

City of Troy
Income Tax Division

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 www.troyohio.gov

2016 INDIVIDUAL INCOME TAX RETURN

****DUE ON OR BEFORE APRIL 18, 2017**

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

- RESIDENT DATE MOVED IN _____
 NON RESIDENT DATE MOVED OUT _____
 SOLE PROPRIETOR FORMER ADDRESS: _____

CITY OF RESIDENCE: _____

CITY OF EMPLOYMENT: _____

PHONE: _____ E-MAIL: _____

IF RENTING A RESIDENCE, NAME AND ADDRESS OF OWNER: _____

Print name(s) and address below. If pre-printed, indicate changes.

FILING STATUS Single

- Married Filing Joint Return (even if only one had income). Did you file a Joint or Separate return last year? Joint Separate
 Married Filing Separate Return. Enter Spouse's social security number above and full name here: _____

A

1. **TOTALS** (Attach all W-2's. If part year resident, see instructions. Wage figure used is typically box 5, see instructions). 1.
- 1A **2106 EXPENSE DEDUCTION** (Attach Schedule A, Form 2106, Pages 1 and 2 of 1040. See instructions.) 1A.
2. **INCOME OTHER THAN WAGES** from worksheets on reverse. (Attach Federal Schedules, forms, documentation) 2.
3. **TOTAL INCOME** (Add box 1 Minus box 1A Plus box 2) 3.
4. **TAX LIABILITY** Multiply box 3 by 1.75% (0.0175) 4.
5. **CREDITS**
- A. Troy tax withheld 5A.
- B. Credit for other city tax withheld (see instructions) 5B.
- C. 2016 Estimated tax payments 5C.
- D. Prior year credit carried forward 5D.
- E. Total of credits. Add 5A through 5D and enter here 5E.
6. If box 4 is greater than box 5E, enter YOUR BALANCE DUE here (\$10 or more) 6.
7. If box 5E is greater than box 4, enter YOUR OVERPAYMENT here (\$10 or more) 7.
- Amount to be **REFUNDED** \$ _____ or **CREDITED TO 2017** \$ _____
8. **PENALTY:** _____ **INTEREST:** _____ **LATE FILING FEE:** _____ 8.
9. **BALANCE DUE FOR 2016** Add box 6 and box 8. **DO NOT STOP HERE - You must complete lines 10-14** 9.

ATTACH W-2's, 1099's HERE
 ATTACH PAGE 1, 1040 and all OTHER
 ATTACHMENTS TO REVERSE.

B

2017 DECLARATION OF ESTIMATED TAX DUE - Complete this section if 2016 tax due exceeds \$200

10. Total estimated tax due for tax year 2017 (gross taxable income multiplied by 1.75%) 10.
11. Less credits (including tax anticipated to be withheld from employers; see instructions) 11.
12. Net tax owed for tax year 2017 estimated tax (Box 10 minus box 11) 12.
13. Amount paid with this declaration for FIRST QUARTER ESTIMATED TAX for 2017 (must be at least 22.5% of line 12) 13.
14. **TOTAL DUE. ADD BOXES 9 and 13 FOR TOTAL BALANCE DUE (Due April 18, 2017)** 14.

C

I certify that I have examined this return including accompanying Federal 1040 page one, W-2's, schedules and statements, and to the best of my knowledge and belief it is true, accurate and correct. If my return was prepared by a tax practitioner, I have indicated whether or not you may contact my preparer directly concerning the preparation of this return. ____YES ____NO (Note: Preparer must completely fill out section below regarding "Preparer".)

Your signature _____ Occupation _____ Date _____

Spouse signature (if filing joint return) _____ Occupation _____ Date _____

Signature and address of preparer (if not prepared by taxpayer): _____

PHONE NUMBER OF PREPARER: _____ E-MAIL: _____ DATE: _____

For office use only

MAINTENANCE \$ _____ CK _____