



2014 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 2014
 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 15, 2015

Or within three months and fifteen days after the close of fiscal year or period.
FOR CALENDAR YEAR ENDING DECEMBER 31, 2014 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, LILNE 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.	()
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.		
22. IF LINE 18 IS AN OVERPAYMENT, INDICATE THE AMOUNT TO BE CREDITED TO THE 2012 ESTIMATE (_____) OR THE AMOUNT TO BE REFUNDED (_____) AMOUNTS UNDER \$1.00 ARE NOT DUE NOR REFUNDABLE			

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 dispositionsA	\$ _____	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 1250J	\$ _____
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 incomeK	_____
C. Federally deducted taxes based on incomeC	_____	L. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expensesL	_____
D. Guaranteed payments or accruals to or for current or former partners or members.....D	_____	M. Not previously deducted IRC 179 ExpenseM	_____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investorsE	_____	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 entitiesF	_____	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 incomeG	_____	P. Income on page 1, lines 1 through 4 earned outside Toledo as a nonresident (See Instructions line 24P)P	_____
H. Other.....H	_____	Q. OtherQ	_____
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).....			27. _____ %

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.



TROY TOWNSHIP JEDD ESTIMATED TAX— 2015

DI-15

City of Residence _____

Name of Employer or Type of Business _____

ACCOUNT NO.

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

Name
Street
Address
City,
State, Zip



TROY TOWNSHIP JEDD ESTIMATED TAX— 2015

DI-15

City of Residence _____

Name of Employer or Type of Business _____

ACCOUNT NO.

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

Name
Street
Address
City,
State, Zip



TROY TOWNSHIP JEDD ESTIMATED TAX— 2015

DI-15

City of Residence _____

Name of Employer or Type of Business _____

ACCOUNT NO.

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

Name
Street
Address
City,
State, Zip



TROY TOWNSHIP JEDD ESTIMATED TAX— 2015

DI-15

City of Residence _____

Name of Employer or Type of Business _____

ACCOUNT NO.

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

Name
Street
Address
City,
State, Zip

1

PAYMENT NO. 1 — DUE APRIL 15, 2015 (CALENDAR)

Estimated Tax for

Year Ending _____

Amount of This Payment \$ _____

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **Commissioner of Taxation**

Mail to: **City of Toledo**
Division of Taxation
One Government Center, #2070
Toledo, Ohio 43604-2280

CASHIER'S VALIDATION

2

PAYMENT NO. 2 — DUE JULY 31, 2015 (CALENDAR)

Estimated Tax for

Year Ending _____

Amount of This Payment \$ _____

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **Commissioner of Taxation**

Mail to: **City of Toledo**
Division of Taxation
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Toledo, Ohio 43604-2280

CASHIER'S VALIDATION

3

PAYMENT NO. 3 — DUE NOVEMBER 2, 2015 (CALENDAR)

Estimated Tax for

Year Ending _____

Amount of This Payment \$ _____

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **Commissioner of Taxation**

Mail to: **City of Toledo**
Division of Taxation
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Toledo, Ohio 43604-2280

CASHIER'S VALIDATION

4

PAYMENT NO. 4 — DUE FEBRUARY 1, 2016 (CALENDAR)

Estimated Tax for

Year Ending _____

Amount of This Payment \$ _____

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **Commissioner of Taxation**

Mail to: **City of Toledo**
Division of Taxation
One Government Center, #2070
Toledo, Ohio 43604-2280

CASHIER'S VALIDATION