

**City of Fairfield Tax**  
 701 Wessel Drive  
 Fairfield, OH 45014  
 Phone: (513) 867-5327  
 Fax: (513) 867-5333

# Business Tax Return 2020

Should your account be inactivated?  
 YES  NO If YES, please explain:

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

Due on or before 4/15/21 or 15<sup>th</sup> day of the 4th month  
following the end of the fiscal year

Return for (check one):  
 C Corp  S Corp  LLC  
 Partnership  Sole Proprietor

Name and Address: \_\_\_\_\_

Account # \_\_\_\_\_  
 Federal ID# \_\_\_\_\_  
 Phone# \_\_\_\_\_

Local Address \_\_\_\_\_

Partial year activity: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Part A 2020 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 2017-2019 (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.    | Fairfield taxable income (multiply Line 5 by Line 6) .....                                 | \$ _____ |
| 8.    | Allocated losses from tax year 2016 .....  | \$ _____ |
| 9.    | Amount subject to Fairfield income tax (Line 7 minus Line 8) .....                         | \$ _____ |
| 10.   | Fairfield income tax (multiply Line 9 by 1.5% [.015]) .....                                | \$ _____ |
| 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 (Less than \$10.01 will not be refunded) \$                          | _____    |
| 16.   | Amount to be credited to next year (If less than \$10.01 enter zero) \$                    | _____    |

**Part B DECLARATION OF ESTIMATED TAX FOR 2021**

- |     |   |                 |
|-----|---|-----------------|
| 17. | Total estimated income subject to tax .....                           | \$ _____        |
| 18. | Fairfield income tax declared (multiply Line 17 by 1.5% [.015]) ..... | \$ _____        |
| 19. | Tax due before credits (minimum of 25% 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 City of Fairfield Tax. Online payments: [www.fairfield-city.org](http://www.fairfield-city.org) To pay by phone: 513-867-5327

**FOR TAX OFFICE USE ONLY**

**Tax \$** \_\_\_\_\_ **Late Filing Penalty \$** \_\_\_\_\_ **Late Payment Penalty \$** \_\_\_\_\_ **Interest \$** \_\_\_\_\_ **Total Due \$** \_\_\_\_\_

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 DEDUCTIBLE	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) _____	
D. Expenses attributable to intangible 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 Part A, Line 2 \_\_\_\_\_

**SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA**

	a. Located Everywhere	b. Located in Fairfield	Percentage (b / a)
STEP 1. Original cost of real and tangible personal property... _____			
Gross annual rentals paid multiplied by 8..... _____			
TOTAL STEP 1..... _____			%
STEP 2. Wages, salaries, and other compensation paid See Schedule Y-1* ..... _____			%
STEP 3. Gross receipts from sales made and services performed ..... _____			%
STEP 4. Total percentages (add percentages from Steps 1-3) _____			%
STEP 5. Average percentage (divide total percentage by number of percentages used—enter on Part A, Line 6) _____			%

**\*SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to Fairfield (from Federal return or apportionment formula Schedule Y Step 2) .....\$ \_\_\_\_\_

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: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

**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 25% 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.