



# 2015 TROY TOWNSHIP JEDD

## INCOME TAX RETURN JOINT FILING NOT PERMITTED

ACCOUNT NO. SOCIAL SECURITY NO. OR E.I.D. NO.

Blank boxes for account and social security numbers.

CAP REQ \_\_\_\_\_ ISS \_\_\_\_\_ BY \_\_\_\_\_

DATE MOVED - TROY TWP 2015  
 IN  OUT

TROY TWP RESIDENT  
 YES  NO

CHECK BOX IF NO LONGER REQUIRED TO FILE  
DATE \_\_\_\_\_ REASON \_\_\_\_\_

OCCUPATION

PHONE NUMBER

**DUE ON OR BEFORE APRIL 18, 2016**

Or within three months and fifteen days after the close of fiscal year or period.  
FOR CALENDAR YEAR ENDING DECEMBER 31, 2015 OR FOR THE MONTH ENDING \_\_\_\_\_

**DO NOT USE HIGHLIGHTER ON DOCUMENTS**

**DIVISION OF TAXATION  
ONE GOVERNMENT CENTER, #2070  
TOLEDO, OH 43604-2280  
PHONE (419)245-1662  
WEB SITE WWW.TOLEDO.OH.GOV**

CHECK BOX IF ADDRESS CHANGED  CHECK BOX IF AMENDED RETURN

### 1. COMPENSATION FROM WAGES - ATTACH W-2'S

NAME OF EMPLOYER	CITY WHERE EMPLOYED	TROY TWP TAX WITHHELD	OTHER CITIES TAX WITHHELD	GROSS WAGES
TOTALS				1.

IF ALL OF YOUR TROY TOWNSHIP INCOME IS FROM WAGES AND YOU HAVE NO ADJUSTMENTS TO THE WAGES, YOU MAY TRANSFER THE AMOUNT ON LINE 1 TO LINE 12 & COMPUTE YOUR TAX

2. INCOME FROM SELF-EMPLOYMENT (ATTACH FEDERAL SCHEDULE 'C', 'E', 'F' OR K-1'S).....	2.		
3. INCOME FROM RENTS OR LEASES (ATTACH FEDERAL SCHEDULE 'E').....	3.		
4. PARTNERSHIP INCOME (ATTACH FEDERAL FORM 1065 OR USE AMOUNT FROM LINE 26 ON PAGE 2).....	4.		
5. CORPORATION INCOME (ATTACH FEDERAL FORM 1120, 1120S, 1120A).....	5.		
6. MISC. INCOME (ATTACH 1099'S, W2G OR EXPLAIN SOURCE) . . .DO NOT INCLUDE DIVIDENDS, INTEREST, OR 1099R . . .	6.		
7. ADDITIONS TO INCOME (From Section A, Line 23I on Page 2).....	7.		
8. DEDUCTIONS FROM INCOME (From Section B, Line 24R on Page 2).....	8.	(     .     )	
9. ADJUSTED NET INCOME (Total of Lines 1 thru 8).....	9.		
10. PERCENT OF LINE 9 ALLOCABLE TO TROY TOWNSHIP IF ALLOCATION FORMULA IS USED FROM SECTION Y, LINE 27 ON PAGE 2 _____ % x LINE 9.....	10.		
11. LOSS CARRIED FORWARD (LIMITED TO FIVE MOST RECENT PRIOR YEARS).....	11.	(     .     )	
12. TROY TOWNSHIP TAXABLE INCOME (Add Lines 9 & 11 or if there is an entry on Line 10, add Lines 10 & 11).....	12.		
13. TAX ON LINE 12 @ 2.25%.....	13.		
14. CITY TAX WITHHELD OR TAX PAID BY PARTNERSHIP.....	14.	(     .     )	X
15A. TROY TWP RESIDENTS: TAX PAID TO OTHER CITIES ON INCOME ON LINE 12.....	15A.	(     .     )	
15B. OTHER CREDITS.....	15B.	(     .     )	
16. TAX DUE BEFORE DEDUCTION FOR ESTIMATE PAYMENTS LINE 13 - (14+15A+15B).....	16.		
17. PAYMENTS AND CREDIT FOR ESTIMATED TAX.....	17.		
18. BALANCE OF TAX DUE - SUBTRACT LINE 17 FROM LINE 16.....	18.		
19. ADD 2210 ASSESSMENT FOR UNDERPAYMENT OF ESTIMATED TAX.....	19.		

