



TAX OFFICE PHONE:513-527-6506 / FAX: 513-561-5748

[WWW.FAIRFAXOH.ORG](http://WWW.FAIRFAXOH.ORG)

FILING REQUIRED EVEN IF NO TAX DUE

Interest and a minimum penalty of \$25.00 will apply for the late filing of the required return.

FILE WITH AND MAKE CHECKS PAYABLE TO:  
**VILLAGE OF FAIRFAX TAX DEPT.**  
5903 HAWTHORNE AVENUE  
CINCINNATI, OH 45227  
Due on or before April 15<sup>th</sup> of the following Calendar Year

If taxpayer and spouse are fully retired and without taxable income, place an "x" in this box <input type="checkbox"/> then sign the form and send it in.		Part Year Resident? Date Moved in: _____ Date Moved out: _____ Telephone: _____ Home: _____ Business: _____ SSN: _____ Spouse SSN: _____
Name and Address: _____	File Number: _____	Resident <input type="checkbox"/> Extension Requested Non-Resident <input type="checkbox"/> <input type="checkbox"/> Yes/ <input type="checkbox"/> No

**INCOME**

- 1. TOTAL QUALIFYING WAGES (Worksheet 1, see instructions, attach all W-2s) \_\_\_\_\_
- 1a. LESS 2106 EXPENSE DEDUCTION (Only if permitted as a deduction for Federal purposes.) \_\_\_\_\_
- 2. OTHER INCOME/LOSS Fed Sch C,E,F,K-1, 1099-MISC, W-2G (Worksheet 2 and 3, attach all schedules) \_\_\_\_\_
- 3. FAIRFAX TOTAL TAXABLE INCOME (Line 1 minus Line 1a plus Line 2.) \_\_\_\_\_
- 4. TAX LIABILITY Multiply Line 3 by 1.75% (0.0175) \_\_\_\_\_
- 5. CREDITS
  - 5a. TAXES WITHHELD AND PAID TO FAIRFAX \_\_\_\_\_
  - 5b. OTHER CITY TAXES PAID (Credit Limited to 1.75% of Qual. Wages, See Instructions) \_\_\_\_\_
  - 5c. ESTIMATED TAX PAYMENTS MADE TO FAIRFAX & PRIOR YEAR CARRY FORWARD \_\_\_\_\_
  - 5d. TOTAL PAYMENTS AND CREDITS (Add Lines 5a, 5b and 5c.) \_\_\_\_\_
- 6. If Line 4 is greater than Line 5d, enter YOUR BALANCE DUE here (\$10.01 or more) \_\_\_\_\_
- 7. If Line 5d is greater than Line 4, enter YOUR OVERPAYMENT here (\$10.01 or more)
  - 7a. Amount of Line 7 to be credit to next year's estimate \_\_\_\_\_
  - 7b. Amount of Line 7 to be refunded (\$10.01 minimum) \_\_\_\_\_
- 8. Penalties and Interest (Penalties Calculated on 4/15, 5/15, 6/15 etc., Interest Calculated on Month End.)
  - 8a. Penalty: Late Filing (\$25.00/MONTH UP TO \$150.00) \_\_\_\_\_
  - 8b. Penalty: Late Pay (Failure to Pay 100% of Tax Due on Return by 4/15 of following Cal. Year) \_\_\_\_\_
  - 8c. Penalty: Late Estimate (Failure to Pay 90% of Tax Due on Return by 1/15, or meet safe harbor see instru.) \_\_\_\_\_
  - 8d. Interest (See posted monthly rate for appropriate tax year on Village website) \_\_\_\_\_
  - 8e. Total Penalty and Interest \_\_\_\_\_

**DECLARATION OF ESTIMATE FOR FOLLOWING TAX YEAR**

- 9. Estimated Income (Use Line 3 for safe harbor) \_\_\_\_\_
- 10. Estimated Tax Due (Multiply Line 9 by 1.75% (0.0175)) \_\_\_\_\_
- 11. Taxes to be withheld and paid to Fairfax and other localities ( Line 5a+5b) \_\_\_\_\_
- 12. Prior Year Overpayments (Line 7a) \_\_\_\_\_
- 13. Net Estimated Tax Due (Subtract Lines 11 and 12 from Line 10) \_\_\_\_\_
- 14. Minimum amount due for first quarter (multiply Line 13 by 25% (0.25)) \_\_\_\_\_

**AMOUNT YOU OWE**

- 15. TOTAL AMOUNT DUE (Add Lines 6, 8e and 14) \_\_\_\_\_

Subsequent estimated payments are due 06/15, 09/15 and 1/15.  
Failure to remit timely estimated payments will result in the assessment of interest and penalties.  
If the total estimate on line 13 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	May the Village of Fairfax discuss this return with the Tax preparer shown? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
_____ Tax Preparer's Signature	_____ Date	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

If you need a payment plan the amount of time given is as follows	
Amount Due	Time Frame
\$0-300	3 months
\$300+	6 months
A minimum payment of \$100.00 should accompany this return if you are requesting a payment plan. A payment plan will not prevent appropriate penalty and interest being applied to taxes that are late. Further information will accompany a Payment Plan Agreement Form.	
Do you need a payment plan? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	

