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

# 2014 CITY OF TROTWOOD INDIVIDUAL INCOME TAX RETURN

**DUE ON OR BEFORE APRIL 15, 2015**

If pre-printed, make necessary changes. If joint return, list both names. Complete all information to the right.

ACCT.# / S.S.#

YOUR SOCIAL SECURITY NUMBER: _____

SPOUSE SOCIAL SECURITY NUMBER: _____

CHECK ONE: ☐ FILING SINGLE RETURN
☐ MARRIED FILING JOINT RETURN
☐ 'MARRIED FILING SEPARATELY;
LIST SPOUSE NAME AND SSN: _____

**IF YOU MOVED DURING THE YEAR, COMPLETE THIS SECTION:**

MOVE IN DATE: ____ /____ /____ MOVE OUT DATE: ____ /____ /____

PREVIOUS ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

## A

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE: (Please check the appropriate response):

☐ ONLY INCOME IS FROM A NON-TAXABLE SOURCE: LIST SOURCE: _____

☐ ACTIVE DUTY MILITARY PAY ONLY ☐ TAXPAYER DECEASED PRIOR TO 1/1/14: DATE: _____

## B

| Employer's Name | Work Address | Trotwood Tax Credit | Other City Tax Credit | Total W-2 Wages |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1. TOTALS (Attach all W-2 forms. List on separate sheet if necessary) .... 1
2. INCOME OTHER THAN WAGES from worksheets on reverse. (Attach Federal Schedules, forms, documentation) ..... 2
3. TOTAL INCOME (Add box 1 and box 2) ..... 3
4. TAX LIABILITY Multiply box 3 by 2.25% (0.0225) ..... 4
5. CREDITS
   A. Trotwood tax withheld ..... 5A
   B. Credit for other city tax withheld (see instructions) ..... 5B
   C. 2014 Estimated tax payments ..... 5C
   D. Prior year credit carried forward ..... 5D
   E. Total of credits. Add 5A through 5D and enter here. ..... 5E
6. If box 4 is greater than box 5E, enter YOUR BALANCE DUE here ($5 or more) ..... 6
7. If box 5E is greater than box 4, enter YOUR OVERPAYMENT here ($5 or more) ..... 7
   Amount to be **REFUNDED $** _____ **or CREDITED TO 2015 $** _____
8. PENALTY: _____ INTEREST: _____ LATE FILING FEE: _____ UE PENALTY: _____ ..... 8
9. BALANCE DUE FOR 2014 Add box 6 and box 8. DO NOT STOP HERE – You must complete lines 10-14 ..... 9

## 2015 MANDATORY DECLARATION OF ESTIMATED TAX DUE – YOU MUST COMPLETE THIS SECTION

10. Total estimated tax due for tax year 2015 (gross taxable income multiplied by 2.25%) ..... 10
11. Less credits (including credit carried forward to 2015 from line 7; see instructions ..... 11
12. Net tax owed for tax year 2015 estimated tax (Box 10 minus box 11) ..... 12
13. Amount paid with this declaration for FIRST QUARTER ESTIMATED TAX (must be at least 22.5% of line 12) ..... 13
14. **TOTAL DUE. ADD BOXES 9 AND 13 FOR TOTAL BALANCE DUE BY APRIL 15, 2015** ..... 14

## C

I certify that I have examined this return including accompanying W-2's., Federal 1040 page one, schedules and statements, and to the best of my knowledge and belief it is true, accurate and correct. If my return was prepared by a tax practitioner, I have indicated whether or not you may contact my preparer directly concerning the preparation of this return. ☐ YES ☐ NO

X _____
Signature of Taxpayer | Occupation | Date

X _____
Spouse Signature (if filing joint return) | Occupation | Date

X _____
Signature of Preparer | Print Name | Date

_____
Preparers Address (if different) | Phone Number

**FOR OFFICE USE ONLY** $ _____ CK _____

☐ W-2 ☐ FEDERAL ☐ 1040 ☐ SCH.C ☐ SCH.E ☐ SCH.F ☐ SCH K1 ☐ 2106 ☐ MAINTENANCE

## WORKSHEET A – OTHER INCOME (FROM FEDERAL SCHEDULES AND ATTACHMENTS)

Be sure to carefully read instructions, and contact our office with any questions. We will fully audit and make corrections upon receipt of this return. We may require additional information from the taxpayer to clarify any information reported on this return.

| TYPE | LOCATION | NET TAXABLE GAIN / LOSS |
|---|---|---|
| Proprietorship Income from Schedule C | | |
| Rental / Other Income from Schedule E | | |
| Partnership Income from Schedule E/K-1 | | |
| Farm Income | | |
| Other Income | | |
| | **TOTAL—Not less than zero** (To Worksheet C) | |

Note: 1/2 SE deduction is not allowed.

**Per Section 183.03 (e) of the City Income Tax Code a loss cannot be used to offset w-2's, 1099's, and/or any other income reportable on this return.**

Partnerships located inside the City of Trotwood must file a Business Return as a separate entity. Partnerships are only reportable on this worksheet when the partnership is located outside Trotwood, and is not reportable to another municipality that has a tax. Partnership income reportable and taxable to another municipality (but the individual partner is a resident of Trotwood) is reportable on the front of this return, with appropriate tax credit shown in Section B. Follow the instructions for Line 5B to determine the correct amount of credit allowable. A partner who has K-1 income to report where the partnership has filed and paid another city tax must provide a copy of the other city tax return in order to take credit for the tax paid.

When income is reportable to another municipality, and tax was paid on said income, a copy of the other city tax return verifying payment of tax due must accompany this tax return. Follow the instructions for line 5B to determine allowable credit for other city tax paid. Report this income on the front of the return, not on this worksheet.

A Trotwood resident must report all income, regardless of location and source, on this return. A non-resident must report all Trotwood income / activity on this return.

## WORKSHEET B – ADJUSTMENTS TO INCOME

**Employee Business Expense** ..... $ _____ (To worksheet C)

Employee Business Expense deduction (Form 2106) is limited to the amount deducted for Federal purposes, from Schedule A after the 2% AGI.
Other miscellaneous expenses are not deductible. 1040 Schedule A and Form 2106 must be attached to this return for the deduction to be allowed.
Employee Business expenses taken against income taxable to another municipality (where a refund is eligible, requested or obtained from said municipality) requires that the credit for other city tax be reduced accordingly. Copy of other city return must be attached.

**Other Adjustments** ..... $ _____ (To worksheet C)

Other adjustment deductions must be fully explained below, supported by documentation and calculations. Proration of income results in proration of credit.
Part-year residents must attach pay stub or employer statements showing year-to-date gross wages as of date of move for each place of employment.

Explanation: _____

_____

(ATTACH W-2'S HERE)

## WORKSHEET C – NET INCOME / ADJUSTMENT

Total from Worksheet A (Cannot be less than zero) ..... $ _____

Employee Business Expense (Worksheet B) ..... $ _____

Other Adjustments (Worksheet B) ..... $ _____

**Net Income / Adjustments** ..... $ _____ **To front of return, Section B, Line 2**