



**WORKSHEET 1 - QUALIFYING WAGES, TIPS, SALARIES, OTHER EMPLOYEE COMPENSATION**  
 (Wages reported from W-2's are typically Box 5, refer to instructions regarding "Qualifying Wages" for further explanation)

NAME OF EMPLOYER	CITY WHERE EMPLOYED	INCOME FROM EACH W-2	*2106 EXPENSE (AFTER 2% AGI)	TROY TAX WITHHELD	*OTHER CITY TAX WITHHELD
TOTALS:					

To Page 1, Line 1      To Page 1, Line 1A      To Page 1, Line 5A      To Page 1, Line 5B

\* Income reduced by 2106 expense and earned in another city must also reduce the tax withheld / credit for tax withheld for another city accordingly.

**WORKSHEET 2 - SCHEDULE C, SCHEDULE E, SCHEDULE F**  
 Attach copies of all Federal Schedules. If tax paid to another municipality, other city returns must be attached. For further instruction, please refer to Troy City Tax Ordinance. **Only Schedules (or portions of schedules) in the name of the same individual may be used to offset each other.**

**SCHEDULE C SOLE PROPRIETORSHIP**

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
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**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
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**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 as such.

OTHER SCHEDULE E PROFIT / LOSS
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**SCHEDULE F FARM INCOME**

Attach Schedule F.

NET PROFIT / LOSS SCHEDULE F
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**WORKSHEET 2 TOTAL\*\***      \$ \_\_\_\_\_

*\*\*Losses from federal schedules and other sources reported for federal income tax purposes cannot be used to offset qualifying wages, commissions, other compensation and other taxable income earned or received by residents or nonresidents of the Municipality. If an individual is engaged in two or more taxable business activities to be included in the same return, the net loss of one unincorporated business activity may be used to offset the profits of another (except any portion of a loss or profit separately reportable for municipal tax purposes to another taxing entity) for purposes of arriving at overall net profits or net operating loss.*

**WORKSHEET 3 - OTHER INCOME (Attach appropriate / forms / attachments).**  
 Income from lottery, gambling, etc. to be included on this worksheet.

RECEIVED FROM NAME / I.D. NUMBER	FOR (DESCRIPTION AND/OR LOCATION) (APPLICABLE LOSSES WITHOUT EXACT LOCATIONS / DOCUMENTATION WILL BE DISALLOWED) <small>For gambling winnings, report the amount after loss deduction (cannot be less than zero). Attach page 1 and 2 of 1040 and 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: \_\_\_\_\_
- TOTAL OF A AND B ABOVE: \_\_\_\_\_ PLACE THIS NUMBER ON LINE 2, PAGE 1 of TROY TAX RETURN.