LINE	WORKSHEET 1: W-2 INCOME	A	B	C	D	E	F	G	Adjustment**
	Name of Employer	W-2 Qualifying Wages (Box 5)	City Withheld to (Box 20)	Local Wages (Box 18)	Local Tax Withheld (Box 19)	Maximum Credit (Col. C x 1.75%)	Withheld to Fairfax	Other City Credit Allowed (Lower of Column D, E)	Check if Adjustment needed
1									<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>
5									<input type="checkbox"/>
6									<input type="checkbox"/>
7	TOTALS:		Page 1, Line 1			Page 1, Line 5a			Page 1, Line 5b
<b>W-2 INCOME ADJUSTMENTS - For Use if Adjustment needed, Documentation is required, See Instructions</b>									
<b>NOTE: ADJUSTING YOUR WAGES CAN CHANGE THE AMOUNT OF CREDIT FOR WITHHOLDINGS</b>									
		A	B	C	D	E	F	G	
		Qualifying Wages (Box 5)	Local Wages (Box 18)	Allocation to Fairfax % See Instructions	Adjusted Qualifying Wages Col A or Col B x Col C	Local Tax Withheld (Box 19)	Maximum Credit (Col. C x 1.75%)	Credit Allowed (Lower of Column D, E or 100% of Tax W/H to Fairfax)	
8	W-2 INCOME EARNED AFTER TO MOVING INTO FFX								
9	W-2 INCOME EARNED PRIOR TO MOVING OUT OF FFX								
10	W-2 INCOME EARNED AFTER TURNING 18 YEARS OLD								
11	W-2 WAGES EARNED BY NON RESIDENT OUTSIDE OF FFX***								
12	TOTALS:					*Alt Page 1, Line 1		*Alt Page 1, Line 5a/b	

\*\*\*IF YOU ARE A NON-RESIDENT AND ARE JUST APPLYING FOR A REFUND A SIMPLER FORM IS AVAILABLE ON OUR WEBSITE TITLED INCOME TAX REFUND APPLICATION

WORKSHEET 2: SCHEDULES C, E, F NET PROFIT / LOSS FROM BUSINESS ACTIVITY					
	A	B	C	D	E
	AVAILABLE LOSS	PROFIT	LOSS	TOTAL	REMAINING LOSSES
13	SCHEDULES C AND OR SCHEDULE F INCOME				
14	SCHEDULE E INCOME FROM RENTAL INCOME				
15	OTHER SCHEDULE E INCOME*				
14	ORDINARY INCOME OR LOSS (attach Fed. 4797)				
15	TOTALS				
16	LOSS CARRY FORWARD (FROM 2016 & PRIOR APP YEARS)				
17	SUB TOTAL				
18	2017 & ON LOSSES (Lesser of 50% of Profit or Loss can be used)				
19	TAXABLE PROFIT --			WORKSHEET 2 TOTAL	

Losses prior to 2017 may be carried forward at 100% for four years. 2017 & On Losses may be carried forward for up to five years, however usage will be restricted to 50% per year during 2018 through 2022.  
 \*S Corps and Partnerships doing business within the Village of Fairfax must file a separate business return to report income earned in our municipality.  
 (RESIDENTS ONLY): CREDIT FOR BUSIN LIST EACH MUNICIPALITY SEPARATELY & ADD ANOTHER PAGE IF NEEDED, ATTACH COPIES OF ALL OTHER LOCAL TAX RETURNS FOR CREDIT.

EARNINGS OR OTHER INCOME TAX PA	A	B	C	D	E
MUNICIPALITY TAXES PAID TO	TAX RATE	PROFIT	LOCAL TAX PAID	MAX CREDIT (B*1.75%)	CREDIT ALLOWED (LOWER OF C OR D)
20					
21					
22					
23					
24	If Total Taxable Business Income is negative, no credits are allowed			Total Possible Credits	
25				Maximum Credit Allowed (Worksheet 2 Line 19 D x 1.75%)	PLACE THIS NUMBER ON PAGE 1, LINE 5b

WORKSHEET 3: OTHER INCOME (Attach copy of Federal Return and appropriate forms/schedules/statements.) Income from lottery, gambling, etc. to be included on this worksheet.		
SOURCE OF INCOME	FOR (DESCRIPTION AND LOCATION) For gambling winnings report the amount after loss deduction (cannot be less than 0)	Amount
26		
27		
28		
29	Worksheet 3 Total:	

**CALCULATION FOR FRONT OF RETURN**

30 WORKSHEET 2 TOTAL INCOME: \_\_\_\_\_ (Cannot be less than Zero. If less than 0, Leave Blank)

31 WORKSHEET 3 TOTAL INCOME: \_\_\_\_\_ (Cannot be less than Zero. If less than 0, Leave Blank)

32 TOTAL OF LINES 30 AND 31: \_\_\_\_\_ PLACE THIS NUMBER ON PAGE 1, LINE 2