

INSTRUCTIONS FOR FILING RECONCILIATION OF RETURNS (For tax year 2009)

GENERAL INFORMATION

On or before February 28th of each year, every employer must file a withholding Reconciliation of Returns. (This filing will include wages reportable and tax paid in the prior calendar year on employee withholding for the City of Troy.) Copies of all W-2 forms applicable to the Reconciliation must be attached. All W-2's must furnish the employee's name, address, social security number, qualifying wage compensation, and Troy tax withheld. If more than one city tax was withheld, then the W-2's must show a breakdown of each city that tax was withheld for, the wages earned in each city, and the amount of city tax withheld for each city.

In addition, any individual or business entity compensating persons on a commission or contract labor basis must furnish copies of the form 1099 or appropriate income statements issued by February 28th of each year. All 1099's or income statements shall require the same type of information as is required of the W-2 forms as stated above.

RECONCILIATION FORM INSTRUCTIONS

All Reconciliation of Returns plus attachments must be mailed to 100 S Market St, Troy OH 45373.

In the appropriate boxes, enter the amounts of tax withheld for each period, the number of employees (Box A), the total compensation subject to City of Troy Municipal Income Tax (Box B), the tax due on said compensation at 1.75% (Box C), the amount of tax withheld (Box D), the amount paid (Box E), and any difference (Box F). If there is a shortage, this balance due must be remitted immediately. Any withholding shortage or missed payment will be subject to penalty and interest assessments. If there is an overpayment, you must file an amended return for the period affected, indicate either credit or refund on the amended return, and attach an explanation. An overpayment of tax from an individual employee's wages will only be refunded directly to the employee. Overpayments will not be refunded without the filing of an amended return, or if there is any other outstanding balance due on the account. **Be sure to attach copies of all W-2 forms.**

2009 CITY OF TROY ANNUAL RECONCILIATION OF RETURNS

| | |
|----------|-----------|
| JANUARY | JULY |
| FEBRUARY | AUGUST |
| MARCH | SEPTEMBER |
| APRIL | OCTOBER |
| MAY | NOVEMBER |
| JUNE | DECEMBER |

Please indicate any changes to pre-printed information. If not pre-printed, please list name, address and FID / EIN.

SUBMIT BY FEB 28, 2010. W-2's MUST BE ATTACHED

I hereby certify that the information and statements contained herein are true and correct.

Signed: _____
(Business Name)

BY: _____
(Responsible Officer) (Date)

MAIL TO: **City of Troy Income Tax Division**
100 S Market St, Troy OH 45373

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|-------|------------------------------------|
| Box A | Number of employees: |
| Box B | Total Gross Compensation: |
| Box C | Tax Due at 1.75% |
| Box D | Tax Withheld (should match Box C): |
| Box E | Tax Paid: |
| Box F | Balance Due or (Overpayment): |