		Use whole doll	PPERCASE letters. ars only. lace a "-" in the box p	rovided.	Reporting F	Period Start Dat
Check here if <u>amended</u> return	Check	here if <u>final</u> return	Check here if extension filed		Reporting	Period End Dat
FEIN Name of pass-through entity	Entity Type: (check only one)	S corporat	ion bility company	Partnership Other	MM	DD YY
Address Check here if addre	ss changed					
City		5	State ZIP code			
Foreign State Code Country Code	Foreign countr	y (if the mailing add	ress is outside the U.S.)	Foreign po	stal code
Number of Total number of investors included o		vnership percentage investors on return	e Apportionment ratio, l	line 6 Ohio cl	narter or licens	se no. (if S corj
Questionnaire					Yes	No
A. S Corporations: Did the S corp pay c include a list of those individuals (ind						
B. Partnerships and LLCs: Did the Part of an investor's family? If YES, inclu	ide a list of those inc	lividuals (with FEINs	•			

	include a list of those individuals (including SSNs) and the amount of compensation paid	
Β.	Partnerships and LLCs: Did the Partnership or LLC make guaranteed payments to any nonresident investors or members	
	of an investor's family? If YES, include a list of those individuals (with FEINs and SSNs) and the amount of guaranteed	
	payment	

1. Total income (loss) (from line 36)	1.
2. Total deductions (from line 41)	2.
3. Income to be allocated and apportioned (line 1 minus line 2)	3.
4. Net allocable nonbusiness income	
5. Apportionable income (line 3 minus line 4)	
6. Ohio apportionment ratio (from line 45)	
7. Income apportioned to Ohio (line 5 times line 6)	7.
 Net nonbusiness income allocated to Ohio and gain (loss) apportioned to Ohio per R.C. section 5747.212. (Include explanation and supporting schedules.) 	8.
9. Ohio taxable income (add lines 7 and 8, if negative, enter zero)	

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Schedule I – Taxable Income, Tax, Pa	yments and Net Amount Due Calculationscont
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10. Tax liability before credits (see instructions for	or tax rate) 1	10.	
11. Nonrefundable business credits (include Sch	edule E)1	11.	
12. Tax liability after nonrefundable business credits	12.		
13. Interest penalty on underpayment of estimate	13		
 Ohio IT 1140, IT 4738 estimated (UPC/electro or IT 4738 overpayment claimed on this return 16. Ohio IT 4708 estimated (UPC/electronic) pay 	n (see instructions)1	15.	
17. Total net Ohio estimated tax payments for 20.	23 (sum of lines 14 and 15 minus line 16)1	17.	
18. Prior year IT 4708 overpayment credited to 2	023 (see 2022 Ohio IT 4708, line 22) 1	18	
19. Total refundable business credits (from line 5.	2) 1	19.	
 21. Overpayment (line 20 minus sum of lines 12 a <u>If line 21 is a positive amount, continue to</u> 22. Amount of line 21 to be CREDITED toward net to be the toward net to be the toward net towar	line 22, OTHERWISE, continue to line 24 2	21.	
23. Amount of line 21 to be REFUNDED (line 21	minus line 22)REFUND > 2	23.	
24. Net amount due (sum of lines 12 and 13 minus	line 20, if negative, enter zero)2	24	
26. Total amount due (add lines 24 and 25). Make	uctions)2 e check payable to Ohio Treasurer IN on check AMOUNT DUE ▶ 2		
If your refund is \$1.00 or les	ss, no refund will be issued. If you owe \$1.00 o	r less, no payment is necessary.	
Sign Here (required): I have read this return a the best of my knowledge and belief, the return a		Do not staple or paper clip. Place any supporting documents, including Ohio IT K-1s, <u>after the last page</u> of this return.	
Pass-through entity officer or agent (print)			
Title of officer or agent (print)	Phone number	Mail to: Ohio Dept. of Taxation	
Signature of pass-through entity officer or agent	Signature of pass-through entity officer or agent Date (MM/DD/YY)		
Preparer's name (print)	Phone number	Columbus, OH 43218-1140	
Preparer's e-mail address	PTIN P	Instructions for this form	
Check here to authorize your preparer to discuss	this return with the Department	are available at tax.ohio.gov	

