CITY OF TROTWOOD INCOME TAX SUPPORT SERVICES 4 STRADER DRIVE,

TROTWOOD, OH 45426-3395

PHONE: (937) 837-3415

2024 CITY OF TROTWOOD INDIVIDUAL INCOME TAX RETURN

TROTWOOD

DUE ON OR BEFORE APRIL 15, 2025

4007	T #10 0 #.	YOUR SOCIAL SECURITY NUMBER:SPOUSE SOCIAL SECURITY NUMBER:					
ACC	T#/S.S.#:						
NAME:		CHECK ONE: HILING SINGLE RETURN MARRIED FILING JOINT RETURN MARRIED FILING SEPARATELY;					
ADDI	1555.		SE NAME AND SSN:				
		IF YOU MOVED DURING TH					
		MOVE IN DATE:					
		PREVIOUS ADDRESS:					
	Attach Federal 1040, all Forms W-2 and applicable Federal Schedules and/or documentation to the back of this return.	PHONE NUMBER: E-MAIL:					
	Scriedules and/or documentation to the back of this return.	E-MAIL:					
PA	RT A						
	NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BEC NLY INCOME IS FROM A NON-TAXABLE SOURCE LIST SOURCE: CTIVE DUTY MILITARY PAY ONLY TAXPAYER DECEASED PRIOR TO		. ,				
PA	RT B – TAX CALCULATION						
1A.	Total Qualifying Wages (generally found in Box 5 of form W-2 – Attach a	g Wages (generally found in Box 5 of form W-2 – Attach all W-2 forms /-2's, complete Worksheet A on page 2					
1B.	Gambling Winnings (Attach all W-2G's and Federal Schedules for incom						
1C.	1099-MISC and /or Miscellaneous Income Not Reported on Schedules (A						
1D.	OTHER List separately and provide details						
1E.	Sub-Total Taxable Income Line 1A + 1B+1C +1D (from worksheet A on						
2.	Income (Loss) from Federal Schedules C, E, F, K-1 (See Worksheet B, Page						
3.	TOTAL INCOME: Add Line 1E and Line 2						
4.	Trotwood Income Tax 2.75% (Multiply Line 3 by 0.0275)	4.					
Cred		_					
5a.	Trotwood Tax Withheld (per W-2's)						
5b.	Other Municipality(s) tax withheld, Not to exceed the 2.75% Credit Limit Estimates Paid						
5c. 5d.	Prior Year Credit						
6.	Total Payments and Credits (Total of Lines 5a through 5d)						
7.	Balance Due/ (Overpayment) (Line 6 minus Line 4)						
8a.	Penalty Due (15% of the amount not timely paid)						
8b.	Interest Due (Imposed on all tax not timely paid)						
9.	Late Filing Penalty						
10.	Total due (Total of lines 7, 8a, 8b, and 9) No payment due if Line 10 is \$1	0.00 or less 10.					
11.	Overpayment from Line 10						
12.	Amount to be Refunded (Amounts of \$10.00 or less will not be refunded	l) 12.					
13.	Credit to Next Year (under \$10.00 will not be carried forward)	13.					
PA	RT C – Declaration of Estimated Tax for 2025 – Must be completed by	y taxpayers who anticipate a n	et tax liability of at leas	st \$200.00			
14.	Total Estimated Income Subject to Tax \$ Multiply by tax rate 2.759	%14.					
15.	Trotwood Tax to be Withheld or Credit for Tax Paid to Other Cities						
16.	2025 Estimated Tax Due (Line 14 minus Line 15)						
17.	Declaration Due (Multiply Line 16 by 22.5%)	17.					
18.	Less: Overpayment from Prior Year (from Line 13 above)						
19.	Net Estimate Tax Due with this Return - Subtract Line 18 from 17						
20.	TOTAL AMOUNT DUE - Add Lines 10 and 19. Make checks payable to	City of Trotwood 20.					
x							
SIGNA	ITURE OF TAXPAYER	OCCUPATION		DATE			
X							
	SE SIGNATURE (IF FILING JOINT RETURN)	OCCUPATION		DATE			
X SIGNA	TURE OF PREPARER	PRINT NAME		DATE			
Х							
	ARER'S ADDRESS (IF DIFFERENT)	PHONE NUMBER					
First C	Number Fetimate should be paid with this return. Downant forms for the remaining estimated assume	nte are available at www trotwood or ar	ill he mailed upon request				
☐ If t	nuarter Estimate should be paid with this return. Payment forms for the remaining estimated paymen his return was prepared by a tax practitioner, check here if we may contact him/her directly with qu companying schedules) is a true, correct and complete return for the taxable period stated and tha	estions regarding the preparation of this ret	urn. The undersigned declares the				

