to compute your local income\*\***

Schedules	Column A Income/ (Loss) from Federal Schedules	Column B Fairfax Percentage	Column C Fairfax Taxable Income (Column A x Column B for lines 1 through 4)
1. <b>Schedule C- Business Income</b> (A separate allocation schedule is required for each Schedule C)	\$	100.00% or (Step 5 of Schedule Y)	\$
2. <b>Schedule E- Rental Income</b> (Residents enter profit/loss from all properties, Nonresidents enter only profit/loss from Fairfax properties)	\$		\$
3. <b>Schedule K-1- Partnership Income</b> (Residents enter profit/loss from entities that do not withhold Fairfax tax on entire distributive share)	\$		\$
4. <b>Miscellaneous Income- Other Income including 1099-MISC, W-2G &amp; Schedule F</b>	\$	100.00% or (Step 5 of Schedule Y)	\$
5. <b>Allowable Net Operating Loss Deduction (Enter the amount claimed as a deduction in Column C)</b> Also enclose a worksheet showing prior year losses for up to 5 years and amounts previously claimed. <b>Do Not enter this amount in Column C</b>			\$
6. <b>Total Income (Loss)</b> (Combine Lines 1 through 5 and enter this amount on Page 1, Line 2)			\$

**SCHEDULE Y- BUSINESS APPORTIONMENT FORMULA**

**(To be completed by all nonresidents who earn a portion of their net profits in Fairfax.)**

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)	_____	_____	_____