



**\*\*YOUR FEDERAL RETURN MUST BE ATTACHED\*\***  
**2020 FRANKLIN INCOME TAX RETURN**  
 1 BENJAMIN FRANKLIN WAY; FRANKLIN, OH 45005; 937/746-9921; franklinohio.org  
**FILING IS REQUIRED EVEN IN YOU HAVE NO INCOME OR NO TAX IS DUE**

DUE ON OR BEFORE THE  
 FEDERAL FILING DEADLINE  
 OR THE 15TH DAY OF THE  
 4TH MONTH FROM THE  
 FISCAL YEAR END  
**FILING REQUIRED EVEN  
 IF NO TAX DUE**

PRIMARY TAXPAYER NAME: \_\_\_\_\_ PRIMARY TAXPAYER SS#: \_\_\_\_\_  
 SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S SS#: \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_  
 CITY, STATE AND ZIP CODE: \_\_\_\_\_ IF YOU MOVED DURING THE YEAR, GIVE DATE OF MOVE  
 CONTACT PHONE NUMBER: \_\_\_\_\_ INTO FRANKLIN: \_\_\_\_\_ OUT OF FRANKLIN: \_\_\_\_\_  
 EMAIL CONTACT: \_\_\_\_\_ PREVIOUS ADDRESS: \_\_\_\_\_

**A I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:**

ACTIVE DUTY MILITARY UNTIL (PRINT DATE) \_\_\_\_\_  INCOME IS NON-TAXABLE (LIST SOURCE) (ATTACH WAGE SUMMARY) \_\_\_\_\_  
 NO EMPLOYMENT (ATTACH REQUIRED WAGE SUMMARY)  RETIRED PRIOR TO 1/1/20 (PRINT DATE OF RETIREMENT) \_\_\_\_\_  
 TAXPAYER(S) DECEASED (PRINT DATE) (ATTACH CERT) \_\_\_\_\_  UNDER 18 YEARS OF AGE - COMPLETE WORKSHEET C  
 MOVED FROM FRANKLIN PRIOR TO 1/1/20 (COMPLETE SECTION ABOVE) DATE OF BIRTH (REQUIRED) \_\_\_\_\_

**B**

1. TOTAL QUALIFYING WAGES (GREATER OF BOX 5 OR 18 ROUNDED TO THE NEAREST \$ PER W/2 AND/OR 1099-MISC, AND/OR W/2G) NUMBER OF DOCUMENTS ATTACHED \_\_\_\_\_ \$ \_\_\_\_\_

2. OTHER INCOME (FROM WORKSHEET A) (ATTACH APPLICABLE FEDERAL SCHEDULES C, E, F, K1 AND 1) NUMBER OF SCHEDULES ATTACHED \_\_\_\_\_ \$ \_\_\_\_\_

2A. APPLICABLE LOSS CARRY-FORWARD (SEE INSTRUCTIONS) \$ \_\_\_\_\_ TOTAL (SUBTRACT 2A FROM 2) ..... \$ \_\_\_\_\_

**\*\* LOSSES REPORTED ON LINE 2 OR 2A CANNOT OFFSET INCOME FROM LINE 1\*\***

3. TOTAL INCOME (ADD LINE 1 AND 2 AND SUBTRACT APPLICABLE LOSS) ..... \$ \_\_\_\_\_

4. FRANKLIN INCOME TAX DUE (2% OF LINE 3) ..... \$ \_\_\_\_\_

5. CREDITS

A. FRANKLIN LOCAL TAX WITHHELD (BOX 19 ROUNDED TO THE NEAREST \$) ..... \$ \_\_\_\_\_

B. ESTIMATED TAX CREDITS AND CREDIT CARRYFORWARD (DO NOT ROUND) ..... \$ \_\_\_\_\_

C. TAXES PAID TO OTHER CITIES (BOX 19 ROUNDED TO THE NEAREST \$) SEE INSTRUCTIONS ..... \$ \_\_\_\_\_

D. TOTAL CREDITS (ADD LINE A-C)..... \$ \_\_\_\_\_

6. BALANCE OF TAX DUE (LINE 4 LESS 5D)..... \$ \_\_\_\_\_

7. FOR DELINQUENT RETURNS ONLY (SEE INSTRUCTIONS) APPLICABLE CALCULATION DONE UPON RECEIPT  
 LATE FILING FEE \$ \_\_\_\_\_ PENALTY \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_ TOTAL DELINQUENT BALANCE .... \$ \_\_\_\_\_