WORK	SHEET A add W-2								
	EMPLOYER'S NAME		WORK ADDI	RESS	GENERALLY INCOME F EACH LOCA	ROM (т	ROTWOOD TAX WITHHELD	*OTHER CITY TAX WITHHELD (NOT TO EXCEED 2.75%)
1.									
2. 3.									
4.									
5.									
6.									
	TOTALS				DAGE 4 1 1	NE 4		DAGE 4 LINE 54	DAGE 4 LINE ED
	ENTER ON:				PAGE 1 LI	NE 1	'	PAGE 1 LINE 5A	PAGE 1 LINE 5B
WORKS	HEET B – Schedules	s C – Business	Income, E- Re	ntal Income, F	- Farm Income ,	, K-1- Part	nershi	p Income.	
A. Net Pro	ule C- Profit or Loss frofit (Loss) Federal sc cable to Trotwood-Re	hedule C							
	od Profit /(Loss) (Line								
	lle E- Profit or Loss fr								
	ıle E- Profit or Loss fr ıle F- Profit or Loss fr								
	797- Ordinary Gain o	•	·						
6. OTHER	INCOME/ Loss – TR	UST /ESTATE A	Attach Schedule	E			6		
	TAL –Add lines 1(c) tl 2017/2018 LOSS CAF								
	(LINE 7 MINUS LINE								
			,- ,,		-,				
	eet C for NOL CARR								ried forward to not more than
five years (5				Tax Year	For tax years 20°	_			oss deduction is limited to 50%
NET OPER	RATING LOSS FOR C	URRENT AND	CARRYFORW	ARD TO FUTUF	RE YEARS Tot	al 2019/20	20/202	21/2022/2023	Available 2022
LOSS YEAR	LOSS REALIZED	2020	2021	2022	2023	2024	,	TOTAL USED	LOSS CARRY FORWARD TO 2025
2020			*						
2021 2022			 						
2022									
2024			1						
TOTAL									
* Enter am	ount of net operatin	n losses used	on your 2018 C	ity of Trotwood	l income tax ret	turn			
	•	_	-	-			099'sar	nd/ or anv other in	ncome reportable on this return
Partnership partnership municipality the instruct	is located outside Tr y (but the individual p	City of Trotwood otwood, and is eartner is a residetermine the co	not reportable to dent of Trotwood rrect amount of	o another munic l) is reportable o credit allowable	cipality that has a in the front of this . A partner who h	a tax. Partn s return, wi nas K-1 inc	ership th appi come to	income reportab ropriate tax cred	e on this worksheet when the le and taxable to another it shown on Section B. Follow e partnership has filed and
due must a of the return	ccompany this tax re n, not on this worksh	turn. Follow th eet.	e instructions fo	r Line 5B to det	ermine allowable	credit for	other c	ity tax paid. Rep	ing the payment of the tax port this income on the front
	·			rand source, on	uno return. A 110	n-resideril	must 16	portali ilotwood	I income/activity on this return.
SCHEDU	JLE Y BUSINESS AL	LOCATION FO	RMULA						
NOTE: This	s schedule is applicat	ole only to entiti	es doing busine	ss both within a	nd outside Trotw	ood city lir	nits.		
					a. LOCA ⁻ EVERYWH	HERE		LOCATED IN MUNICIPALITY	c. PERCENTAGE (b ÷ a)
0	Average Original Cost Gross Annual Rentals Total Stop 1	Paid Multiplied	by 8						
	Total Step 1 Vages, Salaries, and								
STEP 3.	Gross Receipts from S	Sales Made and	d/or Work or Sen	vices Performed	I				
STEP 5. A	Average Percentage (I	Divide Total Per	centages by Nu	mber of Percent	ages Used)				