



**WORKSHEET 1 - QUALIFYING WAGES, TIPS, SALARIES, OTHER EMPLOYEE COMPENSATION**

(Wages reported from W-2 are typically Box 5, refer to instructions regarding "Qualifying Wages" for further explanation)

NAME OF EMPLOYER	CITY WHERE EMPLOYED	FORM W-2 (BOX 5) WAGES	TROY TAX WITHHELD	OTHER CITY TAX WITHHELD (NOT TO EXCEED 1.75%)
<b>TOTALS</b>				

ENTER ON:

PAGE 1 LINE 1

PAGE 1 LINE 5A

PAGE 1 LINE 5B

**WORKSHEET 2 - SCHEDULE C, SCHEDULE E, SCHEDULE F**

Attach copies of all Federal Schedules. If tax paid to another municipality, applicable returns must be attached. For instruction, please refer to Troy City Tax Ordinance.

**SCHEDULE C PROFIT OR LOSS FROM BUSINESS**

Business name: \_\_\_\_\_ Business address: \_\_\_\_\_  
 Nature of business: \_\_\_\_\_ Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

A. Net profit or loss from Schedule C (must be attached). If multiple, all must be attached.  
 (Complete this information separately for each Schedule C by attaching separate form) \$ \_\_\_\_\_

B. Percentage amount allowable or reportable to Troy. If sole proprietor or business is located in Troy, 100% reportable. Provide copies of other city tax returns filed to allow credit for tax paid. **(Provide documentation to support percentage used / allocation).**

NET PROFIT / LOSS SCHEDULE C

C. Amount subject to tax (multiply A times B).

**SCHEDULE E RENTAL PROPERTY**

Attach Schedule E's, and provide name(s) of legal owners of each property. (This can be documented on the Schedule E copy remitted)

RENTAL NET PROFIT / LOSS SCHEDULE E

**SCHEDULE E OTHER REPORTABLE INCOME / LOSS (Partnerships, estates, trusts, etc)**

Attach Schedule E's, and provide name(s) of participants in each activity. Be sure to identify physical location. Entities located in Troy must file with Troy.

OTHER SCHEDULE E PROFIT / LOSS

**SCHEDULE F FARM INCOME**

Attach Schedule F.

NET PROFIT / LOSS SCHEDULE F

**NET OPERATING LOSS CARRYFORWARD DEDUCTION FROM 2024**

Enter the amount allowable in accordance with ORC Section 718.01. Provide documentation with your return to support calculation. \$ \_\_\_\_\_

**WORKSHEET 2 TOTAL** \$ \_\_\_\_\_

**WORKSHEET 3 - OTHER INCOME (Attach copy of Federal return and appropriate forms /schedules/statements.)**

Income from lottery, gambling, etc. to be included on this worksheet and cannot be offset by Schedule Losses

RECEIVED FROM NAME / I.D. NUMBER	FOR (DESCRIPTION AND/OR LOCATION) <small>For gambling winnings, only losses reported on Federal Schedule A may be used to reduce gambling/lottery income (cannot be less than zero). Attach Federal Schedule A</small>	AMOUNT

**WORKSHEET 3 TOTAL** \$ \_\_\_\_\_

**CALCULATIONS FOR FRONT OF RETURN**

A. Worksheet 2 total: \_\_\_\_\_ (CANNOT BE LESS THAN ZERO. IF LESS THAN ZERO, LEAVE BLANK.)

B. Worksheet 3 total: \_\_\_\_\_ (CANNOT BE LESS THAN ZERO. IF LESS THAN ZERO, LEAVE BLANK.)

TOTAL OF A AND B ABOVE: \_\_\_\_\_ PLACE THIS NUMBER ON LINE 2, PAGE 1 of TROY TAX RETURN.