

(ATTACH FEDERAL FORMS AND SCHEDULES)

SECTION A	PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION SOLE PROPRIETORSHIP PARTNERSHIP OR CORPORATION
1. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (ATTACH FEDERAL FORMS AND SCHEDULES)	
BUSINESS ACTIVITY:	PROFIT \$
_____	_____
_____	_____
_____	_____
2. TOTAL NET PROFITS\$	

SECTION B	Income from Rents – from Federal Schedule E and R <small>*If included in Schedule C, Line 5, Kind and Location of Each Property Must Be Shown Below.</small>					
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)	
NET INCOME						\$

SECTION C	All Other Taxable Income		
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, GAMBLING WINNINGS, AND MISCELLANEOUS INCOME (1099 FORM)			
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT	
TOTAL INCOME			\$

TOTAL	From Sections A, B & C, Enter on Page 1, Line 2	\$
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SCHEDULE X NOT INTENDED FOR INDIVIDUAL FILERS

SCHEDULE X	RECONCILIATION WITH FEDERAL INCOME TAX RETURN		<small>*FTI= Federal Taxable Income</small>	<small>*ORC= Ohio Revised Code</small>
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT	
a. CAPITAL LOSSES (Per ORC Sec. 718.01)	\$ _____	n. CAPITAL GAINS (Per ORC Sec. 718.01)	\$ _____	
b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (Not less than 5% of Line 0)	_____	o. INTANGIBLE INCOME TO THE EXTENT IT IS INCLUDED IN FTI*	_____	
c. INCOME TAXES (Federal-State-Municipalities)	_____	p. OTHER (Explain)	_____	
d. PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SUB CHAPTER S CORPORATION	_____	_____	
e. CONTRIBUTIONS (in excess of 5% of Net Profits)	_____	q. TOTAL DEDUCTIONS (ENTER ON LINE 3b Page 1)	\$ _____	
f. OTHER (Explain)	_____			
g. TOTAL ADDITIONS (ENTER ON LINE 3a Page 1)	\$ _____			

SCHEDULE Y	BUSINESS ALLOCATION FORMULA		
	a. LOCATED EVERYWHERE	b. LOCATED IN WARREN	(b÷a) c. PERCENTAGE
STEP 1. ORIGINAL COST OF REAL ESTATE & TANGIBLE PERSONAL PROPERTY	_____	_____	_____
GROSS ANNUAL RENTALS MULTIPLIED BY 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____ %
STEP 2. WAGES, SALARIES, ETC. PAID	_____	_____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED – CARRY TO LINE 4c, PAGE 1)			_____ %

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME							
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)							
7. Totals from Section A and Section B above	xxx	xxx	100	\$	xxxxxxx	xxxxxxx	\$