City of Troy
Income Tax Division
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www.troyohio.gov

2024 INDIVIDUAL INCOME TAX RETURN

***DUE ON OR BEFORE APRIL 15, 2025*

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

Print name(s) and address below. If pre-printed, indicate changes.

☐ RESIDENT
☐ NON RESIDENT
☐ SOLE PROPRIETOR

DATE MOVED IN _____
DATE MOVED OUT _____
FORMER ADDRESS: _____

CITY OF RESIDENCE: _____

CITY OF EMPLOYMENT: _____

PHONE: _____ E-MAIL: _____

IF RENTING A RESIDENCE, NAME AND ADDRESS OF OWNER:

FILING STATUS ☐ Single
☐ Married Filing Joint Return (even if only one had income). Did you file a Joint or Separate return last year? ☐ Joint ☐ Separate
☐ Married Filing Separate Return. Enter Spouse's social security number above and full name here: _____

A

1. **TOTAL QUALIFYING WAGES** (Generally box 5 of W-2. If part year resident, see instructions. Attach all W-2's). 1.

1A **LESS 2106 EXPENSE DEDUCTION** (Only if permitted as a deduction for Federal purposes.) 1A.

2. **OTHER INCOME/LOSS Fed Sch C, E, F, K-1, 1099 -MISC, W-2G** from worksheets on reverse. (Attach All Schedules) 2.

3. **TROY TOTAL TAXABLE INCOME** (Add box 1 Minus box 1A Plus box 2) 3.

4. **TAX LIABILITY** Multiply box 3 by 1.75% (0.0175) 4.

5. **CREDITS**
   - A. Troy tax withheld 5A.
   - B. Other city taxes paid (Credit limited to 1.75%, see instructions) 5B.
   - C. 2024 Estimated tax payments 5C.
   - D. Prior year credit carried forward 5D.
   - E. Total Payments and Credits. Add 5A through 5D and enter here 5E.

6. If box 4 is greater than box 5E, enter YOUR BALANCE DUE here ($10.01 or more) 6.

7. If box 5E is greater than box 4, enter YOUR OVERPAYMENT here ($10.01 or more) 7.

Amount to be **REFUNDED** $_____ or **CREDITED TO 2025** $_____

8. PENALTY: _____ INTEREST: _____ LATE FILING FEE: _____ 8.

9. **BALANCE DUE FOR 2024** Add box 6 and box 8. DO NOT STOP HERE - You must complete lines 10-14 9.

ATTACH W-2's, 1099's HERE
ATTACH FEDERAL RETURN AND
OTHER ATTACHMENTS TO REVERSE.

B

DECLARATION OF ESTIMATED TAX for 2025 - Must complete if you anticipate a net tax liability of at least $200

10. Total estimated tax due for tax year 2025 (gross taxable income multiplied by 1.75%) 10.

11. Less credits (Prior year overpayment and tax withheld by employers; see instructions) 11.

12. Net tax owed for tax year 2025 estimated tax (Box 10 minus box 11) 12.

13. Net Estimated Tax due with this return (must be at least 22.5% of line 12) **Subsequent estimates due 6/15, 9/15, 1/15** 13.

14. **TOTAL DUE. ADD BOXES 9 and 13 FOR TOTAL BALANCE DUE** (Due April 15, 2025) 14.

C

I certify that I have examined this return including accompanying Federal 1040 page one, W-2's, schedules and statements, and to the best of my knowledge and belief it is true, accurate and correct. If my return was prepared by a tax practitioner, I have indicated whether or not you may contact my preparer directly concerning the preparation of this return. _____YES _____NO (Note: Preparer must completely fill out section below regarding "Preparer".)

Your signature _____ Occupation _____ Date _____

Spouse signature (if filing joint return) _____ Occupation _____ Date _____

Signature and address of preparer (if not prepared by taxpayer): _____

PHONE NUMBER OF PREPARER: _____ E-MAIL: _____ DATE: _____

For office use only

☐ MAINTENANCE $_____ CK_____

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%)
TOTALS				
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).** _____

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

NET PROFIT / LOSS SCHEDULE C

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 2022

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.

RECEIVED FROM NAME / I.D. NUMBER	FOR (DESCRIPTION AND/OR LOCATION) For gambling winnings, report the amount after loss deduction (cannot be less than zero).	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.