

Do not staple or paper clip



# 2017 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



Use only black ink and UPPERCASE letters.

Check here if **amended** return  Check here if **final** return  
 Check here if the **federal extension** was granted

For taxable year ending in

MM/2017

FEIN

Entity Type:  S corporation  Partnership  
(check only one)  Limited liability company  Other

Name of pass-through entity

Address (if address change, check box)

City  State  ZIP code

Foreign State Code  Country Code  Foreign country (if the mailing address is outside the U.S.)  Foreign postal code

Total number of investors  Number of investors included on return  Ownership percentage of investors on return  Apportionment ratio, line 6  Ohio charter or license no. (if S corp)

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### Questionnaire

Yes No N/A

- A. If the pass-through entity is an S corporation, did the pass-through entity pay any compensation or remuneration to any nonresident investors or nonresident members of the investor's family? If yes, include a list of those individuals (include SSNs) who received such compensation or remuneration and the amount(s) .....  Yes  No  N/A
- B. If the pass-through entity is, or is treated as, a partnership for federal income tax purposes, did the pass-through entity make any guaranteed payments to any of its partners or equity investors? If yes, include a list of those partners or equity investors (include SSNs and FEINs) who received such guaranteed payments and the amount(s) .....  Yes  No  N/A

If the amount on a line is negative, place a "-" in the box provided.

### Schedule I – Taxable Income, Tax, Payments and Net Amount Due Calculations

1. Total income (loss) (from Schedule II, line 34).....	<input type="text"/>	<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
2. Total deductions (from Schedule III, line 39).....	<input type="text"/>	<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
3. Income (loss) to be allocated and apportioned (line 1 minus line 2).....	<input type="text"/>	<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
4. Net allocable nonbusiness income (loss) everywhere, if any, and gain (loss) described in Ohio Revised Code (R.C.) section 5747.212. (Include explanation and supporting schedules.).....	<input type="text"/>	<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
5. Apportionable income (loss) (line 3 minus line 4).....	<input type="text"/>	<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
6. Ohio apportionment ratio (from Schedule IV, line 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"/>	<input type="text"/>	
7. Income (loss) apportioned to Ohio (line 5 times line 6).....	<input type="text"/>	<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
8. Net nonbusiness income (loss) allocated to Ohio and gain (loss) apportioned to Ohio per R.C. section 5747.212. (Include explanation and supporting schedules.).....	<input type="text"/>	<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
9. Ohio taxable income (add lines 7 and 8, but not less than -0-).....	<input type="text"/>	<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

### For Department Use Only

Postmark date Code

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FEIN

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

10. Tax before credits (multiply the amount on line 9 by .04997).....	10.						00
11. Nonrefundable business credits (include Schedule E).....	11.						00
12. Tax due after nonrefundable business credits. Line 10 minus line 11. If less than -0-, enter -0- .....	12.						00
13. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	13.						00
14. Ohio IT 4708ES and UPC payments for the taxable year.....	14.						00
15. Ohio IT 1140ES and UPC payments transferred to this form and any payments made with previously filed return(s) for this taxable year .....	15.						00
16. Ohio IT 4708ES and UPC payments transferred to Ohio IT 1140 and overpayments, if any, previously claimed for this taxable year .....	16.						00
17. Total net Ohio estimated tax payments for 2017 (sum of lines 14 and 15 minus line 16).....	17.						00
18. Amount of 2016 overpayment credited to 2017 (see 2016 Ohio IT 4708, line 22) .....	18.						00
19. Total refundable business credits (from Schedule V, line 50).....	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
<b>YOUR REFUND ▶</b>	21.						00
22. Net amount due, if any (sum of lines 12 and 13 minus line 20, but not less than -0-).....	22.						00
23. Interest and penalty due on late-paid tax and/or late-filed return, if any .....	23.						00
24. Total amount due, if any (add lines 22 and 23). Make check payable to Ohio Treasurer of State, include Ohio UPC and place FEIN on check .....	24.						00
<b>AMOUNT DUE ▶</b>	24.						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 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.

