**CITY OF TROTWOOD**

**BUSINESS INCOME**

**TAX RETURN _____**

**OR**

FISCAL PERIOD ________ TO ________

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15

FISCAL YEAR DUE WITHIN 3½ MONTHS OF YEAR END

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**PLEASE COMPLETE SCHEDULES’ X AND Y, AND QUESTIONNAIRE ON REVERSE SIDE**

1. Adjusted Federal Taxable Income per attached return (Form 1120, Form 1120S, Form 1120A, Form 1065 “Analysis of Net Income/Loss”, Form 1041, Form 990 T) (See instructions) .................................................. 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 6 from Line 10) ......................................................................... 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 $

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**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 $

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*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.

☐ 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.

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**SIGNATURE OF TAXPAYER OR AGENT** [signature]  
**DATE** [date]

**SIGNATURE OF PERSON PREPARING RETURN** [signature]  
**DATE** [date]

**NAME AND TITLE** [name and title]  
**PHONE NUMBER** [phone number]

**ADDRESS OF PREPARER** [address]  
**PHONE NUMBER** [phone number]

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**MAKE CHECKS PAYABLE TO CITY OF TROTWOOD**

www.trotwood.org
**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

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

O. Combine Lines H and N and enter net on Line 2

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

STEP 1. AVERAGE Original cost of Real & Tangible Personal Property

\[
\text{Gross Amount Rentals Paid Multiplied by 8} \quad \text{a. Located Everywhere} \quad \text{b. Located in Trotwood} \quad \text{c. Percentage (b/a)}
\]

\[
\text{TOTAL STEP 1} \quad \%
\]

STEP 2. Gross Receipts from Sales Made and/or Work or Services Performed

\%

STEP 3. Wages, Salaries, Etc. Paid

\%

STEP 4. Total Percentages

\%

STEP 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**