



**PLEASE REMOVE FROM BOOKLET BEFORE COMPLETING THIS PAGE**

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED

**SECTION D**

Profit (or Loss) from Business or Profession  
From Federal Schedule C, Form 1065, and/or Form 1120

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Kind of Business \_\_\_\_\_

A. TOTAL PROFIT (OR LOSS)  
(CARRY TO LINE 2A, PAGE 3) \$ \_\_\_\_\_

- 1. If deductions for commissions are taken, supporting 1099's or facsimiles must be attached.
- 2. If deductions for "RENTS PAID" is taken, please list:

Rents paid to \_\_\_\_\_  
Address \_\_\_\_\_

**SECTION E**

Partners' distributive shares on net income (attach Federal Partnership returns)

| 1. NAME AND ADDRESS OF EACH PARTNER | 2. Resident |      | 3. Distributive Shares of Partners |        | 4. Other Payments | 5. Taxable Percentage | 6. Amount Taxable    |
|-------------------------------------|-------------|------|------------------------------------|--------|-------------------|-----------------------|----------------------|
|                                     | Yes         | No   | Percent                            | Amount |                   |                       |                      |
| (a)                                 |             |      |                                    | \$     | \$                |                       | \$                   |
| (b)                                 |             |      |                                    |        |                   |                       |                      |
| (c)                                 |             |      |                                    |        |                   |                       |                      |
| (d)                                 |             |      |                                    |        |                   |                       |                      |
|                                     | XXXX        | XXXX | 100                                | \$     | \$                | XXXXXXXXXX            | XXXXXXXXXXXXXXXXXXXX |

**SCHEDULE X**

Reconciliation with Federal Income Tax Return as Required by ORC Section 718

| ITEMS NOT DEDUCTIBLE  | ADD | ITEMS NOT TAXABLE   | DEDUCT |
|---|-----|---|--------|
| A. Capital losses and 1231 losses-excluding ordinary losses ----- \$  |     | N. Capital gains - Do not include ordinary gains from Federal Form 4797 ----- \$  |        |
| B. Five percent (5%) of intangible income reported in letter O, except that from IRC 1221 property dispositions ----- \$                |     | O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income. Excludes prizes, awards, lottery winnings or other income associated with games of chance. ----- \$ |        |
| C. City or state income taxes ----- \$  |     | P. Other income exempt from City Tax (explain) ----- \$   |        |
| D. Guaranteed payments or accruals to or for current or former partners or members ----- \$   |     | Z. TOTAL DEDUCTIONS ----- \$  |        |
| E. Net operating loss deduction per federal return ----- \$   |     | (enter on Line 1B below)  |        |
| F. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT OR RIC investors ----- \$ |     |   |        |
| G. Amounts deducted for self employed retirement, health and life insurance plans ----- \$  |     |   |        |
| H. Other expenses not deductible (explain) ----- \$   |     |   |        |
| M. TOTAL ADDITIONS (enter as Line 1A below) ... \$  |     |   |        |
| 1. A. ITEMS NOT DEDUCTIBLE (from Line M Schedule X above) ----- Add \$  |     |   |        |
| B. ITEMS NOT TAXABLE (from Line Z Schedule X above) ----- Deduct (\$  |     |   |        |
| C. ENTER EXCESS OF LINE 1A OR 1B (CARRY TO LINE 3 PAGE 3) ----- \$  |     |   |        |

**SCHEDULE Y**

Business Allocation Formula

|  | a. LOCATED EVERYWHERE | b. LOCATED IN PIQUA      | c. PERCENTAGE (b ÷ a) |
|--|-----------------------|--------------------------|-----------------------|
| STEP 1. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY                       | \$                    | \$                       |                       |
| GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8  | \$                    | \$                       |                       |
| TOTAL STEP 1   | \$                    | \$                       | %                     |
| STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED         | \$                    | \$                       | %                     |
| STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID                              | \$                    | \$                       | %                     |
| 4. TOTAL PERCENTAGES   |                       |                          | %                     |
| 5. AVERAGE PERCENTAGES (divide total percentages by number of percentages used). |                       | Carry to Line 5A, Page 3 | %                     |

Are any employees leased in the year covered by this return? \_\_\_\_ YES \_\_\_\_ NO  
If YES, please provide the name, address and FID number of the leasing company \_\_\_\_\_  
\_\_\_\_\_