

Do not use staples.



Department of Taxation



2013

IT 4708 Rev. 9/13
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

- Check here if amended return
Check here if final return

Use only black ink.

Federal employer I.D. number (FEIN)

Entity Type: S corporation, Limited liability corporation

Partnership, Other

For taxable year ending in MM/2013

Ohio charter or license number (if S corp)

Use UPPERCASE letters.

Name of pass-through entity

Address (if address change, check box)

City, State, ZIP code

E-mail address

Number of investors included in return, Apportionment ratio, line 6

Instructions for this form are on our Web site at tax.ohio.gov.

Do not use staples, tape or glue. Place any supporting documents, including K-1's, after the last page of this return.

Mail to: Ohio Dept. of Taxation, P.O. Box 181140, Columbus, OH 43218-1140

SCHEDULE I - TAXABLE INCOME, TAX, PAYMENTS AND NET AMOUNT DUE CALCULATIONS

If the amount below is negative, type a negative sign (" - ") before the figure.

Table with 14 rows for tax calculations and columns for descriptions and amounts.



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FEIN []

SCHEDULE I – TAXABLE INCOME, TAX, PAYMENTS AND NET AMOUNT DUE CALCULATIONS...cont.

Table with 3 columns: Description, Amount, and Total. Rows include Ohio forms IT 1140ES and IT 1140EXT payments, Deduct Ohio forms IT 4708ES and IT 4708EXT payments, Total net Ohio estimated tax payments, Amount of 2012 overpayment, Refundable business credits, Total of lines 17, 18 and 19, Overpayment, Amount of line 21 to be CREDITED, Amount of line 21 to be REFUNDED, Net amount due, Interest and penalty due, and Total amount owed.

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

SIGN HERE (required)

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Pass-through entity officer or agent (please print)

Title of officer or agent (please print) Phone number

Signature of pass-through entity officer or agent Date

Preparer's name (please print) Phone number

Do you authorize your preparer to contact us regarding this return? Yes [] No []

For Department Use Only



Code

SCHEDULE II – INCOME AND ADJUSTMENTS

Items reflected on lines 27-49 are the combined amounts from IRS Schedule K-1(s) for the taxable year for only those investors who are participating in the filing of this return. Attach to this return a copy of the applicable IRS form 1120S or 1065 and K-1(s) of participating investors. If the amount below is negative, type a negative sign (“-”) before the figure.

Table with 3 columns: Description, Amount, and Total. Rows include Ordinary business income (loss), The investors' shares of expenses and losses incurred in connection with all direct and indirect transactions, Guaranteed payments that the pass-through entity made to each investor, and Compensation that the pass-through entity paid to each investor.



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SCHEDULE II - INCOME AND ADJUSTMENTS...cont.

If the amount below is negative, type a negative sign ("−") before the figure.

Table with 3 columns: Description, Line Number, and Amount. Rows include Net income or (loss) from rental activities, Portfolio income (interest, dividends, royalties, capital gains), Net gain (loss) under I.R.C. 1231, and Total income.

SCHEDULE III - DEDUCTIONS

List only those deductions that have not already been used to reduce any income items set forth in Schedule II.

Table with 3 columns: Description, Line Number, and Amount. Rows include I.R.C. 179 expense, Depreciation adjustments, Net federal interest and dividends exempt from state taxation, and Total deductions.



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SCHEDULE IV – APPORTIONMENT WORKSHEET

Use this schedule to calculate the apportionment ratio for a pass-through entity that is not a financial institution as defined in Ohio Revised Code section (R.C.) 5725.01. If the pass-through entity is a financial institution, use the apportionment and weighting schedules set forth in the year 2014 Ohio form FT 1120FI, Corporation Franchise Tax Report for Financial Institutions. For more information, see the instructions.

1. Property
Within Ohio [] .00 Total Everywhere [] .00
a) Owned (average cost)

Within Ohio [] .00 Total Everywhere [] .00
b) Rented (annual rental X 8)

Within Ohio [] .00 Total Everywhere [] .00
c) Total (lines 1a and 1b)

Ratio (carry to six decimal places) Weight Weighted Ratio (carry to six decimal places)
= [] x .20 = []

2. Payroll
Within Ohio [] .00 Total Everywhere [] .00

Ratio (carry to six decimal places) Weight Weighted Ratio (carry to six decimal places)
= [] x .20 = []

3. Sales
Within Ohio [] .00 Total Everywhere [] .00

Ratio (carry to six decimal places) Weight Weighted Ratio (carry to six decimal places)
= [] x .60 = []

Weighted Ratio (carry to six decimal places)

[]

4. Total weighted apportionment ratio (add lines 1(c), 2 and 3). Enter ratio here and on page 1, line 6.

Note: If the denominator of any factor is zero, the weight given to the other factors must be proportionately increased so that the total weight given to the combined number of factors used is 100%, i.e., if no property/payroll, use 25% and 75%; if no sales, use 50% property/payroll.



