

City of Franklin
Income Tax Division

2023 INDIVIDUAL INCOME TAX RETURN

1 Benjamin Franklin Way
Franklin, Ohio 45005
Phone/Fax (937) 986-1035
tax@franklinohio.org

ACCOUNT NUMBER
YOUR SOCIAL SECURITY NUMBER
SPOUSE'S SOCIAL SECURITY NUMBER



NAME & ADDRESS:

Form with checkboxes for Resident/Non Resident, Sole Proprietor, and fields for Date Moved In/Out, Former Address, City of Residence, Phone #, and E-Mail.

FILING IS MANDATORY FOR ALL INDIVIDUALS 18 & OVER

I AM NOT REQUIRED TO COMPLETE THIS TAX RETURN BECAUSE:

- List of reasons for not completing the return: Active Duty Military, No Employment, Taxpayer(s) Deceased, Moved From Franklin, Income is NON-Taxable, Retired Prior to 1/1/2023, Under 18 Years of Age.

Table with 14 rows for tax calculation: 1. TOTAL W-2 INCOME, 2. INCOME OTHER THAN WAGES, 3. TOTAL INCOME, 4. TAX LIABILITY, 5. CREDITS (A-E), 6. BALANCE DUE, 7. OVERPAYMENT, 8. PENALTY, INTEREST, LATE FILING FEE, ESTIMATE PEN, 9. BALANCE DUE FOR 2023.

2024 DECLARATION OF ESTIMATED TAX DUE - Complete this section if 2023 tax due exceeds \$200

Table with 4 rows for 2024 declaration: 10. Total estimated for tax year 2024, 11. Less credits, 12. Net tax owed, 13. Amount paid with this declaration, 14. TOTAL DUE.

I certify that I have examined this return including accompanying Federal 1040 page one, W-2's, schedules and statements, and to the best of my knowledge and belief, it is true and accurate, and correct. If my return was prepared by a tax practitioner, I have indicated whether or not you may contact my preparer directly concerning the preparation of this return. YES NO (Note: Preparer must completely fill out section below regarding "Preparer.")

Your signature

Date

Spouse signature (if filing joint return)

Date

Signature and address of preparer (if not prepared by taxpayer):

PHONE NUMBER OF PREPARER: E-MAIL: Date:

**B 1. REQUIRED ATTACHMENTS: ALL W-2'S, FEDERAL FORM 1040, ALL REFERENCED SCHEDULES**

Employer's Name	Locality Name Box 20	Resident Tax Withheld	Other City Tax W/H	Medicare Wages Box 5 of W-2
<b>TOTAL</b>				

**WORKSHEET 1 - INCOME OTHER THAN WAGES**

Schedules <small>**Enclose copies of all Federal Forms and Schedules used to compute your local income.**</small>	Column A Income / (Loss) from Federal Schedules	Column B FRANKLIN Percentage	Column C Taxable Income (Column A x Column B for lines 1 - 4)
1. <b>Schedule C - Business Income</b> <i>SEE WORKSHEET 2</i> (A separate allocation schedule is required for each Schedule C)	\$		\$
2. <b>Schedule E - Rental Income</b> (Residents enter profit/loss from all properties. Nonresidents enter only profits/loss from FRANKLIN properties)	\$		\$
3. <b>Schedule K-1 - Partnership Income</b> (Residents enter profit/loss from entities that do not withhold tax on entire distributive share)	\$		\$
4. <b>Miscellaneous Income - Other Income including 1099-MISC, W-2G &amp; Schedule F</b>	\$		\$
5. <b>Allowable Net Operating Loss Deduction</b> (Enter the amount claimed as a deduction in Column C) <i>Also enclose a worksheet showing prior years losses for up to 5 years and amounts previously claimed. Do not enter this amount in Column C.</i>			\$
6. <b>Total Income (Loss)</b> (Combine Lines 1 through 5 and enter this amount on Page 1, Line 6)			\$

**WORKSHEET 2 - SCHEDULE C**

Small business ventures reported on Schedule C to the IRS are taxable to the city. This worksheet will assist in making the determination of where your small business is taxable. This worksheet can be used if you did not claim business use of your home and if you do not have any other property expenses such as rent and utilities. If you do have property related expenses or if you have employees, go to our website and download Schedule Y.

Product or service provided: \_\_\_\_\_ Date began: \_\_\_\_\_

Is all of your work performed at your home site? \_\_\_\_\_ If yes, record your net income or loss on worksheet 1 and proceed on. If your answer is no, continue with this worksheet.

Work must be performed inside the city limits of a city before you are taxable to that city. Organize your work and determine how much you were paid for jobs inside different cities and list them here.

City	Amount received before expenses	Total gross receipts from Schedule C	%	Net Profit or Loss from Schedule C	Taxable
_____	_____ ÷ _____ = _____	_____	_____ x _____ = _____	_____	_____
_____	_____ ÷ _____ = _____	_____	_____ x _____ = _____	_____	_____
_____	_____ ÷ _____ = _____	_____	_____ x _____ = _____	_____	_____

RESIDENTS: Record 100% of line 31 from Schedule C on Worksheet 1. Attach Worksheet 1, Schedule C, and copies of other city returns for tax credit. List this tax credit on page 1 line 5B.

NONRESIDENTS: Use the amount shown to be taxable to the city for which you are filing and list on Worksheet 1. Do not take credit for taxes paid to other cities.