

# 2024

## City of Troy

### Withholding Tax Forms

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On this site, you will find the forms and information necessary to file your  
CITY OF TROY WITHHOLDING TAX PAYMENTS FOR MONTHLY REMITTANCE.

**WITHHOLDING ACCOUNTS ARE REQUIRED TO REMIT ON A MONTHLY BASIS,  
UNLESS YOU MEET THE PARAMETERS OF THE LOOK BACK PROVISIONS  
OUTLINED ON THE NEXT PAGE.**

**IMPORTANT** – Please read all enclosed information thoroughly. This site contains the forms  
necessary for you to withhold and remit the Troy municipal income tax. The tax rate  
is 1.75% (unchanged).

Forms for January through December, plus the Annual Reconciliation of Returns, are on this  
site. Coupons for Quarterly withholding are also included in the packet, should you qualify to  
use them.

Additional information regarding the filing of these returns is also included on this site.

#### QUESTIONS?

#### OFFICE HOURS

8AM – 5PM Monday through Friday

#### OFFICE LOCATION

100 S Market St, Troy, OH 45373

PHONE: (937) 339-3861      FAX: (937) 440-1352

WEBSITE: [www.troyohio.gov](http://www.troyohio.gov)

E-MAIL: [income.tax@troyohio.gov](mailto:income.tax@troyohio.gov)

NOTE – City of Troy Withholding Tax payments may also be remitted via the Ohio Business  
Gateway (OBG). Information and Instructions on how to register and remit payments through  
the OBG can be found at [business.ohio.gov](http://business.ohio.gov).

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# **INSTRUCTIONS FOR REMITTING CITY OF TROY 2024 WITHHOLDING TAX**

## **GENERAL INFORMATION FOR EMPLOYERS**

Every employer located within or doing business within the City of Troy who employs one or more persons is required to withhold the City of Troy municipal tax at the rate of 1.75% from wages subject to withholding. SB172 was signed into law on June 14, 2016 with an effective date of September 12, 2016. SB172 made changes to the remittance schedule for Withholding payments. ALL payments are considered to be timely filed as long as they are postmarked by the due date. Monthly payments shall be made not later than the 15<sup>th</sup> day after the month ends. Quarterly payments shall be made not later than the last day of the month following the last day of each calendar quarter. Semi-Monthly payments are accepted, but not required and should be made not later than the third banking day after the 15<sup>th</sup> of the month and the third banking day after the last day of the month. Payments postmarked by the due date are considered timely and will not be subject to late penalty or interest as described herein. Electronic filing of withholding payments through the Ohio Business Gateway (OBG) are also accepted and considered as “made” based on the date of the timestamp assigned by the first electronic system receiving that payment. Information and instructions on how to register and remit payments through the OBG can be found at [business.ohio.gov](http://business.ohio.gov). **Eligibility** for Monthly or Quarterly withholding is based on the following “Look Back” provisions. If your business remitted more than \$2,399 in the previous year or more than \$200 any month in the previous quarter, you would be required to remit monthly. If your business remitted less than \$2,399 in the previous year or less than \$200 any month in the previous quarter, you would remit quarterly. Courtesy withholding may be remitted quarterly.

## **PENALTY AND INTEREST RATES**

Late withholding payments are penalized at the rate of **50%** of the amount not timely filed. This is a penalty prescribed by the ORC Chapter 718. Specific language can be found at <http://codes.ohio.gov/orc/718.27>. Interest is calculated using the Federal Short Term rate (rounded) + 5% and is posted on our website by October 31<sup>st</sup> of each year. For 2024 the interest rate is 10% per annum (0.83% monthly or portion thereof). Late return filings, including reconciliations, will be penalized \$25 for each failure to timely file. Reconciliations are due the last day of February each year with no grace period. The Penalty and Interest Rates were established by the 130<sup>th</sup> General Assembly in December 2014 and cannot be changed by the City of Troy.

