

2014 - FRANKLIN INCOME TAX RETURN - 2014

1 Benjamin Franklin Way, Franklin, Oh 45005-2478
FILING IS REQUIRED EVEN IF YOU HAVE NO INCOME AND NO TAX IS DUE

DUE ON OR BEFORE
APRIL 15

TAXPAYER SOC. SEC. #	SPOUSE SOC. SEC. #
----------------------	--------------------

EMAIL: _____

PHONE NUMBER: _____

IF YOU MOVED DURING THE YEAR, COMPLETE BELOW:

DATE MOVED OUT OF CITY OF FRANKLIN: _____

DATE MOVED INTO CITY OF FRANKLIN: _____

PRESENT ADDRESS: _____

OLD ADDRESS: _____

NAME(S) AND CURRENT 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 01/01/____ - 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

1. TOTAL QUALIFYING WAGES (USUALLY BOX 5) (ATTACH ALL W2 FORMS) 1. _____

2. OTHER TAXABLE INCOME FROM WORKSHEET A 2. _____
(ATTACH FEDERAL SCHEDULES C, E OR F)

2B. DEDUCTIONS (FROM WORKSHEET B)(ATTACH 2106 AND FED SCHEDULE A)..... 2B. _____

3. TOTAL IINCOME (ADD LINES 1 AND 2. SUBTRACT LINE 2B)..... 3. _____

4. TAX - LINE 3 MULTIPLIED BY 2%. 4. _____

5 A. FRANKLIN TAX WITHHELD 5A. _____

B. ESTIMATED PAYMENTS AND CREDIT CARRY FORWARD B. _____

C. 2014 TAX PAID MUNICIPALITY OF _____
(CANNOT EXCEED THE LESSER OF 2% OR TAX RATE OF OTHER CITY)..... C. _____

D. TOTAL TAX CREDITS (ADD LINES A, B, C) 5D. _____

6. IF LINE 4 IS GREATER THAN LINE 5D PAYMENT BALANCE MUST ACCOMPANY THIS RETURN 6. _____

7. IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT
AMOUNT TO BE REFUNDED _____ OR CREDITED TO NEXT YEAR _____ 7. _____

8. LATE FILING FEE: \$30.00 PENALTY (2%/MTH) _____ INTEREST (1%/MTH) _____ 8. _____

9. BALANCE DUE (ADD LINES 6 AND 8) 9.

NO TAX, REFUND OR CREDIT OF LESS THAN \$3.00 SHALL BE COLLECTED, REFUNDED OR CREDITED

DECLARATION OF ESTIMATED TAX FOR YEAR 2015

MANDATORY DECLARATION OF ESTIMATED TAX

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

10. TOTAL ESTIMATED TAX (2.00% X TOTAL INCOME) \$ _____

11. LESS CREDITS

A. TAX PAID TO OTHER CITIES (THE LOWER OF OTHER CITY RATE OR 2%) \$ _____

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.)

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

Signature of Person Preparing if Other than Taxpayer _____ Phone # _____

Signature of Taxpayer or Agent _____ Date _____

CHARGE CARD INFORMATION

VISA MasterCard Discover

Card # (16 digits) _____

Exp. Date _____

Total Amount Authorized \$ _____ + Fee \$2.00

Signature _____

Daytime Phone # (_____) _____

ATTACH W2'S HERE

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: \$ _____