

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 2021

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.