

**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.  
 INDICATE QUARTER REPORTED: \_\_\_\_\_
- I QUALIFY AS QUARTERLY  
 (UNDER \$1200 FOR PREV FULL CALENDAR YEAR).  
 INDICATE QUARTER REPORTED: \_\_\_\_\_

Questions? (937) 339-3861

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
JULY 2010	AUGUST 31, 2010

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	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

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

- COURTESY WITHHOLDING ONLY.  
 INDICATE QUARTER REPORTED: \_\_\_\_\_
- I QUALIFY AS QUARTERLY  
 (UNDER \$1200 FOR PREV FULL CALENDAR YEAR).  
 INDICATE QUARTER REPORTED: \_\_\_\_\_

Questions? (937) 339-3861

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
AUGUST 2010	SEPT 30, 2010

Be sure that you provide the correct Business Name, Address and Federal Identification Number.

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

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

- COURTESY WITHHOLDING ONLY.  
 INDICATE QUARTER REPORTED: \_\_\_\_\_
- I QUALIFY AS QUARTERLY  
 (UNDER \$1200 FOR PREV FULL CALENDAR YEAR).  
 INDICATE QUARTER REPORTED: \_\_\_\_\_

Questions? (937) 339-3861

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
SEPTEMBER 2010	OCTOBER 31, 2010

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	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

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

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

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