



# 2016 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



FEIN

**Schedule I – Taxable Income, Tax, Payments and Net Amount Due Calculations...cont.**

13. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
14. Ohio IT 4708ES and IT 4708P payments for the taxable year.....	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
15. Ohio IT 1140ES and IT 1140P payments transferred to this form and any payments made with previously filed return(s) for this taxable year.....	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
16. Ohio IT 4708ES and IT 4708P payments transferred to Ohio IT 1140 and overpayments, if any, previously claimed for this taxable year.....	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
17. Total net Ohio estimated tax payments for 2016 (sum of lines 14 and 15 minus line 16) .....	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
18. Amount of 2015 overpayment credited to 2016 (see 2015 Ohio IT 4708, line 22).....	18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
19. Total refundable business credits (from Schedule V, line 60).....	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
20. Total of lines 17, 18 and 19.....	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
21. Overpayment, if any (line 20 minus the sum of lines 12 and 13, but not less than -0-).....	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
22. Amount of line 21 to be credited to year 2017 tax liability (if this is an amended return, enter -0-) .....	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
..... <b>CREDIT TO 2017</b> ▶	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
23. Amount of line 21 to be refunded (line 21 minus line 22).....	23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
..... <b>YOUR REFUND</b> ▶	23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
24. Net amount due, if any (sum of lines 12 and 13 minus line 20, but not less than -0-) .....	24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
25. Interest and penalty due on late-paid tax and/or late-filed return, if any.....	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
26. Total amount due, if any (sum of lines 24 and 25). Make check payable to Ohio Treasurer of State, include Ohio IT 4708P and place FEIN on check .....	26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
..... <b>TOTAL AMOUNT DUE</b> ▶	26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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.**

**Sign Here (required):** I declare under penalties of perjury that this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and report.

\_\_\_\_\_  
 Pass-through entity officer or agent (print name)

\_\_\_\_\_  
 Title of officer or agent (print name)                      Phone number

\_\_\_\_\_  
 Signature of pass-through entity officer or agent      Date

\_\_\_\_\_  
 Preparer's name (print name)                                  Phone number

\_\_\_\_\_  
 Preparer's e-mail address    PTIN

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

Do not staple or otherwise attach.  
 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**

Instructions for this form are on  
 our Web site at [tax.ohio.gov](http://tax.ohio.gov).

**Do not write in this area; for department use only.**

**For Department Use Only**

Postmark date                      Code



# 2016 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



FEIN

**Schedule III – Deductions**

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

41. I.R.C. 179 expense not deducted in calculating line 27.....	41.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
42. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense added back in applicable previous years and miscellaneous federal income tax adjustments. <b>Include a separate schedule showing calculations designating 1/2, 1/5 or 1/6.</b> .....	42.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
43. Net federal interest and dividends exempt from state taxation.....	43.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
44. Other separately stated K-1 amounts that are allowable as deductions in arriving at federal adjusted gross income and amounts contributed to individual development accounts. (Include a detailed schedule of items.) ..	44.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
45. Exempt gains from the sale of Ohio state or local government bonds.....	45.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
46. Wage and salary expense not otherwise deducted because of a federal work opportunity tax credit.....	46.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
47. Interest or income earned on Ohio public obligations and Ohio purchase obligations if such interest or income is included on any of lines 27-35 .....	47.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
48. Net gain included in line 40 resulting from the sale, exchange or other disposition of Ohio public obligations (do not enter amounts shown on line 45) .....	48.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
49. Total deductions (add lines 41-48; enter here and on Schedule I, line 2) .....	49.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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.

	<b>Within Ohio</b>		<b>Total Everywhere</b>
50. Property	<input type="text"/>	<input type="text"/>	<input type="text"/>
a) Owned (average cost)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Within Ohio</b>		<b>Total Everywhere</b>
b) Rented (annual rental X 8)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Within Ohio</b>		<b>Total Everywhere</b>
c) Total (lines 50a and 50b)	<input type="text"/>	÷	<input type="text"/>
	<b>Ratio</b>		<b>Weight</b>
	= <input type="text"/>	X	= <input type="text"/>
	<b>Within Ohio</b>		<b>Total Everywhere</b>
51. Payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Ratio</b>		<b>Weight</b>
	= <input type="text"/>	X	= <input type="text"/>
	<b>Within Ohio</b>		<b>Total Everywhere</b>
52. Sales	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Ratio</b>		<b>Weight</b>
	= <input type="text"/>	X	= <input type="text"/>
			<b>Weighted Ratio</b>
			<input type="text"/>

53. Total weighted apportionment ratio (add lines 50c, 51 and 52). Enter ratio here and on Schedule I, 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; if only one factor, use 100%.

**Do not write in this area; for department use only.**

# 2016 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



FEIN

**Schedule V – Refundable Business Credits**

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

54. Ohio historic preservation credit.....	54.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
55. Business jobs credit.....	55.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
56. Pass-through entity credit.....	56.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
57. Losses on loans made to Ohio venture capital program.....	57.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
58. Motion picture production credit .....	58.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
59. Financial Institutions Tax (FIT) credit.....	59.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
60. Total refundable business credits (enter here and on Schedule I, line 19).....	60.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

**Schedule VI – 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.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 00
First name/entity	M.I.	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
City	State	ZIP code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 00
First name/entity	M.I.	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
City	State	ZIP code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Do not write in this area; for department use only.**

