

CITY OF TROTWOOD
INDIVIDUAL INCOME TAX RETURN



DUE ON OR BEFORE APRIL 15, _____

ACCT #/S.S.#: _____

NAME: _____

ADDRESS: _____

YOUR SOCIAL SECURITY NUMBER: _____

SPOUSE SOCIAL SECURITY NUMBER: _____

CHECK ONE: ☐ FILING SINGLE RETURN

☐ MARRIED FILING JOINT RETURN

☐ MARRIED FILING SEPARATELY;

LIST SPOUSE NAME AND SSN: _____

IF YOU MOVED DURING THE YEAR, COMPLETE THIS SECTION:

MOVE IN DATE: _____ MOVE OUT DATE: _____

PREVIOUS ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

Attach Federal 1040, all Forms W-2 and applicable Federal Schedules and/or documentation to the back of this return.

PART A

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE: (Please check the appropriate response):

☐ ONLY INCOME IS FROM A NON-TAXABLE SOURCE LIST SOURCE: _____

☐ ACTIVE DUTY MILITARY PAY ONLY ☐ TAXPAYER DECEASED PRIOR TO 1/1/19: DATE: _____

PART B – TAX CALCULATION

	TAXPAYER USE	OFFICE USE
1A. Total Qualifying Wages (generally found in Box 5 of form W-2 – Attach all W-2 forms For multiple W-2's, complete Worksheet A on page 2).....	1A. _____	_____
1B. Gambling Winnings (Attach all W-2G's and Federal Schedules for income).....	1B. _____	_____
1C. 1099-MISC and /or Miscellaneous Income Not Reported on Schedules (Attach 1099-MISC).....	1C. _____	_____
1D. OTHER List separately and provide details.....	1D. _____	_____
1E. Sub-Total Taxable Income Line 1A + 1B+1C +1D (from worksheet A on page 2).....	1E. _____	_____
2. Income (Loss) from Federal Schedules C, E, F, K-1 (See Worksheet B, Page 2) losses cannot offset wages	2. _____	_____
3. TOTAL INCOME: Add Line 1E and Line 2.....	3. _____	_____
4. Trotwood Income Tax – 2.25% (Multiply Line 3 by 0.0225).....	4. _____	_____
Credits:		
5a. Trotwood Tax Withheld (per W-2's).....	5a. _____	_____
5b. Other Municipality(s) tax withheld, Not to exceed the 2.25% Credit Limit.	5b. _____	_____
5c. Estimates Paid	5c. _____	_____
5d. Prior Year Credit	5d. _____	_____
6. Total Payments and Credits (Total of Lines 5a through 5d)	6. _____	_____
7. Balance Due/ (Overpayment) (Line 6 minus Line 4)	7. _____	_____
8. Late Filing Penalty (\$25.00 per month or fraction thereof, not to exceed \$150.00).....	8. _____	_____
9a. Penalty Due (15% of the amount not timely paid)	9a. _____	_____
9b. Interest Due (Imposed on all tax not timely paid)	9b. _____	_____
10. Total Due (Total of Lines 7, 8, 9a and 9b) No payment due if Line 10 is \$10.00 or less.....	10. _____	_____
11. Overpayment from Line 10	11. _____	_____
12. Amount to be Refunded (Amounts of \$10.00 or less will not be refunded).....	12. _____	_____
13. Credit to Next Year (under \$10.00 will not be carried forward).....	13. _____	_____

PART C – Declaration of Estimated Tax for (Year) – Must be completed by taxpayers who anticipate a net tax liability of at least \$200.00

14. Total Estimated Income Subject to Tax \$ _____. Multiply by tax rate 2.25%.....	14. _____	_____
15. Trotwood Tax to be Withheld or Credit for Tax Paid to Other Cities	15. _____	_____
16. _____ Estimated Tax Due (Line 14 minus Line 15)	16. _____	_____
17. Declaration Due (Multiply Line 16 by 22.5%)	17. _____	_____
18. Less: Overpayment from Prior Year (from Line 13 above).....	18. _____	_____
19. Net Estimate Tax Due with this Return - Subtract Line 18 from 17	_____	_____
20. TOTAL AMOUNT DUE – Add Lines 10 and 19. Make checks payable to City of Trotwood.	20. _____	_____

X

SIGNATURE OF TAXPAYER OCCUPATION DATE

X

SPOUSE SIGNATURE (IF FILING JOINT RETURN) OCCUPATION DATE

X

SIGNATURE OF PREPARER PRINT NAME DATE

X

PREPARER'S ADDRESS (IF DIFFERENT) PHONE NUMBER

First Quarter Estimate should be paid with this return. Payment forms for the remaining estimated payments are available at www.trotwood.org or will be mailed upon request.

