

CITY OF TROY  
INCOME TAX DIVISION  
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Troy OH 45373  
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E-mail: income.tax@troyohio.gov

**BUSINESS INCOME TAX RETURN**

CALENDAR YEAR \_\_\_\_\_ or  
FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_

DUE DATES:  
DUE APRIL 15th of following year  
(for Calendar year filers) or  
3 1/2 Months after fiscal year end  
(for Fiscal year filers)

NAME AND ADDRESS (Indicate Changes)

TYPE OF BUSINESS:  Corporation  Partnership  
 S Corporation  Other: \_\_\_\_\_

Federal Employer  
Identification Number

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Complete Schedule X (Reconciliation with Federal Income Tax  
Return) and Schedule Y (Business Apportionment Formula) on  
reverse of this form.

1. TOTAL NET TAXABLE INCOME (From Schedule X, Line 3, or From Schedule Y, Step 6.....	
2. <b>TROY TAX DUE</b> (Line 1 multiplied by 1.75%) .....	
3. LESS CREDIT FOR ESTIMATED TAX PAYMENTS .....	
4. LESS CREDIT FOR PRIOR YEAR OVERPAYMENT .....	
5. TOTAL CREDITS (Add Lines 3 and 4) .....	
6. <b>BALANCE DUE/(OVERPAYMENT)</b> (Subtract Line 5 from line 2) (No tax due if \$10.00 or less).....	

DO NOT STOP HERE, you must complete MANDATORY ESTIMATED TAX (lines 9-12)

7. OVERPAYMENT (If line 5 exceeds line 2).....(No refund or credit if \$10.00 or less).....

8. \_\_\_\_\_ REFUND \_\_\_\_\_ CREDIT TO \_\_\_\_\_(Tax Year)

**MANDATORY DECLARATION OF ESTIMATED TAX DUE**

9. TOTAL _____(Tax Year) ESTIMATED TAX DUE.....	
10. FIRST QUARTER AMOUNT DUE (At least 22.5% of Line 9).....	
11. PRIOR YEAR CREDIT (Line 8, CREDIT) APPLIED TO FIRST QUARTERLY PAYMENT.....	
12. BALANCE OF FIRST QUARTER PAYMENT DUE (Line 10 minus Line 11).....	
13. <b>TOTAL AMOUNT DUE</b> (Add lines 6 and 12) (No tax due if \$10.00 or less) Payable to <b>CITY OF TROY</b> .....	

**CEEQWPV'IPHQTO CVIQP 'WRF CVG'**Please complete all questions fully. The information will be used to update the information currently on file.

BUSINESS NAME (Trade name if different):

Date Business began in Troy: Date Business Ended in Troy: Troy Location

Date Employees began working in Troy: Number of Employees working in Troy

Has Troy Income Tax been withheld from and remitted for all taxable employees for the period covered by this return?

If Yes, please provide EIN: If No, please explain on attached statement.

Are any employees leased in the year covered by this return?

If Yes, please provide the name, address and FEIN # of the leasing company

Gross Troy Wages Paid to leased employees were & Troy Tax Withheld and Paid for leased employees \$

Were 1099 MISC forms issued for work in Troy?

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

Signature Title Date Preparer's Signature (other than taxpayer) Date

E-Mail address: Address of Preparer (City, State and Zip) Phone Number

Phone number Preparer Phone Number

If this return was prepared by a tax practitioner, may we contact them directly with any questions concerning the preparation of this return? YES NO

**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**

1. Income per attached Federal return. (Form 1120, Line 28; Form 1120S, Schedule K, Line 18; or Form 1065, "Analysis of Net Income (Loss)", Line 1; Form 1041, Line 22; Form 990T, Line 30; 1120 REIT, Line 20)..... \$ \_\_\_\_\_
2. A. Items not deductible (from Line 4J below)..... \$ \_\_\_\_\_
- B. Items not taxable (from line 5E below)..... \$ \_\_\_\_\_
- C. Enter excess of Line 2A or 2B..... \$ \_\_\_\_\_
- D. Partnership K-1 Income (or Loss) (deduct partnership gain, add partnership loss. See Schedule 1, Column 4 below)..... \$ \_\_\_\_\_
- E. Suspended Section 179 expense/suspended charitable contributions allowed in this tax year (attach schedule)..... \$ \_\_\_\_\_
- F. Other City taxable income not shown on Federal return..... \$ \_\_\_\_\_
- G. Net operating loss deduction per Troy Tax Ordinance, Chapter 171 (Schedule must be attached to return)..... \$ \_\_\_\_\_
3. Adjusted net income (Line 1 plus or minus Lines 2C, 2D, 2E, 2F and 2G). Enter on line 1, page 1. Complete Schedule Y if Allocation is required ..... \$ \_\_\_\_\_

**SCHEDULE 1 PARTNERSHIP K-1 INCOME (OR LOSS)** Attach separate schedule if needed. Attach all K-1's.

Column 1 - Partnership Name and Address (Attach separate sheet if needed)	Column 2 - FEIN	Column 3 Partner's Percentage	Column 4 - Total Amount of K-1 Partnership Income (Loss) Everywhere
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>TOTAL</b>			<b>\$ _____</b>

**ITEMS NOT DEDUCTIBLE**

4. A. Capital losses and IRC Section 1231 losses..... \$ \_\_\_\_\_
- B. Interest and/or other expenses incurred in the production of non-taxable income (at least 5% of line 5E, not including line 5A). \$ \_\_\_\_\_
- C. Taxes on net income deducted to compute federal taxable income..... \$ \_\_\_\_\_
- D. Guaranteed payments to partners and retired partners..... \$ \_\_\_\_\_
- 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. Deductions to investors of REIT Real Estate Investment Trusts..... \$ \_\_\_\_\_
- H. IRS Section 179 expenses deducted above corporate limitations..... \$ \_\_\_\_\_
- I. Other items not deductible (attach documentation or explanation)..... \$ \_\_\_\_\_
- J. TOTAL ADDITIONS (enter here and on line 2A above)..... \$ \_\_\_\_\_

**ITEMS NOT TAXABLE**

5. A. Capital/IRS Section 1231 gains (do not include Section 1245 and 1250 gains)..... \$ \_\_\_\_\_
- B. Interest earned or accrued..... \$ \_\_\_\_\_
- C. Dividends (less Federal exclusion)..... \$ \_\_\_\_\_
- D. Other items not taxable or exempt (attach documentation of explanation)..... \$ \_\_\_\_\_
- E. TOTAL DEDUCTIONS (enter here and on line 2B above)..... \$ \_\_\_\_\_

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA** The business apportionment formula is to be used in the absence of books and records, which will disclose within reasonable accuracy that portion of the net profits that is attributable to that part of the business within Troy.

	A. LOCATED EVERYWHERE	B. LOCATED IN TROY	C. PERCENTAGE
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 of all employees.....	\$ _____	\$ _____	_____ %
STEP 4 Total Percentages			_____ %

STEP 5 AVERAGE PERCENTAGE (Divide total percentages by the number of percentages used - enter on % line 1 of the front page)..... \_\_\_\_\_ %

STEP 6 Adjusted net income from Line 3 above \_\_\_\_\_ x Average % \_\_\_\_\_ = \_\_\_\_\_  
Enter on Page 1 Line 1