



****YOUR FEDERAL RETURN MUST BE ATTACHED****
2022 FRANKLIN INCOME TAX RETURN
 1 BENJAMIN FRANKLIN WAY; FRANKLIN, OH 45005; (937) 986-1035; franklinohio.org
FILING IS REQUIRED EVEN IF 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 (SEE BACK OF FORM)
 CONTACT PHONE NUMBER: _____ INTO FRANKLIN: _____ OUT OF FRANKLIN: _____
 EMAIL CONTACT: _____ PREVIOUS ADDRESS: _____

PART YEAR RESIDENTS USE WORKSHEET C

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 AKA SEQY) _____
 NO EMPLOYMENT (ATTACH REQUIRED WAGE SUMMARY (AKA SEQY) _____ RETIRED PRIOR TO 1/1/2022 (PRINT DATE OF RETIREMENT) _____
 TAXPAYER(S) DECEASED (PRINT DATE) (ATTACH CERT) _____ UNDER 18 YEARS OF AGE – COMPLETE WORKSHEET B
 MOVED FROM FRANKLIN PRIOR TO 1/1/22 (COMPLETE SECTION ABOVE) DATE OF BIRTH (DRIVER LICENSE/BIRTH CERTIFICATE 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 \$ _____

2023 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 (NO GREATER THAN 2%)..... \$ _____

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 _____

ATTACH W/2'S, W/2G'S AND 1099'S HERE

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 E/K1)			
Farm Income (Schedule F)			
Other Income, Including Gambling (ATTACH W/2 G)			
TOTAL			

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 B – TAXPAYERS UNDER 18 YEARS OF AGE

A taxpayer who has not reached the age of 18 years of age by December 31, 2022 shall complete this worksheet.

DATE OF BIRTH ____ / ____ / ____

- | | | |
|---|----|-------------|
| 1. Total qualifying wages, usually box 5 of W/2 | \$ | |
| 2. Under 18 deduction..... | \$ | (12,550.00) |
| 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, a local return is not required. A photo ID or Birth Certificate is required.

WORKSHEET C - PART YEAR RESIDENCY FROM WORKSHEET C1

DATES OF RESIDENCY ____ / ____ TO ____ / ____

1. TAXABLE WAGES \$ _____ (from Line 1A Worksheet C1) carry to Line 1 of local form
2. FRANKLIN TAX CREDITS \$ _____ (from Line 2A Worksheet C1) carry to Line 5a of local form
3. OTHER TAX CREDITS \$ _____ (from Line 3A Worksheet C1) carry to Line 5C of local form

If you lived in Franklin during part of the taxable year, you must file a local tax return covering that time. Report the amount of income you earned while you lived in Franklin. Pay-stubs with year-to-date figures or a statement from your payroll department can be used to calculate your taxable income and tax credits if available. If you prorate your income, you must prorate your tax credits. Attach Worksheet C1 to your return.

FOR CALCULATION PURPOSES, ATTACH YOUR LAST PAYSTUB, PROOF OF RESIDENCY, COPIES OF OTHER LOCAL TAX RETURNS, ETC.

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			5. _____ %