8. TOTAL LIABILITY FOR THIS YEAR (LINE 6 AND 7) **NO TAX DUE, REFUNDED OR CARRYFORWARD IF \$10.00 OR LESS**..... \$ \_\_\_\_\_

A. IF OVERPAYMENT, CREDIT NEXT YEAR \$ \_\_\_\_\_ OR REFUND \$ \_\_\_\_\_

ATTACH W-2s HERE

**2021 DECLARATION OF ESTIMATED TAX - MANDATORY (SEE INSTRUCTIONS)**

9. TOTAL ESTIMATED INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY 2% FOR TAX OF ..... \$ \_\_\_\_\_

10. LESS EXPECTED TAX CREDITS

A. FRANKLIN TAX WITHHELD ..... \$ \_\_\_\_\_

B. TAX PAID TO OTHER CITIES ..... \$ \_\_\_\_\_

C. OVERPAYMENT FROM PRIOR YEARS ..... \$ \_\_\_\_\_

D. TOTAL CREDITS (ADD LINE A-C) ..... \$ \_\_\_\_\_

11. NET TAX DUE (LINE 9 LESS LINE 10D) IF LESS THAN \$200.00, ENTER ZERO ON LINE 12 ..... \$ \_\_\_\_\_

12. AMOUNT PAID WITH THIS DECLARATION (LINE 11 X 25%) ..... \$ \_\_\_\_\_

13. TOTAL DUE (LINE 8 PLUS LINE 12) IF LINE 8 REFLECTS OVERPAYMENT, ENTER AMOUNT FROM LINE 12 ONLY ..... \$ \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THIS RETURN, ALONG WITH THE ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. FURTHERMORE, I UNDERSTAND THAT IT IS FRAUD AND A VIOLATION OF LAW TO PROVIDE INCORRECT INFORMATION ON A TAX FORM OR A RETURN FOR PURPOSES OF DECEIVING A GOVERNMENT ENTITY.

TAXPAYER SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE (REQUIRED IF APPLICABLE) \_\_\_\_\_ DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

## WORKSHEET A – OTHER INCOME

TYPE	LOCATION & TYPE	NET TAXABLE GAIN FROM FED. SCHEDULE	NET TAXABLE LOSS FROM FED. SCHEDULE
Proprietorship Income (Federal Schedule C)			
Rental Income (Federal Schedule E)			
Partnership Income (Federal Schedule E/K1)			
Farm Income (Federal Schedule F)			
Other Income, Including Gambling (ATTACH W/2 G)			

An individual who operates two or more sole proprietorships, rentals, farms, or reportable partnerships may offset them against each other to arrive at a total reportable net profit. A net loss cannot be used to offset W2 income but may be carried forward (refer to State of Ohio as it applies to changes regarding loss carry forward).

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 C – TAXPAYERS UNDER 18 YEARS OF AGE

A taxpayer who has not reached the age of 18 years of age by December 31, 2020 shall complete this worksheet.

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- |   |    |             |
|---|----|-------------|
| 1. Total qualifying wages, usually box 5 of W/2 ..... | \$ |             |
| 2. Under 18 deduction.....                            | \$ | (12,200.00) |
| 3. Subtract Line 2 from Line 1.....                   | \$ |             |

**If Line 3 is greater than zero, carry amount from Line 3 to front page Line 1. If the amount on Line 3 is less than zero, enter zero on the front page Line 1 and complete the form as usual.**