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Pass-through entity officer or agent (print)

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Title of officer or agent (print) Phone number

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Signature of pass-through entity officer or agent Date (MM/DD/YY)

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Preparer's name (print) Phone number

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Preparer's e-mail address PTIN

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

Do not staple or paper clip.  
Place any supporting documents, including Ohio IT K-1(s), after the last page of this return.

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

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

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If the amount on a line is negative, place a “-” in the box provided.

**Schedule II – Income and Adjustments**

Items reflected on lines 25-39 are the combined amounts from the federal Schedule K-1(s) for the taxable year for only those investors who are participating in the filing of this return. **Include with this return a copy of the applicable federal 1120S or 1065 and K-1(s) of participating investors.**

25. Ordinary business income (loss).....	<input type="checkbox"/>	... 25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
26. 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.....	<input type="checkbox"/>	... 26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
27. 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.....		... 27.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
28. 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.....		... 28.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
29. Net income or (loss) from rental activities other than amount shown on line 25.....	<input type="checkbox"/>	... 29.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
30. Portfolio income (loss). See note below.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
a. Interest income.....		... 30a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
b. Dividends.....		... b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
c. Royalties.....		... c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
d. Net short-term capital gain (loss).....	<input type="checkbox"/>	... d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
e. Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. <b>Note:</b> If adding lines 30d and 30e 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.....	<input type="checkbox"/>	... e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
f. Other portfolio income (loss).....	<input type="checkbox"/>	... f.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
31. Net gain (loss) under Internal Revenue Code (I.R.C.) section 1231.....	<input type="checkbox"/>	... 31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
32. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense <input type="checkbox"/> 2/3, <input type="checkbox"/> 5/6 or <input type="checkbox"/> 6/6 (check applicable box) and miscellaneous federal income tax adjustments. Include a separate schedule showing calculations.....		... 32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
33. Other income (loss) (include explanation and supporting schedule).....	<input type="checkbox"/>	... 33.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
34. Total income (loss) (add lines 25 through 33; enter here and on Schedule I, line 1).....	<input type="checkbox"/>	... 34.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

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**Schedule III – Deductions**

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

35. I.R.C. section 179 expense not deducted in calculating line 25.....	35.	<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
36. 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> .....	36.	<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
37. Net federal interest and dividends exempt from state taxation.....	37.	<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
38. Exempt gains from the sale of Ohio state or local government bonds.....	38.	<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
39. Total deductions (add lines 35-38; enter here and on Schedule I, line 2) .....	39.	<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 R.C. section 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>
40. 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 40a and 40b)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Ratio</b>	÷	<b>Weight</b>
	= <input type="text"/>		= <input type="text"/>
	<b>Within Ohio</b>		<b>Total Everywhere</b>
41. Payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Ratio</b>	÷	<b>Weight</b>
	= <input type="text"/>		= <input type="text"/>
	<b>Within Ohio</b>		<b>Total Everywhere</b>
42. Sales	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Ratio</b>	÷	<b>Weight</b>
	= <input type="text"/>		= <input type="text"/>
	<b>Within Ohio</b>		<b>Total Everywhere</b>
			<b>Weighted Ratio</b>
43. Total weighted apportionment ratio (add lines 40c, 41 and 42). Enter ratio here and on Schedule I, line 6.....	43. <input type="text"/>		

**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%.

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**Schedule V – Refundable Business Credits**

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

44. Historic preservation credit (include a copy of the credit certificate) .....	44.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
45. Job creation credit and job retention credit (include a copy of the credit certificate) .....	45.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
46. Pass-through entity credit (include a copy of the Ohio IT K-1) .....	46.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
47. Venture capital credit (include a copy of the credit certificate) .....	47.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
48. Motion picture production credit (include a copy of the credit certificate) .....	48.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
49. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1) .....	49.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
50. Total refundable business credits (add lines 44-49; enter here and on Schedule I, line 19) .....	50.	<input type="text"/>	<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.

Check the box if the investor is included on the return.

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

Check the box if the investor is included on the return.

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

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