

NAME(S) AND CURRENT ADDRESS

TAXPAYER SSN: _____
SPOUSE SSN: _____
PHONE NUMBER: _____

IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE LINES BELOW:

DATE MOVED OUT OF CITY OF FRANKLIN: _____
DATE MOVED INTO CITY OF FRANKLIN: _____
PRESENT ADDRESS: _____

OLD ADDRESS: _____

A I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:

ACTIVE DUTY MILITARY UNTIL DATE _____ ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____
 RETIRED PRIOR TO 1/1/____ - LIST DATE _____ MOVED FROM FRANKLIN PRIOR TO 01/01____, LIST DATE OF MOVE _____
 UNDER 18 YEARS OF AGE TAXPAYER DECEASED, LIST DATE OF DEATH _____
DATE OF BIRTH (REQUIRED) _____ NO EMPLOYMENT, EXPLAIN _____

B IF YOU DID NOT WORK IN THIS YEAR, YOU MUST CHECK BOX IN SECTION A, SIGN AND RETURN THIS FORM.

1. TOTALS ATTACH ALL W-2'S & 1099'S (NO INTEREST/DIVIDENDS OR RETIREMENT BENEFITS)..... 1. _____
2. INCOME OTHER THAN WAGES FROM WORKSHEET A ON REVERSE 2. _____
(ATTACH COMPLETE FEDERAL RETURN & SCHEDULES C OR E)
2B. ADJUSTMENT TO INCOME (FROM WORKSHEET B) (ATTACH 2106 AND FED SCHEDULE A)(MUST HAVE 2106 EXPENSES TO QUALIFY) .. 2B. _____
3. TOTAL IINCOME (ADD LINES 1 AND 2. SUBTRACT LINE 2B)..... 3. _____
4. TAX - LINE 3 MULTIPLIED BY 1.50%..... 4. _____
5 A. FRANKLIN TAX WITHHELD 5A. _____
B. ESTIMATED PAYMENTS AND CREDIT CARRY FORWARD B. _____
C. CREDIT FOR OTHER CITY TAX WITHHELD (CANNOT EXCEED 1.50% PER CITY/PER W2)..... C. _____
D. TOTAL TAX CREDITS (ADD LINES A, B, C) 5D. _____
6. IF LINE 4 IS GREATER THAN LINE 5D ENTER BALANCE DUE (NOT DUE IF LESS THAN \$3.00)..... 6. _____
7. IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT REFUNDED IF LESS THAN \$3.00)
AMOUNT TO BE REFUNDED _____ OR CREDITED TO NEXT YEAR _____ 7. _____
8. LATE FILING FEE: \$30.00 PENALTY (1%/MTH) _____ INTEREST (2%/MTH) _____ 8. _____
9. BALANCE DUE (ADD LINES 6 AND 8) 9.

DECLARATION OF ESTIMATED TAX FOR YEAR 2011

MANDATORY DECLARATION OF ESTIMATED TAX
IF YOU OWE MORE THAN \$100 IN TAX THAT IS NOT WITHHELD, YOU MUST FILE AND PAY ESTIMATED TAX.
MUST BE PAID QUARTERLY TO AVOID PENALTIES AS ESTABLISHED BY ORDINANCE.

ATTACH W2'S HERE

10. TOTAL ESTIMATED TAX (1.50% X TOTAL INCOME) \$ _____
11. LESS CREDITS
A. TAX PAID TO OTHER CITIES (NOT TO EXCEED 1.50% PER W2, PER CITY)..... \$ _____
B. CREDIT FROM PRIOR YEAR(S)..... \$ _____
C. TOTAL CREDITS (LINE 11A AND 11B)..... \$ _____
12. NET TAX DUE (LINE 10 MINUS LINE 11C) \$ _____
13. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 12) \$ _____
14. AMOUNT ENCLOSED \$ _____ (LINE 9) \$ _____ (LINE 13) TOTAL \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. (IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.)

WORKSHEET A – OTHER INCOME

TYPE	LOCATION & TYPE	NET TAXABLE GAIN FROM FED. SCHEDULE	NET TAXABLE LOSS FROM FED. SCHEDULE
Proprietorship Income (Schedule C)			
Rental Income (Schedule E)			
Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
Other Income, Including Gambling			
Not less than -0-			

An individual who operates two or more sole proprietorships, rentals, farms, or reportable partnerships may offset them against each other to arrive at a total reportable net profit. A net loss cannot be used to offset W-2 income but may be carried forward 1 year.

Partnerships are reportable on this return when located in Franklin or when the partnership is located outside Franklin, and is not reportable to another municipality that has a tax.

WORKSHEET B – ADJUSTMENTS TO INCOME

1. EMPLOYEE BUSINESS 2106 EXPENSE \$ _____
2. Minus Schedule A (2%) Deduction \$ _____
 Must attach both Schedule A and 2106
 Subject to 2% Federal Limitations allowed
- TOTAL ADJUSTMENTS (1 minus 2) \$ _____
(put on Line 2B)

Must fully explain, plus support with documentation and calculations. Proration of income results in proration of credit. Withholding must be paid or due to Franklin in order to qualify.

QUESTIONNAIRE

Please complete the following:

1. Do you own rental property? Yes No
- If yes – **(SCHEDULE E REQUIRED)**
- Tenant Name _____
- Address _____
- Date occupied by this tenant _____
- SS# _____

If additional space needed, please attach extra information pages

1. Do you have Sole Proprietorship Income?..... Yes No
 If "Yes", please complete the following:
- Type of Business: _____
- Date business began: _____
- Location: _____
- Number of employees: _____
- Average quarterly payroll: \$ _____