

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

Troy Tax Rate is 1.75%.

Form TW-1

Remit form and payment to:  
 City of Troy Income Tax Division  
 100 S Market St, Troy OH 45373

- COURTESY WITHHOLDING ONLY.  
 INDICATE QUARTER REPORTED: \_\_\_\_\_
- I QUALIFY AS QUARTERLY  
 (UNDER \$1200 FOR PREV FULL CALENDAR YEAR).  
 INDICATE QUARTER REPORTED: \_\_\_\_\_

Questions? (937) 339-3861

Provide Account Number, correct Business Name, Address and FEIN.

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
JANUARY 2010	FEBRUARY 28, 2010

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

Troy Tax Rate is 1.75%.

Form TW-1

Remit form and payment to:  
 City of Troy Income Tax Division  
 100 S Market St, Troy OH 45373

- COURTESY WITHHOLDING ONLY.  
 INDICATE QUARTER REPORTED: \_\_\_\_\_
- I QUALIFY AS QUARTERLY  
 (UNDER \$1200 FOR PREV FULL CALENDAR YEAR).  
 INDICATE QUARTER REPORTED: \_\_\_\_\_

Questions? (937) 339-3861

Provide Account Number, correct Business Name, Address and FEIN.

Withholding Period (Refer to Instructions)	Due Date (Refer to instructions)
FEBRUARY 2010	MARCH 31, 2010

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

Troy Tax Rate is 1.75%.

Form TW-1

Remit form and payment to:  
 City of Troy Income Tax Division  
 100 S Market St, Troy OH 45373

- COURTESY WITHHOLDING ONLY.  
 INDICATE QUARTER REPORTED: \_\_\_\_\_
- I QUALIFY AS QUARTERLY  
 (UNDER \$1200 FOR PREV FULL CALENDAR YEAR).  
 INDICATE QUARTER REPORTED: \_\_\_\_\_

Questions? (937) 339-3861

Provide Account Number, correct Business Name, Address and FEIN.

Withholding Period (Refer to Instructions)	Due Date (Refer to instructions)
MARCH 2010	APRIL 30, 2010

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of employees during period: \_\_\_\_\_