



BUSINESS TAX RETURN

2023
OR

FISCAL YEAR _____ TO _____

City of Franklin Income Tax Division

1 Benjamin Franklin Way

Franklin, Ohio 45005

Phone: (937) 986-1035

Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a combined corporate return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Should this account be inactivated? If YES, please explain: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
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ACCOUNT NUMBER: _____ NAME: _____ ADDRESS: _____	FID #: _____	Filing Status (Check one) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership/Association <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other <hr/> <input type="checkbox"/> Amended Return <input type="checkbox"/> Refund (<i>Amount must be entered on Line 13 to be a valid refund request</i>)
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FEDERAL EXTENSION FILED If yes, attach copy <input type="checkbox"/> YES <input type="checkbox"/> NO </div>		

Part A : 2023 TAX CALCULATION

1. ADJUSTED FEDERAL TAXABLE INCOME (Enclose Copy of Federal Return) From Form _____ Line _____	1.	
2. ADJUSTMENTS (From page 2, Schedule X)	2.	
3. TAXABLE INCOME BEFORE APPORTIONMENT (Line 1 plus/minus Line 2)	3.	
4. APPORTIONMENT PERCENTAGE (From Step 5, Schedule Y) _____ %	4.	
5. FRANKLIN TAXABLE INCOME (Multiply Line 3 by Line 4)	5.	
6. OTHER SEPARATELY STATED ITEMS. Explain: _____	6.	
7. AMOUNT SUBJECT TO FRANKLIN INCOME TAX	7.	
8. FRANKLIN INCOME TAX (Line 7 multiplied 2.00%)	8.	
9 a. ESTIMATES MADE ON THIS YEAR'S LIABILITY	9 a.	
9 b. CREDITS APPLIED TO THIS YEAR'S LIABILITY	9 b.	
10. TOTAL PAYMENTS AND CREDITS (Add Lines 9a and 9b)	10.	
11. TAX DUE (Subtract Line 10 from Line 8)	11.	
12. OVERPAYMENT (Line 10 greater then Line 8) AMOUNT TO BE REFUNDED: \$ _____ <small>(Note: Amounts \$10 or less will not be refunded or credited) AMOUNT TO BE CREDITED TO 2024: \$ _____</small>	12.	
13. PENALTY: _____ INTEREST: _____ LATE FILING FEE: _____ ESTIMATE PEN: _____	13.	
14. BALANCE DUE FOR 2023 Add box 11 and box 13 (Tax + Penalty + Interest + Late Filing Fee + Estimate Pen)	14.	

Part B: DECLARATION OF ESTIMATED TAX FOR 2024

15. TOTAL ESTIMATED INCOME SUBJECT TO TAX	15.	
16. FRANKLIN ESTIMATED INCOME TAX DUE (Multiply Line 15 by 2.00%)	16.	
17. FIRST QUARTER ESTIMATED TAX DUE BEFORE CREDITS (At least 22.5% of Line 16)	17.	
18. LESS PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT	18.	
19. BALANCE OF FIRST QUARTER PAYMENT DUE (Line 17 minus Line 18)	19.	
20. TOTAL AMOUNT DUE (Add Lines 14 and 19). Make check or money order payable to City of Franklin Income Tax Division.	20.	

The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed

Signature _____	Title _____	Date _____	Preparer's Signature (other than taxpayer) _____	Date _____
E-Mail Address: _____			Address of Preparer (City, State, Zip) _____	
Website Address: _____			Phone Number _____	

If this return was prepared by a tax practitioner, may we contact them directly with any questions concerning the preparation of this return? YES NO