### QUARTERLY ESTIMATED PAYMENTS ARE REQUIRED

20. ADD PENALTY & INTEREST FOR LATE PAYMENT.....	20.		
21. TOTAL TAX, PENALTIES & INTEREST DUE - ADD LINES 18, 19, AND 20.....	21.		
<b>PAYMENT MUST ACCOMPANY RETURN. MAKE PAYMENT PAYABLE TO "COMMISSIONER OF TAXATION" (OR SEE INSTRUCTIONS TO PAY BY CREDIT CARD)</b>			
22. IF LINE 18 IS AN OVERPAYMENT, INDICATE THE AMOUNT TO BE CREDITED TO THE 2012 ESTIMATE (     .     ) OR THE AMOUNT TO BE REFUNDED (     .     )	<b>AMOUNTS UNDER \$1.00 ARE NOT DUE NOR REFUNDABLE</b>		

**TAX PREPARER MUST SIGN HERE**  \_\_\_\_\_ (Signature of Tax Preparer) \_\_\_\_\_ (Date)

Print Name \_\_\_\_\_

Firm Name and Ph# \_\_\_\_\_

THIS BOX FOR TAX PREPARER USE ONLY

Check box if City may discuss your return with tax preparer.

**TAXPAYER MUST SIGN HERE**  \_\_\_\_\_ (Signature of Taxpayer) \_\_\_\_\_ (Date)

FOR OFFICE USE ONLY — CASHIER'S VALIDATION

Attach W-2 forms here

Paper Clip Check here

23. SECTION A – ADDITIONS TO INCOME	ADD	24. SECTION B - DEDUCTIONS FROM INCOME	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property dispositions .....A	\$ _____	J. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250 .....J	\$ _____
B. Five percent of intangible income reported in letter K, except that from IRC 1221 property dispositions.....B	_____	K. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income .....K	_____
C. Federally deducted taxes based on income .....C	_____	L. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses .....L	_____
D. Guaranteed payments or accruals to or for current or former partners or members.....D	_____	M. Not previously deducted IRC 179 Expense .....M	_____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors .....E	_____	N. Not previously deducted S corp charitable contributions.....N	_____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities .....F	_____	O. Deductible business expenses (Reduce by 2% federal AGI) (Attach Federal Form 2106 and Schedule A) .....O	_____
G. Rental activities by partnership or S Corp not previously included in income .....G	_____	P. Income on page 1, lines 1 through 4 earned outside Toledo as a nonresident (See Instructions line 24P) .....P	_____
H. Other.....H	_____	Q. Other .....Q	_____
I. Total Items A through H (Transfer to Line 7, Page 1).....I	\$ _____	R. Total lines J through Q (Transfer to line 8 on Page 1).....R	\$ _____

**SECTION C – PARTNERSHIP INCOME**

25. NAME AND ADDRESS OF PARTNERSHIP AND EID NO. (Attach K-1's)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL PARTNERSHIP INCOME (Transfer to Line 2, Page 1) 25. \_\_\_\_\_

**SECTION D – PARTNER'S DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME**

26. TO BE COMPLETED IF PARTNERSHIP FILES AN INFORMATION ONLY RETURN

Name, Residence, Address, & S.S. Number or Federal I.D. Number	Distributive Share
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL (Transfer to Line 4, Page 1) 26. \_\_\_\_\_

**SECTION Y – BUSINESS ALLOCATION**

27. BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Troy Twp	c. Percentage (b ÷ a)
STEP 1 AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY .....	_____	_____	_____ %
GROSS ANNUAL RENTALS MULTIPLIED BY 8 .....	_____	_____	_____ %
TOTAL STEP 1 .....	_____	_____	_____ %
STEP 2 WAGES, SALARIES, AND OTHER COMPENSATION FOR SERVICES PERFORMED .....	_____	_____	_____ %
STEP 3 GROSS RECEIPTS FROM SALES .....	_____	_____	_____ %
STEP 4 TOTAL PERCENTAGES .....	_____	_____	_____ %
STEP 5 AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used: Transfer to Line 10, Page 1).....	_____	_____	<span style="border: 1px solid black; padding: 2px;">27.</span> _____ %

**QUARTERLY ESTIMATED PAYMENTS ARE REQUIRED**

**GENERAL INFORMATION**

Any Taxpayer having or anticipating a tax liability to the Township of Troy exceeding \$100.00 shall file a declaration of estimated tax and apply the estimated tax due in quarterly installments. If a taxpayer's income is from wages and the taxpayer's employer withholds the proper amount of Troy Township Tax, the taxpayer is not required to file an estimate of Troy Township Tax due. Estimated tax is due based on the respective income of each spouse. JOINT FILING IS NOT PERMITTED. Complete the estimated Troy Township form for each quarterly payment. Detach the form and mail it to the address provided. Keep a record of your payments on the enclosed worksheet.