

CITY OF TROTWOOD
 INCOME TAX DEPARTMENT
 4 Strader Drive
 Trotwood OH 45426
 Phone (937) 837-3415
 Fax (937) 854-8641
 www.trotwood.org

BUSINESS INCOME TAX RETURN

CALENDAR YEAR _____ or
 FISCAL YEAR _____ TO _____

DUE DATES:
 DUE APRIL 15th of following year
 (for Calendar year filers) or
 3 1/2 Months after fiscal year end
 (for Fiscal year filers)

TYPE OF BUSINESS: Corporation Partnership
 S Corporation Other: _____

Federal Employer
 Identification Number

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NAME AND ADDRESS (Indicate Changes)

Complete Schedule X (Reconciliation with Federal Income Tax Return) and Schedule Y (Business Apportionment Formula) on reverse of this form.

1. TOTAL TAXABLE INCOME (Per copy Federal Form 1120, 1120S, 1065 or appropriate schedules attached).....\$ _____
 2. ITEMS NOT DEDUCTIBLE (From Line M, Schedule X reverse)..... ADD _____
 3. ITEMS NOT TAXABLE (From Line Z, Schedule X reverse)..... DEDUCT _____
 4. ENTER EXCESS OF LINE 2 or 3..... _____
 5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4)..... _____
 6. AMOUNT ALLOCABLE TO TROTWOOD (If Schedule Y is used, _____% of Line 5)..... _____
 7. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX..... _____
 8. TROTWOOD TAX DUE (Line 7 multiplied by 2.25%)..... \$ _____
 9. Estimated Tax Payments.....\$ _____
 10. Prior Year Overpayments..... _____
 11. Total Credits (Add Lines 9 and 10)..... \$ _____
 12. BALANCE OF TAX DUE (Subtract Line 11 from line 8).....(No tax due if less than \$5.00)..... \$ _____
- DO NOT STOP HERE, you must complete MANDATORY ESTIMATED TAX (lines 15-19)
13. OVERPAYMENT (If line 11 exceeds line 8).....(No refund or credit if less than \$5.00).....\$ _____
 14. _____ REFUND _____ CREDIT TO _____ (Tax Year)
- MANDATORY ESTIMATED TAX (See Instructions)**
15. TOTAL _____ (Tax Year) ESTIMATED TAX DUE..... _____
 16. FIRST QUARTER AMOUNT DUE (At least 22.5% of Line 15)..... _____
 17. PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT..... _____
 18. BALANCE OF FIRST QUARTER PAYMENT DUE (Line 16 minus Line 17)..... \$ _____
 19. TOTAL DUE (Add lines 12 and 18) Make check or money order payable to **CITY OF TROTWOOD**..... \$ _____

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 within three months.

Signature _____ Title _____ Date _____ Preparer's Signature (other than taxpayer) _____ Date _____

E-Mail address: _____ Address of Preparer (City, State and Zip) _____

Website address: _____

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

BUSINESS INCOME TAX RETURN—CITY OF TROTWOOD INCOME TAX SUPPORT SERVICES (page 2)

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses and 1231 losses.....	_____	n. Capital Gains (Do not include ordinary gains from Federal Form 4797).....	_____
b. Interest and/or other expenses incurred in the production of non-taxable income (at least 5% of line z, not including line n).....	_____	o. Interest earned or accrued.....	_____
c. Taxes on net income deducted to compute federal taxable income.....	_____	p. Dividends (less Federal exclusion).....	_____
d. Guaranteed payments to partners and retired partners.....	_____	q. Other items not taxable (full explanation required)	_____
e. Net operating loss deduction per Federal return.....	_____	_____	_____
f. Payments to Self-Employed Retirement plans, health insurance and life insurance payments to owners or owner-employees.....	_____	_____	_____
g. Distributions to investors of REIT Real Estate Investment Trusts.....	_____	_____	_____
h. Other items not deductible (full explanation required)	_____	_____	_____
_____	_____	z. TOTAL DEDUCTIONS	_____
_____	_____		
m. TOTAL ADDITIONS	_____		

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

The business apportionment formula is to be used on in the absence of books and records which will disclose within reasonable accuracy that portion of the net profits which is attributable to that part of the business within Trotwood.

	A. LOCATED EVERYWHERE	B. LOCATED IN TROTWOOD	C. PERCENTAGE (B + A)
STEP 1. Average value of real and tangible personal property.....	\$ _____	\$ _____	
Gross annual rents multiplied by 8.....	\$ _____	\$ _____	
Total Step 1.....	\$ _____	\$ _____	_____ %
STEP 2. Gross receipts from sales and work or services performed.....	\$ _____	\$ _____	_____ %
STEP 3. Total wages, salaries, commissions, and other compensation of all employees.....	\$ _____	\$ _____	_____ %
STEP 4. Total percentages.....			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide total percentages by the number of percentages used—enter on % line 6 on front of return			_____ %

ACCOUNT INFORMATION UPDATE QUESTIONNAIRE

Please complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME (Trade name if different from front of return): _____

NATURE OF BUSINESS: _____

TROTWOOD LOCATION (If different from address shown on front of return): _____

PHONE NUMBER (Corporate): _____ PHONE NUMBER (Trotwood location): _____

DATE EMPLOYEES BEGAN IN TROTWOOD: _____ NUMBER OF EMPLOYEES IN TROTWOOD: _____

(Reminder: Employee withholding is required. An annual Reconciliation of Returns is due by Feb 28th of each year.)

ACCOUNTING PERIOD: _____ Calendar Year
 _____ Fiscal Year (Month ending _____)

NAME AND ADDRESS OF PARTY IN CHARGE OF BOOKS:

PHONE NUMBER OF PARTY IN CHARGE OF BOOKS: _____

DO YOU USE SUBCONTRACT LABOR IN TROTWOOD? _____ (If yes, copies of 1099 forms due by Feb 28th of each year)

DO YOU LEASE EMPLOYEES? _____ (If yes, provide name, address, phone number and federal identification number of leasing agent:

COMPLETED BY:

_____ SIGNATURE _____ TITLE _____ DATE _____