

**CITY OF TROY  
INCOME TAX DIVISION**

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**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

\_\_\_\_\_

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

- 1. TOTAL TAXABLE INCOME (Per copy Federal Form 1120, 1120S, 1065 or appropriate schedules attached).....
- 2. ITEMS NOT DEDUCTIBLE (From Line M, Schedule X reverse)..... ADD
- 3. ITEMS NOT TAXABLE (From Line Z, Schedule X reverse)..... DEDUCT
- 4. ENTER EXCESS OF LINE 2 or 3.....
- 5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4).....
- 6. AMOUNT ALLOCABLE TO TROY (If Schedule Y is used, \_\_\_\_\_% of Line 5).....
- 7. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX.....
- 8. TROY TAX DUE (Line 7 multiplied by 1.75%) .....
- 9. Estimated Tax Payments.....
- 10. Prior Year Overpayments.....
- 11. Total Credits (Add Lines 9 and 10).....
- 12. BALANCE DUE/(OVERPAYMENT) (Subtract Line 11 from line 8) (No tax due if less than \$10.00).....

DO NOT STOP HERE, you must complete MANDATORY ESTIMATED TAX (lines 15-19)

- 13. OVERPAYMENT (If line 11 exceeds line 8).....(No refund or credit if less than \$10.00).....
- 14. \_\_\_\_\_ REFUND \_\_\_\_\_ CREDIT TO \_\_\_\_\_ (Tax Year)

**MANDATORY DECLARATION OF ESTIMATED TAX DUE**

- 15. TOTAL \_\_\_\_\_ (Tax Year) ESTIMATED TAX DUE.....
- 16. FIRST QUARTER AMOUNT DUE (At least 22.5% of Line 15).....
- 17. PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT.....
- 18. BALANCE OF FIRST QUARTER PAYMENT DUE (Line 16 minus Line 17).....
- 19. TOTAL AMOUNT DUE (Add lines 12 and 18) (No tax due if less than \$10.00) Payable to CITY OF 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 \_\_\_\_\_

Website address: \_\_\_\_\_

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**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses and IRC Section 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).....	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
m. <b>TOTAL ADDITIONS</b> .....	_____	z. <b>TOTAL DEDUCTIONS</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