## **FORM INSTRUCTIONS**

Be sure that the account number, federal identification number, business name and address appear on the form in the appropriate designated place. Enter the gross compensation subject to withholding for the filing period. If no qualifying wages for this period, enter zero. Enter the total Troy tax withheld. Enter any adjustments (full explanation of adjustment in writing must accompany this form). The total due must be paid with the timely filing of this return. Be sure to indicate the number of employees subject to the Troy tax during the period. Sign and date where indicated.

## **RECONCILIATION OF RETURNS**

Reconciliation of Returns form plus employee W-2's must be mailed to the City of Troy Income Tax Division, 100 S Market St, Troy, OH 45373. Instructions for filing the annual Reconciliation of Returns can be found on the last page of this packet. Reconciliation of Returns and employee W-2's are due February 28, 2025.

## **WHERE TO MAIL PAYMENTS**

All payments must be mailed to the City of Troy, Income Tax Division, 100 S Market St, Troy, OH 45373

## **QUESTIONS**

Please contact our office with any questions.

OFFICE HOURS: 8am – 5pm Monday through Friday PHONE: (937) 339-3861; FAX: (937) 440-1352;

WEBSITE: [www.troyohio.gov](http://www.troyohio.gov)

E-MAIL: [income.tax@troyohio.gov](mailto:income.tax@troyohio.gov)

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      ☐ COURTESY WITHHOLDING ONLY.  
100 S Market St, Troy OH 45373

Questions? (937) 339-3861

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

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| JANUARY 2024                               | FEBRUARY 15, 2024                |

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

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      ☐ COURTESY WITHHOLDING ONLY.  
100 S Market St, Troy OH 45373

Questions? (937) 339-3861

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

| Withholding Period (Refer to Instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| FEBRUARY 2024                              | MARCH 15, 2024                   |

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

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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Form TW-1

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City of Troy Income Tax Division      ☐ COURTESY WITHHOLDING ONLY.  
100 S Market St, Troy OH 45373

Questions? (937) 339-3861

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

| Withholding Period (Refer to Instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| MARCH 2024                                 | APRIL 15, 2024                   |

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

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

Questions? (937) 339-3861

- ☐ COURTESY WITHHOLDING ONLY.
- ☐ I QUALIFY AS QUARTERLY  
(UNDER \$2399 FOR PREV FULL CALENDAR YEAR),  
CHECK BOX IF PAYING BY QUARTER.

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

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

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

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| Withholding Period (Refer to Instructions) | Due Date (Refer to instructions) |
| 1ST QTR 2024                               | APRIL 30, 2024                   |

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

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.

Questions? (937) 339-3861

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

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

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

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| APRIL 2024                                 | MAY 15, 2024                     |

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

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

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Form TW-1

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

☐ COURTESY WITHHOLDING ONLY.

Questions? (937) 339-3861

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

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

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

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| MAY 2024                                   | JUNE 15, 2024                    |

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

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

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City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.

Questions? (937) 339-3861

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

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

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

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| JUNE 2024                                  | JULY 15, 2024                    |

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

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

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100 S Market St, Troy OH 45373

Questions? (937) 339-3861

- ☐ COURTESY WITHHOLDING ONLY.
- ☐ I QUALIFY AS QUARTERLY  
(UNDER \$2399 FOR PREV FULL CALENDAR YEAR),  
CHECK BOX IF PAYING BY QUARTER.

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

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

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

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
| 2ND QTR 2024                               | JULY 31, 2024                    |

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

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 ☐ COURTESY WITHHOLDING ONLY.  
100 S Market St, Troy OH 45373

Questions? (937) 339-3861

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

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| JULY 2024                                  | AUGUST 15, 2024                  |

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

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

CITY OF TROY  
RETURN OF INCOME TAX WITHHELD

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Form TW-1

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Questions? (937) 339-3861

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

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| AUGUST 2024                                | SEPTEMBER 15, 2024               |

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

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

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RETURN OF INCOME TAX WITHHELD

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Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division ☐ COURTESY WITHHOLDING ONLY.  
100 S Market St, Troy OH 45373

Questions? (937) 339-3861

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

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| SEPTEMBER 2024                             | OCTOBER 15, 2024                 |

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

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

Questions? (937) 339-3861

☐ COURTESY WITHHOLDING ONLY.