☐ If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return. 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.

WORKSHEET A add W-2

EMPLOYER'S NAME	WORK ADDRESS	INCOME FROM EACH LOCAL W-2	TROTWOOD TAX WITHHELD	*OTHER CITY TAX WITHHELD (NOT TO EXCEED 2.25%)
1.				
2.				
3.				
4.				
5.				
6.				
TOTALS				
ENTER ON:		PAGE 1 LINE 1	PAGE 1 LINE 5A	PAGE 1 LINE 5B

WORKSHEET B – Schedules C – Business Income, E- Rental Income, F- Farm Income , K-1- Partnership Income.

	TAXPAYER USE	OFFICE USE
1. Schedule C- Profit or Loss from Business Attach Form 1040, Schedule c page 1 and 2.		
A. Net Profit (Loss) Federal schedule C	1a.	
B. % Allocable to Trotwood-Residents : use 100% ; Nonresidents : complete Schedule Y below	1b.	
C. Trotwood Profit /(Loss) (Line 1a multiply by 1b).....	1c.	
2. Schedule E- Profit or Loss from Rents/Royalties Attach Form 1040, Schedule E.....	2.	
3. Schedule E- Profit or Loss from Partnerships Attach Form 1040, Schedule E and forms K-1	3.	
4. Schedule F- Profit or Loss from Farming Attach Form 1040, Schedule F	4.	
5. Form 4797- Ordinary Gain or Loss Attach Form 4797.....	5.	
6. OTHER INCOME/ Loss – TRUST /ESTATE Attach Schedule E	6.	
7. SUBTOTAL –Add lines 1(c) through (6)	7.	
8. 8. Less : 2017/2018 LOSS CARRYFORWARD from worksheet C	8.	
9. TOTAL (LINE 7 MINUS LINE 8) Enter on Page 1, Line 2 IF LESS THAN ZERO ,ENTER ZERO.....	9.	

Worksheet C for NOL CARRYFORWARD

In accordance with the Ohio Revised Code Section 718.01 (D) (3), a net operating loss incurred, beginning in tax year 2017, may be carried forward to not more than five years (5) consecutive taxable years and may reduce net profit income to zero. For tax years 2017 through 2022 the net operating loss deduction is limited to 50%.

Tax Year _____

Available NOL 2017 _____ Phase-in Limitation is 50% Available NOL 2018 _____ Phase-in Limitation is 50%

Total 2017 /2018 _____

NET OPERATING LOSS FOR CURRENT AND CARRYFORWARD TO FUTURE YEARS

LOSS YEAR	LOSS REALIZED	2017	2018	2019	2020	2021	2022	TOTAL USED	LOSS CARRY FORWARD TO 2020
2017			*						
2018									
2019									
2020									
2021									
TOTAL									

*** Enter amount of net operating losses used on your 2018 City of Trotwood income tax return**

Per Section 184.03 of the City of Trotwood Income Tax Code a loss cannot be used to offset W-2's, W-2G's 1099's and/ or any other income reportable on this return.

Note: ½ SE deduction is not allowed.

Partnerships located inside the City of Trotwood must file a Business Return as a separate entity. Partnerships are only reportable on this worksheet when the partnership is located outside Trotwood, and is not reportable to another municipality that has a tax. Partnership income reportable and taxable to another municipality (but the individual partner is a resident of Trotwood) is reportable on the front of this return, with appropriate tax credit shown on Section B. Follow the instructions for Line 5B to determine the correct amount of credit allowable. A partner who has K-1 income to report where the partnership has filed and paid another city tax must provide a copy of the other city tax return in order to take credit for the tax paid.

When income is reportable to another municipality, and the tax was paid on said income, a copy of the other city tax return verifying the payment of the tax due must accompany this tax return. Follow the instructions for Line 5B to determine allowable credit for other city tax paid. Report this income on the front of the return, not on this worksheet.

A Trotwood resident must report all income, regardless of location and source, on this return. A non-resident must report all Trotwood income/activity on this return.

SCHEDULE Y BUSINESS ALLOCATION FORMULA

NOTE: This schedule is applicable only to entities doing business both within and outside Trotwood city limits.

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1. Average Original Cost of Real and Tangible Personal Property	_____	_____	
Gross Annual Rentals Paid Multiplied by 8.....	_____	_____	
Total Step 1	_____	_____	_____ %
STEP 2. Wages, Salaries, and Other Compensation Paid	_____	_____	_____ %
STEP 3. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
STEP 4. Total Percentages	_____	_____	_____ %
STEP 5. Average Percentage (Divide Total Percentages by Number of Percentages Used)	_____	_____	_____ %