



CITY OF TROTWOOD
INCOME TAX SUPPORT SERVICES
 4 STRADER DRIVE
 TROTWOOD OH 45426-3395
 PHONE (937) 837-3415

CITY OF TROTWOOD
BUSINESS INCOME
TAX RETURN _____

OR

FISCAL PERIOD _____ TO _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15
 FISCAL YEAR DUE WITHIN 3 1/2 MONTHS OF YEAR END

PROVIDE NAME AND ADDRESS IN SPACE BELOW

PLEASE COMPLETE SCHEDULES' X AND Y, AND QUESTIONNAIRE ON REVERSE SIDE

FOR TAX DIVISION USE ONLY	
TAX RETURN FOR (Check One)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation
<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other
FEDERAL I.D. NO.	
DID YOU FILE A CITY RETURN LAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FEDERAL BUSINESS ACTIVITY CODE NO. FROM FEDERAL TAX RETURN _____	

1. Adjusted Federal Taxable Income per attached return (Form 1120, Line 28; Form 1120S, Schedule K, line 17e; Form 1120A, Line 24; Form 1065 "Analysis of Net Income/Loss", Line 1; Form 1041, Line 17; Form 990 T, Line 30).....	1	\$
2. Adjustments (From Line O on Reverse, Schedule X)	2	\$
3. Taxable Income before apportionment (Line 1 plus/minus Line 2).....	3	\$
4. Apportionment Percentage (From Step 5 on Reverse, Schedule Y) _____ %	4	\$
5. Trotwood Taxable Income (Multiply Line 3 by Line 4).....	5	\$
6. Trotwood Income Tax (Multiply Line 5 by 2.25% (.02)	6	\$
7. Estimates paid on this year's liability	7	\$
8. Credits applied from prior year overpayment	8	\$
9. Other Credits (Explain)	9	\$
10. Total Credits (Add Lines 7, 8 and 9)	10	\$
11. Tax Due (Subtract Line 10 from Line 6).....	11	\$
12a. Penalty for late payment: _____ Underpayment of estimate: _____ Late filing fee: _____	12a	\$
12b. Interest	12b	\$
13. Total Due (If \$5.00 or more)	13	\$
14. Overpayment (Line 10 greater than Line 6)	14	\$
15. Indicate Refund (If \$5.00 or more)	15	\$
16. Credit to next year (If \$5.00 or more)	16	\$

MANDATORY DECLARATION OF ESTIMATED TAX FOR _____

17. Total estimated income subject to tax	17	\$
18. Multiply Line 17 by 2.25% (.0225) Trotwood City Income Tax declared	18	\$
19. Tax due before credits (enter at least 22.5% of Line 18)	19	\$
20. Less credits (from Line 16 above)	20	\$
21. Net estimated tax due if Line 19 minus Line 20 is greater than zero*	21	\$
22. TOTAL AMOUNT DUE - Combine Line 13 above with Line 21 (Make checks payable to the City of Trotwood)	22	\$

*First Quarter Estimate should be paid with this return. Payment forms for the remaining estimated payments are available at www.trotwood.org or will be mailed upon request.

q If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.
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.

 SIGNATURE OF TAXPAYER OR AGENT DATE

 SIGNATURE OF PERSON PREPARING RETURN DATE

 NAME AND TITLE PHONE NUMBER

 ADDRESS OF PREPARER PHONE NUMBER

 E-MAIL ADDRESS

MAKE CHECKS PAYABLE TO CITY OF TROTWOOD
www.trotwood.org

All appropriate Federal schedules must be attached. A return is not complete unless such schedules are included.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses and 1231 losses	\$ _____	I. Capital Gains (not ordinary gains).....	\$ _____
B. Taxes Based on Income	_____	J. Interest Income (earned or accrued)	_____
C. 5% Of Amount Deducted as intangible income	_____	K. Dividends (less Federal exclusion)	_____
D. Guaranteed payments to partners	_____	L. Income from Patents and Copyrights	_____
E. Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax	_____	M. Other (attach explanation) _____	_____
F. Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS).....	_____	_____	_____
G. Charitable Contributions	_____	_____	_____
H. Total Additions	_____	N. Total Deductions	\$ _____
O. Combine Lines G and M and enter net on Line 2 _____			

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Trotwood	c. Percentage (b/a)
STEP 1. Average Original cost of Real & Tangible Personal Property	_____	_____	_____
Gross Amount Rentals Paid Multiplied by 8	_____	_____	_____
TOTAL STEP 1	_____	_____	%
STEP 2. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	%
STEP 3. Wages, Salaries, Etc. Paid	_____	_____	%
4. Total Percentages	_____	_____	%
5. Average Percentage (Divide Total Percentages by number of Percentages Used - Carry to Line 4).....	_____	_____	%

ACCOUNT INFORMATION UPDATE QUESTIONNAIRE

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

BUSINESS NAME (IF DIFFERENT FROM ADDRESS SHOWN ON FRONT OF RETURN): _____

NATURE OF BUSINESS: _____

TROTWOOD LOCATION (IF DIFFERENT FROM ADDRESS SHOWN ON FRONT OF RETURN): _____

TROTWOOD LOCATION PHONE: _____

NUMBER OF EMPLOYEES WORKING IN TROTWOOD: _____

DATE EMPLOYEES BEGAN IN TROTWOOD: _____

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

ACCOUNTING PERIOD: Calendar Year or Fiscal Year (Month Ending: _____)

NAME, ADDRESS OF PARTY IN CHARGE OF BOOKS: _____

PHONE NUMBER: _____

DO YOU USE SUBCONTRACT LABOR TO PERFORM WORK IN TROTWOOD? Yes No

If "YES", copies of 1099's issued must be provided to this office by February 28 of each year.

COMPLETED BY

SIGNATURE _____ TITLE _____ DATE _____