☐ I QUALIFY AS QUARTERLY  
(UNDER \$2399 FOR PREV FULL CALENDAR YEAR),  
CHECK BOX IF PAYING BY QUARTER.

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

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

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

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
| 3RD QTR 2024                               | OCTOBER 31, 2024                 |

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

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

Questions? (937) 339-3861

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

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| OCTOBER 2024                               | NOVEMBER 15, 2024                |

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

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

Questions? (937) 339-3861

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

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| NOVEMBER 2024                              | DECEMBER 15, 2024                |

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

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

Questions? (937) 339-3861

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

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
|--------------------------------------------|----------------------------------|
| DECEMBER 2024                              | JANUARY 15, 2025                 |

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

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

CITY OF TROY  
RETURN OF INCOME TAX WITHHELD

Troy Tax Rate is 1.75%.

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

Questions? (937) 339-3861

- ☐ COURTESY WITHHOLDING ONLY.
- ☐ I QUALIFY AS QUARTERLY  
(UNDER \$2399 FOR PREV FULL CALENDAR YEAR),  
CHECK BOX IF PAYING BY QUARTER.

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| Withholding Period (Refer to instructions) | Due Date (Refer to instructions) |
| 4TH QTR 2024                               | JANUARY 31, 2025                 |

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

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

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

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

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

## INSTRUCTIONS FOR FILING RECONCILIATION OF RETURNS (For tax year 2024)

### GENERAL INFORMATION

On or before February 28th of each year, every employer must file a withholding Reconciliation of Returns. (This filing will include wages reportable and tax paid in the prior calendar year on employee withholding for the City of Troy.) Copies of all W-2 forms applicable to the Reconciliation must be attached. All W-2's must furnish the employee's name, address, social security number, qualifying wage compensation, and Troy tax withheld. If more than one city tax was withheld, then the W-2's must show a breakdown of each city that tax was withheld for, the wages earned in each city, and the amount of city tax withheld for each city.

In addition, any individual or business entity compensating persons on a commission or contract labor basis must furnish copies of the form 1099 or appropriate income statements issued by February 28th of each year. All 1099's or income statements shall require the same type of information as is required of the W-2 forms as stated above.

### RECONCILIATION FORM INSTRUCTIONS

**All Reconciliation of Returns plus attachments must be mailed to 100 S Market St, Troy OH 45373.**

In the appropriate boxes, enter the amounts of tax withheld for each period, the number of employees (Box A), the total compensation subject to City of Troy Municipal Income Tax (Box B), the tax due on said compensation at 1.75% (Box C), the amount of tax withheld (Box D), the amount paid (Box E), and any difference (Box F). If there is a shortage, this balance due must be remitted immediately. Any withholding shortage or missed payment will be subject to penalty and interest charges. If there is an overpayment, you must file an amended return for the period affected, indicate either credit or refund on the amended return, and attach an explanation. An overpayment of tax from an individual employee's wages will only be refunded directly to the employee. Overpayments will not be refunded without the filing of an amended return, or if there is any other outstanding balance due on the account. **Be sure to attach copies of all W-2 forms.**

## 2024 CITY OF TROY ANNUAL RECONCILIATION OF RETURNS

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

**SUBMIT BY FEB 28, 2025. W-2's MUST BE ATTACHED**

I hereby certify that the information and statements contained herein are true and correct.

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

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

MAIL TO: **City of Troy Income Tax Division**  
**100 S Market St, Troy OH 45373**

|               |                   |
|---------------|-------------------|
| JANUARY       | JULY              |
| FEBRUARY      | AUGUST            |
| MARCH/1ST QTR | SEPTEMBER/3RD QTR |
| APRIL         | OCTOBER           |
| MAY           | NOVEMBER          |
| JUNE/2ND QTR  | DECEMBER/4TH QTR  |

|       |                                    |
|-------|------------------------------------|
| Box A | Number of employees:               |
| Box B | Total Gross Compensation:          |
| Box C | Tax Due at 1.75%                   |
| Box D | Tax Withheld (should match Box C): |
| Box E | Tax Paid:                          |
| Box F | Balance Due or (Overpayment):      |