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

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 10 from Line 6) .......................................................................... 11 $

12a. Penalty for late payment: ________ Underpayment of estimate: ________ Late filing fee: ________ .............................. 12a $

12b. Interest .................................................................. 12b $

13. Total Due ................................................................ 13 $

14. Overpayment (Line 10 greater than Line 6) ................................................................. 14 $

15. Indicate Refund ................................................................ 15 $

16. Credit to next year ..................................................................................................... 16 $

2017 forward No TAX, Refund or credit of $10 or less should be collected, Refunded or Credited.

MANDATORY DECLARATION OF ESTIMATED TAX FOR

2017 – IF YOU OWE MORE THAN $200 IN TAX THAT IS NOT WITHHELD, YOU MUST FILE AND PAY ESTIMATED TAX.

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.

☐ 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.

E-MAIL ADDRESS

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>N. Total Deductions ................................</td>
<td>$ ______</td>
</tr>
<tr>
<td>G. Charitable Contributions ........................</td>
<td>________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Total Additions ..................................</td>
<td>________________</td>
<td>O. Combine Lines H and N and enter net on Line 2</td>
<td></td>
</tr>
</tbody>
</table>

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

<table>
<thead>
<tr>
<th>STEP</th>
<th>Formula</th>
<th>a. Located Everywhere</th>
<th>b. Located in Trotwood</th>
<th>c. Percentage (b/a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Average Original cost of Real &amp; Tangible Personal Property</td>
<td>________________</td>
<td>________________</td>
<td>________________</td>
</tr>
<tr>
<td></td>
<td>Gross Rent Paid Multiplied by 8</td>
<td>________________</td>
<td>________________</td>
<td>________________</td>
</tr>
<tr>
<td></td>
<td>TOTAL STEP 1</td>
<td>________________</td>
<td>________________</td>
<td>%</td>
</tr>
<tr>
<td>2</td>
<td>Gross Receipts from Sales Made and/or Work or Services Performed</td>
<td>________________</td>
<td>________________</td>
<td>%</td>
</tr>
<tr>
<td>3</td>
<td>Wages, Salaries, Etc. Paid</td>
<td>________________</td>
<td>________________</td>
<td>%</td>
</tr>
<tr>
<td>4</td>
<td>Total Percentages</td>
<td>________________</td>
<td>________________</td>
<td>%</td>
</tr>
<tr>
<td>5</td>
<td>Average Percentage (Divide Total Percentages by number of Percentages Used – Carry to Line 4)</td>
<td>________________</td>
<td>________________</td>
<td>%</td>
</tr>
</tbody>
</table>

**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 _____________**