

City of Troy
Income Tax Division

100 S Market St, Troy OH 45373
 Phone (937) 339-3861
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 www.troyohio.gov

201 + INDIVIDUAL INCOME TAX RETURN
 **DUE ON OR BEFORE APRIL 19, 201:

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

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

- | | | |
|--|-----|----------------------|
| 1. TOTAL QUALIFYING WAGES (Generally box 5 of W-2. If part year resident, see instructions. Attach all W-2's). | 1. | <input type="text"/> |
| 1A LESS 2106 EXPENSE DEDUCTION (Attach Schedule A, Form 2106, Page 1 of 1040. See instructions.) | 1A. | <input type="text"/> |
| 2. OTHER INCOME/LOSS Fed Sch C, E, F, K-1, 1099-MISC, W-2G from worksheets on reverse. (Attach All Schedules) | 2. | <input type="text"/> |
| 3. TROY TOTAL TAXABLE INCOME (Add box 1 Minus box 1A Plus box 2) | 3. | <input type="text"/> |
| 4. TAX LIABILITY Multiply box 3 by 1.75% (0.0175) | 4. | <input type="text"/> |
| 5. CREDITS | | |
| A. Troy tax withheld | 5A. | <input type="text"/> |
| B. Other city taxes paid (Credit limited to 1.75%, see instructions) | 5B. | <input type="text"/> |
| C. 2017 Estimated tax payments | 5C. | <input type="text"/> |
| D. Prior year credit carried forward | 5D. | <input type="text"/> |
| E. Total Payments and Credits. Add 5A through 5D and enter here | 5E. | <input type="text"/> |
| 6. If box 4 is greater than box 5E, enter YOUR BALANCE DUE here (\$10 or more) | 6. | <input type="text"/> |
| 7. If box 5E is greater than box 4, enter YOUR OVERPAYMENT here (\$10 or more) | 7. | <input type="text"/> |
| Amount to be REFUNDED \$ _____ or CREDITED TO 2018 \$ _____ | | |
| 8. PENALTY: _____ INTEREST: _____ LATE FILING FEE: _____ | 8. | <input type="text"/> |
| 9. BALANCE DUE FOR 2017 Add box 6 and box 8. DO NOT STOP HERE - You must complete lines 10-14 | 9. | <input type="text"/> |

B

- DECLARATION OF ESTIMATED TAX for 2018 - Must complete if you anticipate a net tax liability of at least \$200**
- | | | |
|---|-----|----------------------|
| 10. Total estimated tax due for tax year 2018 (gross taxable income multiplied by 1.75%) | 10. | <input type="text"/> |
| 11. Less credits (Prior year overpayment and tax withheld by employers; see instructions) | 11. | <input type="text"/> |
| 12. Net tax owed for tax year 2018 estimated tax (Box 10 minus box 11) | 12. | <input type="text"/> |
| 13. Net Estimated Tax due with this return (must be at least 22.5% of line 12) Subsequent estimates due 6/15, 9/15, 1/15 | 13. | <input type="text"/> |
| 14. TOTAL DUE. ADD BOXES 9 and 13 FOR TOTAL BALANCE DUE (Due April 17, 2018) | 14. | <input type="text"/> |

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 _____