

CITY OF FRANKLIN INCOME TAX
 1 Benjamin Franklin Way
 Franklin, OH 45005
 (937) 986-1035
 www.franklinohio.org

**BUSINESS TAX RETURN
 2022**

OR FISCAL YEAR _____ TO _____
 Calendar year taxpayers file on or before FEDERAL DEADLINE
 Fiscal Year Due on 15th day of the 4th month after year end.

FOR OFFICIAL USE ONLY

DID YOU FILE A FRANKLIN RETURN LAST YEAR?
 YES NO (ATTACH QUESTIONNAIRE
 AVAILABLE @ FRANKLINOHIO.ORG

FID: _____

**FEDERAL TAX RETURN
 MUST BE ATTACHED**

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Federal Filing Status (check one)

- C-Corp
- S-Corp
- Partnership/Association
- Fiduciary (Trusts & Estates)
- Non-Profit

FINAL RETURN

ATTACH FIRST FIVE PAGES OF FEDERAL RETURN

1. **ADJUSTED FEDERAL TAXABLE INCOME** (attach copy of Federal Return) (From _____ Line _____) \$ _____
2. ITEMS NOT DEDUCTIBLE (From Line I, Schedule X on back)ADD \$ _____
3. ITEMS NOT TAXABLE (From Line P, Schedule X on back) DEDUCT \$ _____
4. COMBINE LINE 2 AND 3..... \$ _____
5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4) \$ _____
6. APPORTIONMENT PERCENTAGE (Schedule Y Step 5 _____ % of Line 5) \$ _____
7. LESS ALLOCABLE LOSS PER PREVIOUS TAX RETURN (attach schedules OR MNP NCL DW FORM) (SEE INSTRUCTIONS) \$ _____
8. **AMOUNT SUBJECT TO MUNICIPAL INCOME TAX** \$ _____
9. **FRANKLIN TAX DUE - (2.00%)** \$ _____
10. ESTIMATED PAYMENTS \$ _____
11. PRIOR YEAR OVERPAYMENTS AND OTHER CREDITS \$ _____
12. TOTAL CREDITS (Add Lines 10, 11) \$ _____
13. **BALANCE OF TAX DUE** (Subtract Line 12 from Line 9)..... \$ _____
14. OVERPAYMENT (If Line 12 exceeds Line 9) REFUND _____ CREDIT _____ \$ _____
15. For delinquent returns only (see instructions)
 LATE FILING FEE, PENALTY, INTEREST (calculated upon receipt) \$ _____
16. **BALANCE DUE (ADD LINES 13 AND 15) (PAYABLE TO CITY OF FRANKLIN TAX DIVISION)** \$ _____

NO TAX, REFUND OR CREDIT OF \$10 OR LESS SHOULD BE COLLECTED, REFUNDED OR CREDITED.

DECLARATION OF ESTIMATED TAX FOR YEAR 2023

**MANDATORY DECLARATION OF ESTIMATED TAX
 IF YOU OWE MORE THAN \$200, YOU MUST FILE AND PAY ESTIMATED TAX.**

17. TOTAL ESTIMATED TAX DUE..... \$ _____
18. PRIOR YEARS CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT..... \$ _____
19. BALANCE OF QUARTERLY PAYMENT DUE (Line 17 minus Line 18 divided by 4)..... \$ _____
20. TOTAL DUE (Add Lines 16 and 19) payable to City of Franklin Tax Division..... \$ _____

The undersigned declares that this return (and accompanying schedules) is a true, 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 within 3 months.

Signature (REQUIRED)

(Date)

Preparer's signature (other than taxpayer)

(Date)

Phone Number

Address (and zip code)

Phone Number

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES

SCHEDULE X

This schedule is used to adjust your federal net income to your Franklin taxable income. Items A-H are for items deductible on the federal return, but not deductible under the Franklin Ordinance. Items J-O are for items taxable on the federal return, but not taxed by Franklin.

ITEMS NOT DEDUCTIBLE

- A. Federally deducted losses from IRC 1221 or 1231 property disposition \$ _____
- B. Five percent of intangible income reported on Line K (Sch.X), except that which is from IRC 1221 or IRC 1231 property disposition \$ _____
- C. Federally deducted taxes based on income \$ _____
- D. Guaranteed payments or accruals to, or for, current or former partners or members \$ _____
- E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors \$ _____
- F. Federally deducted amounts paid or accrued to, or for, qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non C corporation entities \$ _____
- G. Rental activities by Partnership, S corp, LLC, Trusts..... \$ _____
- H. Other (explain and document) \$ _____
- I. TOTAL ADDITIONS (lines A thru H) \$ _____**

ITEMS NOT TAXABLE

- J. Federally reported income/gain from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250 \$ _____
- K. Federally reported intangible income such as, but not limited to, interest, dividends, patent and copyright income \$ _____
- L. Amount of Federal tax credits to the extent they have reduced corresponding operating expenses \$ _____
- M. IRC Section 179 expenses (not previously deducted) \$ _____
- N. Charitable contributions of Partnerships, S corp's, LLC's \$ _____
- O. Other (explain and document) \$ _____
- P. TOTAL DEDUCTIONS (lines J thru O) \$ _____**

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

(A factor may be excluded only when that factor does not exist anywhere)

	A. Located Everywhere	B. Located in Franklin	C. Percentage
Step 1. Average original cost of real & tangible personal property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
TOTAL STEP 1	\$ _____	\$ _____	1. _____ %
Step 2. Qualifying wages, salaries and other compensation paid	\$ _____	\$ _____	2. _____ %
Step 3. Gross receipts from sales made and services performed	\$ _____	\$ _____	3. _____ %
Step 4. Total percentages (Add percentages from Steps 1-3)			4. _____ %
Step 5. Average percentage (Divide total percentages by number of percentages used, (CARRY TO PAGE 1, LINE 6)			5. _____ %

RECONCILIATION OF WITHHOLDING (FORM W/3)

Total wages allocated to Franklin (from Federal Return or apportionment formula in Schedule Y) \$ _____

Total wages shown on Form W/3 Withholding Tax Account # _____ \$ _____

Difference in reported wages _____

Please explain any difference _____

Are there any employees leased in the year covered by this return? Yes No

If yes, please provide the name, address and FID number of the leasing company.

Name: _____ FID Number: _____

Address: _____