

1 Benjamin Franklin Way, Franklin, Oh 45005-2478  
www.franklinohio.org

YOU MUST FILE EVEN IF YOU DID NOT WORK

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: \_\_\_\_\_

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 1/1/\_\_\_\_ - LIST DATE \_\_\_\_\_  TAXPAYER DECEASED, LIST DATE OF DEATH \_\_\_\_\_
- UNDER 18 YEARS OF AGE BIRTHDATE \_\_\_\_\_  NO EMPLOYMENT, EXPLAIN \_\_\_\_\_

**B** YOU MUST COMPLETE SECTION A IF YOU DID NOT HAVE TAXABLE INCOME FOR THIS YEAR. SIGN AND RETURN THIS FORM.

1. TOTAL QUALIFYING WAGES (see instructions) attach all W-2's
  - (a) Total Income earned prior to July 1, 2011 .....1a. \$ \_\_\_\_\_
  - (b) Total Income earned after June 30, 2011 .....1b. \$ \_\_\_\_\_
  - Total Qualifying Wages Line 1a + Line 1b .....1. \$ \_\_\_\_\_
2. OTHER INCOME (other than wages from worksheet A on reverse) (attach Schedules C, E, F, K-1 and/or gambling forms)
  - (a) Total taxable Income (From Worksheet A) Amount earned prior to July 1, 2011 .....2a. \$ \_\_\_\_\_
  - (b) Total taxable Income (From Worksheet A) Amount earned after June 30, 2011 .....2b. \$ \_\_\_\_\_
  - Total Other Income Line 2a + Line 2b .....2. \$ \_\_\_\_\_
3. Amount subject to Franklin Income Tax. Line 1 plus Line 2.....3. \$ \_\_\_\_\_
4. TAX
  - (a) Franklin Income Tax – multiply line 1a plus 2a times 1.5% (prior to July 1, 2011) .....4a. \$ \_\_\_\_\_
  - (b) Franklin Income Tax – multiply line 1b plus 2b times 2% (after June 30, 2011).....4b. \$ \_\_\_\_\_
  - Total Tax Line 4a + 4b .....4. \$ \_\_\_\_\_
5. CREDITS
  - (a) Franklin Tax withheld by employers .....5a. \$ \_\_\_\_\_
  - (b) Estimated payments/credit carry forward.....5b. \$ \_\_\_\_\_
  - (c) Credit for other city tax withheld/paid prior to July 1, 2011 (not to exceed 1.5% per city per W-2) .....5c. \$ \_\_\_\_\_
  - (d) Credit for other city tax withheld/paid after June 30, 2011 (not to exceed 2% per city per W-2) ...5d. \$ \_\_\_\_\_
  - Total credits line 5a + 5b + 5c + 5d.....5. \$ \_\_\_\_\_
6. If line 4 is greater than line 5, enter balance due (not due if less than \$3.00).....6. \$ \_\_\_\_\_
7. If line 5 is greater than line 4, enter overpayment (not refunded if less than \$3.00)  
credit next year \_\_\_\_\_ refund \_\_\_\_\_ .....7. \$ \_\_\_\_\_
8. Late filing fee: \$30.00 Penalty (2%/month) \_\_\_\_\_ Interest (1%/month) \_\_\_\_\_ Total Fees .....8. \$ \_\_\_\_\_
9. Balance due (add lines 6 and 8) .....9. \$ \_\_\_\_\_

PLEASE SEE INSTRUCTIONS FOR FILING ESTIMATED TAXES (INCLUDED WITH THE PACKET)

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.)

ATTACH W2'S HERE

\_\_\_\_\_  
Signature of Person Preparing if Other than Taxpayer

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of Taxpayer or Agent

\_\_\_\_\_  
Date

I AUTHORIZE THE INCOME TAX DEPT. TO DISCUSS  
MY ACCOUNT WITH THE PREPARER NAMED ABOVE

\_\_\_\_\_  
Signature of Taxpayer or Agent

\_\_\_\_\_  
Date

CHECK 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 K-1)			
Farm Income (Schedule F)			
Other Income, Including Gambling			
<b>NOT LESS THAN -0-</b>			

**TRANSFER TOTAL TO FRONT PAGE, SECTION B2, ONE HALF OF NET TAXABLE GAIN GOES ON LINE 2A and ONE HALF OF GAIN GOES ON LINE 2B. THIS MAY VARY DEPENDING ON THE DATES INCOME WAS EARNED.** 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) ..... \$ \_\_\_\_\_

**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. CREDIT FOR 2106 EXPENSES WILL BE REVIEWED BY TAX OFFICE PERSONNEL. TAX FORMS WILL BE ADJUSTED ONCE APPROVED.**

## 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**