



**BUSINESS INCOME TAX RETURN—CITY OF TROY INCOME TAX DIVISION (page 2)**

Questions regarding Schedule X and Schedule Y? Refer to Ohio Revised Code Section 718 for assistance. In preparing your City of Troy Business Income Tax Return, you must arrive at "Adjusted Federal Taxable Income" as outlined in ORC 718.01. Refer to ORC 718.02 for instructions regarding Business Apportionment Formula.

**SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses and 1231 losses.....	_____	n. Capital Gains (Do not include ordinary gains from Federal Form 4797).....	_____
b. Interest and/or other expenses incurred in the production of non-taxable income (at least 5% of line z, not including line n).....	_____	o. Interest earned or accrued.....	_____
c. Taxes on net income deducted to compute federal taxable income.....	_____	p. Dividends (less Federal exclusion).....	_____
d. Guaranteed payments to partners and retired partners.....	_____	q. Other items not taxable (full explanation required)	_____
e. Net operating loss deduction per Federal return.....	_____	_____	_____
f. Payments to Self-Employed Retirement plans, health insurance and life insurance payments to owners or owner-employees.....	_____	_____	_____
g. Distributions to investors of REIT Real Estate Investment Trusts.....	_____	_____	_____
h. Other items not deductible (full explanation required).....	_____	_____	_____
_____	_____	z. <b>TOTAL DEDUCTIONS</b> .....	_____
_____	_____		
m. <b>TOTAL ADDITIONS</b> .....	_____		

**SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA**

The business apportionment formula is to be used on in the absence of books and records which will disclose within reasonable accuracy that portion of the net profits which is attributable to that part of the business within Troy.

	A. LOCATED EVERYWHERE	B. LOCATED IN TROY	C. PERCENTAGE (B + A)
STEP 1. Average value of real and tangible personal property.....	\$ _____	\$ _____	
Gross annual rents multiplied by 8.....	\$ _____	\$ _____	
Total Step 1.....	\$ _____	\$ _____	%
STEP 2. Gross receipts from sales and work or services performed.....	\$ _____	\$ _____	%
STEP 3. Total wages, salaries, commissions, and other compensation of all employees.....	\$ _____	\$ _____	%
STEP 4. Total percentages.....			%
STEP 5. AVERAGE PERCENTAGE (Divide total percentages by the number of percentages used—enter on % line 6 on front of return			%

**ACCOUNT INFORMATION UPDATE QUESTIONNAIRE**

Please complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME (Trade name if different from front of return): \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

TROY LOCATION (If different from address shown on front of return): \_\_\_\_\_

PHONE NUMBER (Corporate): \_\_\_\_\_ PHONE NUMBER (Troy location): \_\_\_\_\_

DATE EMPLOYEES BEGAN IN TROY: \_\_\_\_\_ NUMBER OF EMPLOYEES IN TROY: \_\_\_\_\_

(Reminder: Employee withholding is required. An annual Reconciliation of Returns is due by Feb 28th of each year.)

ACCOUNTING PERIOD: \_\_\_\_\_ Calendar Year  
 \_\_\_\_\_ Fiscal Year (Month ending \_\_\_\_\_)

NAME AND ADDRESS OF PARTY IN CHARGE OF BOOKS:  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE NUMBER OF PARTY IN CHARGE OF BOOKS: \_\_\_\_\_

DO YOU USE SUBCONTRACT LABOR IN TROY? \_\_\_\_\_ (If yes, copies of 1099 forms due by Feb 28th of each year)

DO YOU LEASE EMPLOYEES? \_\_\_\_\_ (If yes, provide name, address, phone number and federal identification number of leasing agent:  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE