

**City of Troy
Income Tax Division**

100 S Market St, Troy OH 45373
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www.troyohio.gov

2009 INDIVIDUAL INCOME TAX RETURN

****DUE ON OR BEFORE APRIL 15, 2010****

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

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: _____

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 boxes 1 through 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. 2009 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 (\$5 or more) 6.

7. If box 5E is greater than box 4, enter YOUR OVERPAYMENT here (\$5 or more) 7.

Amount to be **REFUNDED** \$ _____ or **CREDITED TO 2010** \$ _____

8. **PENALTY:** _____ **INTEREST:** _____ **LATE FILING FEE:** _____ 8.

9. **BALANCE DUE FOR 2009** Add box 6 and box 8. **DO NOT STOP HERE - You must complete lines 10-14** 9.

2010 MANDATORY DECLARATION OF ESTIMATED TAX DUE - You must complete this section

10. Total estimated tax due for tax year 2010 (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 2010 estimated tax (Box 10 minus box 11) 12.

13. Amount paid with this declaration for **FIRST QUARTER ESTIMATED TAX** for 2010 (must be at least 22.5% of line 12) 13.

14. **TOTAL DUE. ADD BOXES 9 and 13 FOR TOTAL BALANCE DUE BY APRIL 15, 2010** 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 _____

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

WORKSHEET 1 - QUALIFYING WAGES, TIPS, SALARIES, OTHER EMPLOYEE COMPENSATION
 (Wages reported from W-2's are typically Box 5, refer to instructions regarding "Qualifying Wages" for further explanation)

NAME OF EMPLOYER	CITY WHERE EMPLOYED	INCOME FROM EACH W-2	*2106 EXPENSE (AFTER 2% AGI)	TROY TAX WITHHELD	*OTHER CITY TAX WITHHELD
TOTALS:					

To Page 1, Line 1 To Page 1, Line 1A To Page 1, Line 5A To Page 1, Line 5B

* Income reduced by 2106 expense and earned in another city must also reduce the tax withheld / credit for tax withheld for another city accordingly.

WORKSHEET 2 - SCHEDULE C, SCHEDULE E, SCHEDULE F
 (Attach copies of all Federal Schedules. If tax paid to another municipality, other city returns must be attached)

SCHEDULE C SOLE PROPRIETORSHIP

Business name: _____ Business address: _____
 Nature of business: _____ Date started: _____ Date ended: _____

- A. Net profit or loss from Schedule C (must be attached). If multiple, all must be attached. \$ _____
 (Complete this information separately for each Schedule C by attaching separate form)
- B. Percentage amount allowable or reportable to Troy. If sole proprietor or business is located in Troy, 100% reportable. Provide copies of other city tax returns filed to allow credit for tax paid. (Provide documentation to support percentage used / allocation).
- C. Amount subject to tax (multiply A times B).

NET PROFIT / LOSS SCHEDULE C

SCHEDULE E RENTAL PROPERTY

Attach Schedule E's, and provide name(s) of legal owners of each property.
 (This can be documented on the Schedule E copy remitted)

RENTAL NET PROFIT / LOSS SCHEDULE E

SCHEDULE E OTHER REPORTABLE INCOME / LOSS (Partnerships, estates, trusts, etc)

Attach Schedule E's, and provide name(s) of participants in each activity.
 (This can be documented on the Schedule E copy remitted)

OTHER SCHEDULE E PROFIT / LOSS

SCHEDULE F FARM INCOME

Attach Schedule F.

NET PROFIT / LOSS SCHEDULE F

WORKSHEET 2 TOTAL** \$ _____

***Losses from federal schedules and other sources reported for federal income tax purposes cannot be used to offset qualifying wages, commissions, other compensation and other taxable income earned or received by residents or nonresidents of the Municipality. If an individual is engaged in two or more taxable business activities to be included in the same return, the net loss of one unincorporated business activity may be used to offset the profits of another (except any portion of a loss or profit separately reportable for municipal tax purposes to another taxing entity) for purposes of arriving at overall net profits or net operating loss.*

WORKSHEET 3 - OTHER INCOME (Attach appropriate / forms / attachments).
 Income from lottery, gambling, etc. to be included on this worksheet.

RECEIVED FROM NAME / I.D. NUMBER	FOR (DESCRIPTION AND/OR LOCATION) (APPLICABLE LOSSES WITHOUT EXACT LOCATIONS / DOCUMENTATION WILL BE DISALLOWED) <small>For gambling winnings, report the amount after loss deduction (cannot be less than zero). Attach page 1 and 2 of 1040 and Schedule A.</small>	AMOUNT

WORKSHEET 3 TOTAL \$ _____

CALCULATIONS FOR FRONT OF RETURN

- A. Worksheet 2 total: _____ (CANNOT BE LESS THAN ZERO. IF LESS THAN ZERO, LEAVE BLANK.)
- B. Worksheet 3 total: _____
- TOTAL OF A AND B ABOVE: _____ PLACE THIS NUMBER ON LINE 2, PAGE 1 of TROY TAX RETURN.

INSTRUCTIONS FOR COMPLETING YOUR 2009 CITY OF TROY INCOME TAX RETURN

HEADING Print your name, address and social security number plainly or make needed corrections if already printed. If you have moved, indicate date of move, present address and old address. Indicate whether you are filing a single return, married filing joint or married filing separately. Please provide your home phone number so that we may contact you with any questions regarding your return. Sign up for future updates by completing your e-mail address.

SECTION A

Using the worksheets on the reverse, list each W-2 and 1099-misc separately. Attach a separate sheet if necessary. (If 1099-misc is included in gross receipts on Schedule C, do not list here. Schedule income is reported on Line 2). For each W-2, enter the employer's name, the city where work was actually performed, the amount of Troy tax withheld, credit for other city tax withheld (see instructions for line 5B below.) Attach all W-2's and 1099-misc forms. (Photocopies are acceptable).

- LINE 1** Add the total W-2 wages from the reverse worksheet and enter on line 1. Your reportable and taxable income from W-2's is typically from Box 5, however exceptions apply. Please refer to the information included regarding "Qualifying Wages." This will further explain what income from your W-2's is taxable and reportable.
- LINE 1A** Enter the amount of allowable 2106 expense. The allowable 2106 expense is the amount actually deducted from Schedule A, after the 2% AGI. Miscellaneous expenses deducted on Schedule A are not permitted. For more information, please go to www.troyohio.gov. ATTACH COPY OF 2106, SCHEDULE A and PAGES 1 and 2 of your FEDERAL TAX RETURN.
- LINE 2** Enter the total of all other income and adjustments, from reverse of tax form (worksheet). All schedules must be attached. (See Worksheets on reverse)
- LINE 3** Add lines 1, 1A and 2. This is the amount of income subject to tax.
- LINE 4** Multiply the amount of income on line 3 by 1.75% (.0175)
- LINE 5** Credits.
- 5A Enter the total Troy tax withheld. Be sure to include copies of your W-2's which actually show this tax withheld. (If your W-2 shows the name of locality for tax withheld as "5509", "SD5509" or some other variation, this is Troy School District Income Tax withheld. School District Income Tax withheld is not used on your City of Troy Income Tax Return.)
- 5B Enter a credit for the tax you paid to other cities on the income you have reported on this return. (Be sure to include copies of W-2's which actually show this tax withheld. If you paid this tax directly, and it was not withheld, be sure to include a receipted copy of your tax return filing.) DO NOT ENTER THE ACTUAL AMOUNT OF TAX YOU PAID. You must calculate the credit by using the following steps:
- STEP 1 If all of your income was earned in a city with a tax rate equal to or less than 1.75%, your credit is the amount of tax withheld (provided the amount withheld is correct).
- STEP 2 If your income was earned in a city with a tax rate that is greater than 1.75%, determine what portion of your W-2 wages had tax withheld at the greater rate. Then, multiply that part of your W-2 wages by 1.75% to find your credit. This step must be completed for each W-2. Please note that for both steps 1 and 2, if income has been pro-rated or reduced (due to 2106 deduction, partial year residency, or for any other reason), credits must also be pro-rated or reduced.

5C Total of tax year 2009 estimated tax payments that you have paid directly to the City of Troy.

5D Prior year tax overpayment that you have carried forward for use on this return. (Do not include amounts refunded to you).

5 E Add 5A through 5D. This is your total tax credit.

LINE 6 Subtract line 5E from line 4. If line 4 is greater than line 5E, you have a balance due. (\$5 or more). Make sure to complete all lines before signing and remitting return with payment.

LINE 7 If line 5E is greater than line 4, you have an overpayment of tax. (\$5 or more). Indicate whether you prefer to credit this to tax year 2010, or have this overpayment refunded. Allow 90 days for processing of a refund. Note: If you had no Troy tax withheld, or no estimated tax paid, or no prior year credits, and you show an overpayment of tax, please re-check your calculations as there is no refund due.

LINE 8 Late payment and/or late filing will result in the assessment of penalty and interest charges. Please contact our office for appropriate rates if applicable.

LINE 9 Balance due. Line 6 plus line 8. **DO NOT STOP HERE.** You must complete lines 10-14.

LINE 10 Total estimated tax due for 2010. (Income multiplied by tax rate of 1.75%).

LINE 11 Less credits for tax to be withheld by employers, and prior year credit carried forward (from line 7)

LINE 12 Net tax due. Line 10 minus line 11.

LINE 13 First quarter estimated tax due (at least 22.5% of line 12.) By paying 22.5% each quarter, you will have 90% of your liability paid prior to filing of your 2010 Individual Income Tax Return.

LINE 14 **TOTAL DUE.** Line 9 plus line 13. **PAYMENT IN FULL IS DUE BY 4/15/10.** Please make checks payable to the City of Troy.

SECTION B

SECTION C Complete the return by signing, indicating your occupation, and dating the return. Copies of all W-2's, 1099's, Federal Schedules including page 1 of your federal tax return, and all other supporting documentation must be attached. Be sure to remit payment in full with the completed return.