

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, 20111a. \$ _____
 - (b) Total Income earned after June 30, 20111b. \$ _____
 - Total Qualifying Wages Line 1a + Line 1b1. \$ _____
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, 20112a. \$ _____
 - (b) Total taxable Income (From Worksheet A) Amount earned after June 30, 20112b. \$ _____
 - Total Other Income Line 2a + Line 2b2. \$ _____
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 + 4b4. \$ _____
5. CREDITS
 - (a) Franklin Tax withheld by employers5a. \$ _____
 - (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 Fees8. \$ _____
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
 CHECK HERE

Signature of Taxpayer or Agent

Date

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			
NOT LESS THAN -0-			

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