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		Entity Type: Check only one	S corpo	pration	oration	Partne Other	rship	N		2 0 1	4
Ohio charter or license	e no. (if S corp)		Linited		oration	Other					
Use UPPERCASE Name of pass-through											
Address (if address ch	nange, check box)										
City				State	ZIP code	e					
E-mail address											
Do not sta suppor <u>afte</u>	this form are on our V aple or otherwise ting documents, in ar the last page of	ncluding K-1's,				hio De	Box 18	Taxa 81140))	
QUESTIONNAIR	E								Yes	No	N/A
	stors or nonresident r	pration, did the pass-ti nembers of the inves d such compensatior	tor's family?	If yes, attac	h a list of t	those indivi	duals (in	o any clude	res	NO	N/A
investors (include	teed payments to any Social Security num	ed as, a partnership f y of its partners or eq bers and federal emp	uity investor loyer identifi	s? If yes, atta ication numb	ach a list o ers) who re	of those par received su	tners or e ch guarar	equity nteed			
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I declare under pena statements, has beer rect and complete ret	n examined by me an					F	or Dep	oartme	ent Use	Only	
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Title of officer or ager	nt (please print)		Phone nu	mber			,		,		
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Do you authorize you	ir preparer to contact	us regarding this ret	urn? Yes	No							
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Department of Taxation



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IT 4708 Rev. 11/14 **Composite Income Tax Return for Certain** Investors in a **Pass-Through Entity**

SC	HEDULE I – TAXABLE INCOME, TAX, PAYMENTS AND NET AMOUNT DUE	E CALCULATIONS	
	e amount below is negative, shade the negative sign ("-") in the box provided.		00
1.	Total income (from Schedule II, line 40)1.		
2.	Total deductions (from Schedule III, line 49)2.		00
	Income (loss) to be allocated and apportioned (line 1 minus line 2)		00
	Ohio Revised Code section [R.C.] 5747.212 gains, are presumed to be business income), and gain (loss) described in R.C. 5747.212. (Attach explanation and supporting schedules.)	4.	00
5.	Apportionable income (loss) (line 3 minus line 4)		00
6.	Ohio apportionment ratio (from Schedule IV, line 53)	6.	
7.	Income (loss) apportioned to Ohio (line 5 times line 6)		00
8.	Net nonbusiness income (loss) allocated to Ohio and gain (loss) apportioned to Ohio per R.C. 5747.212. (Attach explanation and supporting schedules.)		00
9.	Ohio taxable income (sum of lines 7 and 8, but not less than -0-)	9,,,	00
10.	Tax before credits and grant (multiply the amount on line 9 by .05333)	10.	00
11.	Nonrefundable business credits (attach Schedule E) and grant for new manufacturing ma- chinery and equipment. Attach grant request form	11.	00
12.	Tax due after nonrefundable business credits and grant. Line 10 minus line 11. If less than -0-, enter -0-	12.	00
13.	Interest penalty on underpayment of estimated tax (attach Ohio form IT/SD 2210)	13 , , ,	00
14.	Ohio forms IT 4708ES and IT 4708P payments for the taxable year	14,,,	00
15.	Ohio forms IT 1140ES and IT 1140P payments transferred to this form and any payments made with previously filed return(s) for this taxable year	15.	00
16.	Deduct Ohio forms IT 4708ES and IT 4708P payments transferred to Ohio form IT 1140 and deduct overpayments, if any, previously claimed for this taxable year		00
17.	Total net Ohio estimated tax payments for 2014 (sum of lines 14 and 15 minus line 16)	17.	00
18.	Amount of 2013 overpayment credited to 2014 (see 2013 Ohio form IT 4708, line 22)	18 ,	00
19.	Total refundable business credits (from Schedule V, line 59)	19 /	00
20.	Total of lines 17, 18 and 19	20 / / /	00
21.	Overpayment, if any (line 20 minus the sum of lines 12 and 13, but not less than -0-)	21	00
22.	Amount of line 21 to be CREDITED to year 2015 tax liability (if this is an amended return, enter -0-)	22 , , , , ,	00
23.	Amount of line 21 to be REFUNDED (line 21 minus line 22)	23 ; ; ; ;	00
24.	Net amount due, if any (sum of lines 12 and 13 minus line 20, but not less than -0-)	24 ; ; ; ;	00
	Interest and penalty due on late-paid tax and/or late-filed return, if any	25	00
26.	Total amount due, if any (sum of lines 24 and 25). Make check payable to Ohio Treasurer of State, include Ohio form IT 4708P and place FEIN on check TOTAL AMOUNT DUE 	26.	00