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

Check here to authorize your preparer to discuss this return with the Department





FEIN				

Schedule II – Income and Adjustments

Amounts reflected in Schedule II and Schedule III are the combined amounts from the federal Schedule K-1s 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-1s of participating investors.

27. Ordinary business income (loss)	27.
 Related member adjustments for expenses or losses incurred by the taxpayer	
entity. Reciprocity agreements do not apply	
32a. Interest income	
32c. Royalties	
32e.Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. Note: If adding 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	.32e.
32f.Reserved	
33. Net gain (loss) under IRC §123134. IRC §168(k) bonus depreciation and §179 expense add-back.	
Complete Schedule VI 2/3, 5/6 or 6/6 (check applicable box) 35. Other income or deduction and federal conformity additions (include explanation and	
supporting schedule)	





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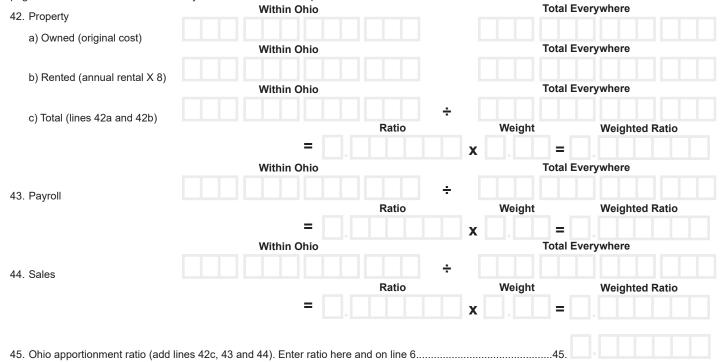
Schedule III – Deductions

List only those deductions that have not already been used to reduce any income items included on Schedule II.

37. IRC §179 expense not deducted in calculating line 27	37
 Deduction of prior year IRC §168(k) bonus depreciation and §179 expense add-backs (complete Schedule VI) 	38
39. Net federal interest/dividends exempt from state taxation & federal conformity adjustments	
40. Exempt gains from the sale of Ohio state or local government bonds	40.
41. Total deductions (add lines 37-40; enter here and on line 2)	41.

Schedule IV – Apportionment Worksheet

Use this schedule to calculate the apportionment ratio for a pass-through entity that is not a financial institution. Financial institutions should refer to page 14 of the instructions. **Note:** Carry all ratios to six decimal places.



Note: If the "Total Everywhere" 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 Department of Development and/or Ohio IT K-1s must be included to verify each refundable credit claimed.

46. Refundable Ohio historic preservation credit (include a copy of the credit certificate)46.						
47. Refundable job creation credit and job retention credit (include a copy of the credit certificate)47.						
48 Pass-through entity credit (include a copy of the Ohio IT K-1)48.						
49. Venture capital credit (include a copy of the credit certificate)49.						
50. Motion picture/Broadway theatrical production credit (include a copy of the credit certificate)50.						
51. Reserved						
52. Total refundable business credits (add lines 46-50; enter here and on line 19)52.						
Schedule VI – IRC § 168(k) Bonus Depreciation and § 179 Expense Add-back	Schedule					
Check the box if partial or full depreciation add-back has been waived.						
53. Current year IRC §168(k) bonus depreciation and §179 expense add-back	53. Current year IRC §168(k) bonus depreciation and §179 expense add-back					
Column (A) – Amount	Column (B)	– Ratio				
54a. Year Prior	2/3	5/6	6/6			
54b. 2 Years Prior	2/3	5/6	6/6			
54c. 3 Years Prior	2/3	5/6	6/6			
54d. 4 Years Prior	2/3	5/6	6/6			
54e. 5 Years Prior	2/3	5/6	6/6			

Schedule VII – Investor Information

First list the investors whose income is included on the return in order from highest to lowest ownership percentage. Then list all remaining investors from highest to lowest ownership percentage. Use additional sheets, if necessary.

