



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

**2021 CITY OF TROTWOOD  
BUSINESS INCOME TAX  
RETURN**

CALENDAR YEAR TAXPAYERS FILE ON OR  
BEFORE APRIL 15TH FISCAL YEAR DUE  
WITHIN 3½ MONTHS OF YEAR END

FOR TAX DIVISION USE ONLY
TAX RETURN FOR (Check One) <input type="checkbox"/> Corporation <input type="checkbox"/> Fiduciary <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <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 _____

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	TAXPAYER USE	OFFICE USE
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% (.0225)) .....	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. _____	_____
12 a. Penalty for late payment: _____ Underpayment of estimate: _____ Late filing fee: _____	12a. _____	_____
12 b. 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. _____	_____
2021 FORWARD <u>NO TAX</u> , REFUND OR CREDIT OF \$10 OR LESS WILL BE COLLECTED, REFUNDED OR CREDITED		

**MANDATORY DECLARATION OF ESTIMATED TAX FOR 2022**

2021 – IF YOU OWE MORE THAN \$200 IN TAX, 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. <b>TOTAL AMOUNT DUE</b> – Combine Line 13 above with Line 21 .....	22. _____	_____
(Make checks payable to the City of Trotwood)		

First Quarter Estimate should be paid with this return. Payment forms for the remaining estimated payments are available at [www.trotwood.org](http://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.

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

**X**

\_\_\_\_\_  
SIGNATURE OF TAXPAYER OR AGENT      DATE

\_\_\_\_\_  
NAME AND TITLE      PHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

**X**

\_\_\_\_\_  
SIGNATURE OF PREPARER      DATE

\_\_\_\_\_  
ADDRESS OF PREPARER      PHONE NUMBER

MAKE CHECKS PAYABLE TO **CITY OF TROTWOOD**  
[www.trotwood.org](http://www.trotwood.org)

## 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 H and N 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 \_\_\_\_\_