FOR ASSISTANCE
CALL (937) 746-9921
FAX (937) 746-1136
www.franklinohio.org

2015 - FRANKLIN INCOME TAX RETURN - 2015

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

FORM IR

DUE ON OR BEFORE
APRIL 18, 2016

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

NAME(S) AND CURRENT ADDRESS

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: _____

A

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

- ☐ ACTIVE DUTY MILITARY UNTIL DATE _____
- ☐ RETIRED PRIOR TO 01/01/____ - LIST DATE _____
- ☐ UNDER 18 YEARS OF AGE
- DATE OF BIRTH (REQUIRED) _____
- ☐ ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____
- ☐ MOVED FROM FRANKLIN PRIOR TO 01/01 ____, LIST DATE OF MOVE _____
- ☐ TAXPAYER DECEASED, LIST DATE OF DEATH _____
- ☐ 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 INCOME (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. 2015 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 2016

MANDATORY DECLARATION OF ESTIMATED TAX
IF YOU OWE MORE THAN $200 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 $ _____

ATTACH W2'S HERE

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 # (_____) _____

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 then -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: $ _____

THANK YOU FOR YOUR COOPERATION