Check here if the investor is included	on the return.		
SSN	FEIN	Percent of ownership	Share of PTE tax (tax credit)
First name / entity	M.I. Last nar	ne	
Address			
City		State ZIP code	

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Schedule VII – Investor Information...cont.

Check here if the investor	is included on the return.					
SSN	FEIN			Percent	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
Check here if the investor	is included on the return.					
SSN	FEIN			Percent	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
_						
Check here if the investor						
SSN	FEIN			Percent	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
Check here if the investor				_		
SSN	FEIN			Percent	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	

Ohio	Department of Taxation
\sim	Rev. 08/08/23

FEIN



Schedule VII – Investor Information...cont.

Check here if the investor						
SSN	FEIN			Percent of	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name	Э		
Address						
City				State	ZIP code	
Check here if the investor	is included on the return.					
SSN	FEIN			Percent c	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name	Э		
Address						
City				State	ZIP code	
City				State	ZIP code	
City				State	ZIP code	
City City Check here if the investor	is included on the return.			State	ZIP code	
	is included on the return. FEIN				ZIP code	Share of PTE tax (tax credit)
Check here if the investor						Share of PTE tax (tax credit)
Check here if the investor		M.I.	Last name	Percent c		Share of PTE tax (tax credit)
Check here if the investor		M.I.	Last name	Percent c		Share of PTE tax (tax credit)
Check here if the investor		M.I.	Last name	Percent c		Share of PTE tax (tax credit)
Check here if the investor SSN First name / entity		M.I.	Last name	Percent c		Share of PTE tax (tax credit)
Check here if the investor SSN First name / entity Address		M.I.	Last name	Percent c		Share of PTE tax (tax credit)
Check here if the investor SSN First name / entity		M.I.	Last name	Percent c	of ownership	Share of PTE tax (tax credit)
Check here if the investor SSN First name / entity Address		M.1.	Last name	Percent c	of ownership	Share of PTE tax (tax credit)
Check here if the investor SSN First name / entity Address City Check here if the investor	FEIN	M.I.	Last name	Percent c	of ownership ZIP code	
Check here if the investor SSN First name / entity Address City	FEIN	M.I.	Last name	Percent c	of ownership	Share of PTE tax (tax credit)
Check here if the investor SSN First name / entity Address City Check here if the investor	FEIN	M.I.	Last name	Percent c	of ownership ZIP code	
Check here if the investor SSN First name / entity Address City Check here if the investor	FEIN	M.I.	Last name	Percent c	of ownership ZIP code	
Check here if the investor SSN First name / entity Address City Check here if the investor SSN	FEIN			Percent c	of ownership ZIP code	
Check here if the investor SSN First name / entity Address City Check here if the investor SSN	FEIN			Percent c	of ownership ZIP code	
Check here if the investor SSN First name / entity Address City Check here if the investor SSN First name / entity	FEIN			Percent c	of ownership ZIP code	
Check here if the investor SSN First name / entity Address City Check here if the investor SSN First name / entity	FEIN			Percent c	of ownership ZIP code	



Ohio	Department of Taxation
\sim	Rev. 08/08/23

FEIN



Schedule VII – Investor Information...cont.

SSN	FEIN			Percent	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
Check here if the investor	is included on the return.					
SSN	FEIN			Percent o	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
Check here if the investor	is included on the return.					
SSN	FEIN			Percent o	of ownership	Share of PTE tax (tax credit)
First name / entity		M.I.	Last name			
Address						