

BUSINESS - 2017
INCOME TAX RETURN
FAIRFAX

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF FAIRFAX TAX DEPARTMENT
5903 HAWTHORNE AVE
FAIRFAX (CINTI.) OH 45227-3697
Voice 513-527-6506 Fax 513-561-5748
awillis@fairfaxoh.org

Fiscal Period _____ to _____

Federal Schedules Are Required To Be
Attached
Due: 04/17/18

Form with fields: Federal ID#, Business Telephone No., Principal Business Activity NAICS Code, IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES, CHECK ONE (CORPORATION, SOLE PROPRIETOR, PARTNERSHIP, S-CORPORATION, OTHER, ESTATE, TRUST, FIDUCIARY)

Name
And
Address

1 Total taxable income
2 Adjustments (See Schedule X)
3 Taxable income before allocation (Line 1 plus/minus lines 2)
4 Allocation percentage (See Schedule Y)
5 Adjusted Net Income (Multiply line 3 by line 4)
6 Allocable Net Loss Carry Forward
7 Fairfax Taxable income (Line 5 minus Line 6)
8 Fairfax income tax (Multiply line 7 by 1.750%)
9 Credits applied from previous year(s) to this year's liability
10 Estimates paid on this year's liability
11 Other credits
12 Total credits (Total line 9, 10 and 11)
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than \$10.00
14 Penalty
15 Interest
16 Total due (Total line 13, 14 and 15)
17 Overpayment (Issued if greater than \$10.00)
18 Amount to be refunded
19 Amount to be credited to next year

Declaration of Estimate For 2018
20 Total estimated income subject to tax
21 Estimated tax due. (Multiply line 20 by 1.750%)
22 Less credits (from 19 above)
23 Net estimated tax due (subtract line 22 from line 21)
24 Minimum amount due for first quarter (Multiply line 23 by .25)

Amount You Owe
25 Total amount due (add lines 16 and 24)

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only
FC-Batch: B -
Batch: B -
Postmark Date:

*Subsequent estimated payments are due 06/15/18, 09/15/18 and 12/15/18
*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 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 used for Federal Income Tax purposes.

TaxPayer'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

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: _____