



**CITY OF TROTWOOD**  
**INCOME TAX SUPPORT SERVICES**  
 4 STRADER DRIVE,  
 TROTWOOD, OH 45426-3395  
 PHONE: (937)837-3415

# 2025 CITY OF TROTWOOD BUSINESS INCOME TAX RETURN

CALENDAR YEAR TAXPAYERS FILE ON OR  
 BEFORE APRIL 15TH FISCAL YEAR DUE  
 WITHIN 3½ MONTHS OF YEAR END

FOR TAX DIVISION USE ONLY	
TAX RETURN FOR (Check One)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Fiduciary
<input type="checkbox"/> Partnership	<input type="checkbox"/> S-Corporation
<input type="checkbox"/> Estate/Trust	<input type="checkbox"/> Other
FEDERAL I.D. NO.	
DID YOU FILE A CITY RETURN LAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FEDERAL BUSINESS ACTIVITY CODE NO. FROM FEDERAL TAX RETURN _____	

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	TAXPAYER USE	OFFICE USE
1. Adjusted Federal Taxable Income per attached return (Form 1120, Form 1120S, Form 1120A, Form 1065 "Analysis of Net Income/Loss", Form 1041, Form 990 T) (See instructions) .....	1. _____	
2. Adjustments (From Line O on Reverse, Schedule X) .....	2. _____	
3. Taxable Income before apportionment (Line 1 plus/minus Line 2) .....	3. _____	
4. Apportionment Percentage (From Step 5 on Reverse, Schedule Y) .....	4. _____	
5. Trotwood Taxable Income (Multiply Line 3 by Line 4) .....	5. _____	
6. Trotwood Income Tax (Multiply Line 5 by 2.75% (.0275)) .....	6. _____	
7. Estimates paid on this year's liability .....	7. _____	
8. Credits applied from prior year overpayment .....	8. _____	
9. Other Credits (Explain) .....	9. _____	
10. Total Credits (Add Lines 7, 8 and 9) .....	10. _____	
11. Tax Due (Subtract Line 10 from Line 6) .....	11. _____	
12 a. Penalty for late payment: _____ Underpayment of estimate: _____ Late filing fee: _____	12a. _____	
12 b. Interest .....	12b. _____	
13. Total Due .....	13. _____	
14. Overpayment (Line 10 greater than Line 6) .....	14. _____	
15. Indicate Refund .....	15. _____	
16. Credit to next year .....	16. _____	
2025 FORWARD <u>NO TAX</u> , REFUND OR CREDIT OF \$10 OR LESS WILL BE COLLECTED, REFUNDED OR CREDITED		

## MANDATORY DECLARATION OF ESTIMATED TAX FOR 2026

2025 – IF YOU OWE MORE THAN \$200 IN TAX, YOU MUST FILE AND PAY ESTIMATED TAX.

17. Total estimated income subject to tax .....	17. _____	
18. Multiply Line 17 by 2.75% (.0275) Trotwood City Income Tax declared .....	18. _____	
19. Tax due before credits (enter at least 22.5% of Line 18) .....	19. _____	
20. Less credits (from Line 16 above) .....	20. _____	
21. Net estimated tax due if Line 19 minus Line 20 is greater than zero* .....	21. _____	
22. <b>TOTAL AMOUNT DUE</b> – Combine Line 13 above with Line 21 .....	22. _____	
(Make checks payable to the City of Trotwood)		

First Quarter Estimate should be paid with this return. Payment forms for the remaining estimated payments are available at [www.trotwood.org](http://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.

PLEASE COMPLETE SCHEDULES' X AND Y, AND QUESTIONNAIRE ON REVERSE SIDE

**X**

\_\_\_\_\_  
 SIGNATURE OF TAXPAYER OR AGENT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 NAME AND TITLE

\_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 E-MAIL ADDRESS

**X**

\_\_\_\_\_  
 SIGNATURE OF PREPARER

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 ADDRESS OF PREPARER

\_\_\_\_\_  
 PHONE NUMBER

MAKE CHECKS PAYABLE TO **CITY OF TROTWOOD**  
[www.trotwood.org](http://www.trotwood.org)

## SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses and 1231 losses .....	\$ _____	I. Capital Gains (not ordinary gains).....	\$ _____
B. Taxes Based on Income .....	_____	J. Interest Income (earned or accrued).....	_____
C. 5% Of Amount Deducted as intangible income .....	_____	K. Dividends (less Federal exclusion) .....	_____
D. Guaranteed payments to partners .....	_____	L. Income from Patents and Copyrights.....	_____
E. Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax .....	_____	M. Other (attach explanation) _____	_____
F. Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS).....	_____	_____	_____
G. Charitable Contributions .....	_____	_____	_____
H. Total Additions.....	_____	N. Total Deductions .....	\$ _____
O. Combine Lines H and N and enter net on Line 2 _____			

## SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

		a. Located Everywhere	b. Located in Trotwood	c. Percentage (b/a)
STEP 1.	Average Original cost of Real & Tangible Personal Property .....	_____	_____	_____
	Gross Amount Rentals Paid Multiplied by 8 .....	_____	_____	_____
	TOTAL STEP 1 .....	_____	_____	%
STEP 2.	Gross Receipts from Sales Made and/or Work or Services Performed .....	_____	_____	%
STEP 3.	Wages, Salaries, Etc. Paid .....	_____	_____	%
	4. Total Percentages .....	_____	_____	%
	5. Average Percentage (Divide Total Percentages by number of Percentages Used - Carry to Line 4).....	_____	_____	%

## ACCOUNT INFORMATION UPDATE QUESTIONNAIRE

Please complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME (IF DIFFERENT FROM ADDRESS SHOWN ON FRONT OF RETURN): \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

TROTWOOD LOCATION (IF DIFFERENT FROM ADDRESS SHOWN ON FRONT OF RETURN): \_\_\_\_\_

TROTWOOD LOCATION PHONE: \_\_\_\_\_

NUMBER OF EMPLOYEES WORKING IN TROTWOOD: \_\_\_\_\_

DATE EMPLOYEES BEGAN IN TROTWOOD: \_\_\_\_\_

(Reminder: Employee withholding is required. An annual Reconciliation of Returns is due by February 28 of each year)

ACCOUNTING PERIOD:  Calendar Year or  Fiscal Year (Month Ending: \_\_\_\_\_ )

NAME, ADDRESS OF PARTY IN CHARGE OF BOOKS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DO YOU USE SUBCONTRACT LABOR TO PERFORM WORK IN TROTWOOD?  Yes  No

If "YES", copies of 1099's issued must be provided to this office by February 28 of each year.

COMPLETED BY

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_