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





FEI	Chio Department of Taxation 14 160302	14	IT 4708 Rev. 11/14 Composite Income Tax Return for Certain Investors in a Pass-Through Entity	
SC	HEDULE II – INCOME AND ADJUSTMENTS			
ing	ns reflected on lines 27-49 are the combined amounts from IRS Schedule K-1(s) for the in the filing of this return. Attach to this return a copy of the applicable IRS form 1120 ount below is negative, shade the negative sign ("–") in the box provided.			
27.	Ordinary business income (loss)	27.		00
28.	The investors' shares of expenses and losses incurred in connection with all direct and indirect transactions between the pass-through entity and its related members, including certain investors' family members. However, do <u>not</u> add expenses or losses incurred in connection with sales of inventory to the extent that the cost of the inventory and the loss incurred were calculated in accordance with Internal Revenue Code (I.R.C.) sections 263A and 482	28.		00
29.	Guaranteed payments that the pass-through entity made to each investor participating in the filing of this return if such investor directly or indirectly owns at least 20% of the pass-through entity. Reciprocity agreements do not apply	29.		00
30.	Compensation that the pass-through entity paid to each investor participating in the filing of this return if such investor directly or indirectly owns at least 20% of the pass-through entity. Reciprocity agreements do not apply	30.		00
32.	Net income or (loss) from rental activities other than amount shown on line 27 Portfolio income (loss). See note below.			00 00
a.	Interest income	32a.		
b.	Dividends	b.		00
C.	Royalties	c.		00
d.	Net short-term capital gain (loss)	d.		00
e.	Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. Note: If the sum of lines 32d and 32e results in a net loss, the net allowable			
	loss for the sum of these two lines cannot exceed the product of \$3,000 and the number of participating investors included in this return	e.		00
f.	Other portfolio income (loss)	f.		00
		- E		00
	Net gain (loss) under I.R.C. 1231 Adjustment for I.R.C. sections 168(k) and 179 depreciation expense 2/3, 5/6 or 6/6 (check applicable box) and miscellaneous federal income tax adjustments. Attach a separate schedule showing calculations	33.		00
35.	Other income (loss). Attach schedule	35.		00
36.	Pass-through entity add-back			00
	Non-Ohio state or local government interest and dividends earned by the pass-through entity but not included above			00
20	,			00
	State and local income taxes deducted in arriving at income Losses from the sale or other disposition of Ohio public obligations if such losses have			00
	been deducted in determining federal taxable income			00
40.	Total income (add lines 27 through 39; enter here and on Schedule I, line 1)	40.		

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IT 4708 Rev. 11/14 Composite Income Tax Return for Certain Investors in a Pass-Through Entity

SCHEDULE III – DEDUCTIONS

Schedule II.	
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revi- e tax 	00
43.	00
gross ems) 44.	, 00
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erest	00
ublic	00
	00

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, refer to the instructions. **Note:** All ratios are to be carried to six decimal places.

50.	Property	Within Ohio		То	tal Everywhere	
			00			00
	a) Owned (average cost)	Within Ohio		То	tal Everywhere	
			00			00
	b) Rented (annual rental X 8)	Within Ohio		To	tal Everywhere	
			00			00
	c) Total (lines 50a and 50b)		00	-		00
			Ratio	Weight	Weighted Ratio	
		=		x .20 =		
		Within Ohio		То	tal Everywhere	
			00			00
51.	Payroll					00
			Ratio	Weight	Weighted Ratio	
		=		x .20 =		
		Within Ohio		То	tal Everywhere	
			00			00
52.	Sales					
			Ratio	Weight	Weighted Ratio	
		=		x .60 =		
					Weighted Ratio	
53.	Total weighted apportionment ratio (add lin	nes 50c, 51 and 52). Enter ratio	o here and on So	chedule I, line 6.		
	te: If the denominator of any factor is zero, combined number of factors used is 100%,					given to
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IT 4708 Rev. 11/14 **Composite Income Tax** Return for Certain Investors in a

2014 IT 4708

						Pass-T	hrough	Entit	: y	
SCHEDULE V – REFUNDA	BLE BUSINES	6S CREDIT	S							
Note: Certificates from the Ohio D	evelopment Service	es Agency and	d/or Schedule K-	1(s) must be att	tached to	verify eac	h refundable	credit c	laimed.	
54. Ohio historic preservation crea	dit				54.					00
55. Business jobs credit					55.					00
56. Pass-through entity credit					56.					00
57. Losses on loans made to Ohio	o venture capital pro	ogram			57.					00
58. Motion picture production crea	dit				58.					00
59. Total refundable business cred	dits (enter here and	l on Schedule	I, line 19)		59.					00
SCHEDULE VI – INVESTO	R INFORMATI	ON								
Provide investor information for <u>all</u> age. Use an additional sheet, if ne		esident) invest	ors in the pass-t	nrough entity. Lis	st investor	s by highe	st to lowest o	wnersh	ip perce	nt-
Social Security no.	FEIN		Perce	nt of ownership	Amour	nt of PTE t	ax credit			
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First name/entity		M.I.	Last name							
Address										
City			Sta	te ZIP code	e					
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Address										
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Social Security no.	FEIN		Perce	nt of ownership	Amour	nt of PTE t	ax credit			
									00	
First name/entity		M.I.	Last name							
Address										
City			Sta	ite ZIP code	е					

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Private investor information for all (resident and nonresident) investors in the pass-through entity. List investors in the pass-through entity. Social Security no. FEIN Percent of ownership Amount of part of the pass-through entity. Social Security no. FEIN Percent of ownership Amount of part of the pass-through entity. Social Security no. FEIN Percent of ownership Amount of part of the pass-through entity. Social Security no. FEIN Percent of ownership Amount of part of the pass-through entity. Social Security no. FEIN Percent of ownership Amount of part of the pass-through entity. Social Security no. FEIN Percent of ownership Amount of part of the pass-through entity. Social Security no. FEIN M.I. Last name City State ZIP code <th>FEIN</th> <th>ИШИ И Ш І 141</th> <th>160602</th> <th>20</th> <th></th> <th>Ret</th> <th>turn f</th> <th>ite Ind or Cei s in a</th> <th>rtain</th> <th></th>	FEIN	ИШИ И Ш І 141	160602	20		Ret	turn f	ite Ind or Cei s in a	rtain	
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			Pass-Through Entity
SCHEDULE VI – INVE	STOR INFORMAT	IONcont.	
Provide investor information age. Use an additional sheet		resident) investors in the pass-through en	tity. List investors by highest to lowest ownership percent-
Social Security no.	FEIN	Percent of owne	ership Amount of PTE tax credit
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