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FEIN [input box]

SCHEDULE V – INVESTOR INFORMATION

Provide investor information for all (resident and nonresident) investors in the pass-through entity. List investors by highest to lowest ownership percentage. Use an additional sheet, if necessary. See "Important Notes" on page 8 of this return for distributive share information.

Social Security no. [input] FEIN [input] Percent of ownership [input] Amount of PTE tax credit [input].00

First name/entity [input] M.I. [input] Last name [input]

Address [input]

City [input] State [input] ZIP code [input]

Social Security no. [input] FEIN [input] Percent of ownership [input] Amount of PTE tax credit [input].00

First name/entity [input] M.I. [input] Last name [input]

Address [input]

City [input] State [input] ZIP code [input]

Social Security no. [input] FEIN [input] Percent of ownership [input] Amount of PTE tax credit [input].00

First name/entity [input] M.I. [input] Last name [input]

Address [input]

City [input] State [input] ZIP code [input]

Social Security no. [input] FEIN [input] Percent of ownership [input] Amount of PTE tax credit [input].00

First name/entity [input] M.I. [input] Last name [input]

Address [input]

City [input] State [input] ZIP code [input]



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SCHEDULE V – INVESTOR INFORMATION...cont.

Provide investor information for all (resident and nonresident) investors in the pass-through entity. List investors by highest to lowest ownership percentage. Use an additional sheet, if necessary. See "Important Notes" on page 8 of this return for distributive share information.

Social Security no. [] FEIN [] Percent of ownership [] Amount of PTE tax credit [] 00

First name/entity [] M.I. [] Last name []

Address []

City [] State [] ZIP code []

Social Security no. [] FEIN [] Percent of ownership [] Amount of PTE tax credit [] 00

First name/entity [] M.I. [] Last name []

Address []

City [] State [] ZIP code []

Social Security no. [] FEIN [] Percent of ownership [] Amount of PTE tax credit [] 00

First name/entity [] M.I. [] Last name []

Address []

City [] State [] ZIP code []

Social Security no. [] FEIN [] Percent of ownership [] Amount of PTE tax credit [] 00

First name/entity [] M.I. [] Last name []

Address []

City [] State [] ZIP code []



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SCHEDULE V – INVESTOR INFORMATION...cont.

Social Security no. FEIN Percent of ownership Amount of PTE tax credit [] [] [] [] 00

First name/entity M.I. Last name [] [] []

Address []

City State ZIP code [] [] []

Social Security no. FEIN Percent of ownership Amount of PTE tax credit [] [] [] [] 00

First name/entity M.I. Last name [] [] []

Address []

City State ZIP code [] [] []

SCHEDULE VI – REFUNDABLE BUSINESS CREDITS

Table with 6 rows of refundable business credits and their amounts. Columns include description, number, and amount (e.g., Ohio historic preservation credit, Business jobs credit, etc.).

Note: Certificates from the Ohio Development Services Agency and/or Schedule K-1(s) must be attached to verify each refundable credit claimed.

QUESTIONNAIRE

Table with 3 columns: Question, Yes, No, N/A. Contains two questions regarding compensation to nonresident investors and guaranteed payments to partners.

Do not submit this page with your IT 4708 return.

Important Notes:

Investors' Shares of Expenses and Losses (page 2, line 28): Include on this line all compensation paid to or for family member employees if a pass-through entity owner who is a member of the family directly, indirectly and/or by attribution owns at least 40% of the pass-through entity. See R.C. 5733.40(A)(3). Do not show on line 30 any amount you show on line 28.

Amount of PTE Tax Credit (pages 5-7, Schedule V): The amount in these boxes should reflect the amount of the tax credit claimed by the pass-through entity by each qualifying investor.

A full set of instructions is available on our Web site at tax.ohio.gov.

Mail to:
Ohio Department of Taxation
P.O. Box 181140
Columbus, OH 43218-1140

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.