

Do not use staples.



Department of Taxation



2014

IT 4708 Rev. 11/14 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. no. (FEIN)

Entity Type: S corporation, Partnership, Limited liability corporation, Other

For taxable year ending in MM/2014

Ohio charter or license no. (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 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

QUESTIONNAIRE

Table with 3 columns: Question, Yes, No, N/A. Contains questions A and B regarding compensation and guaranteed payments.

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 (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

Department use only fields including a code



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14160202

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FEIN []

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

If the amount below is negative, shade the negative sign ("-") in the box provided.

Table with 26 rows and 10 columns for numerical input. Rows include: 1. Total income, 2. Total deductions, 3. Income (loss) to be allocated, 4. Net allocable nonbusiness income, 5. Apportionable income, 6. Ohio apportionment ratio, 7. Income (loss) apportioned to Ohio, 8. Net nonbusiness income, 9. Ohio taxable income, 10. Tax before credits, 11. Nonrefundable business credits, 12. Tax due after credits, 13. Interest penalty, 14. Ohio forms IT 4708ES and IT 4708P payments, 15. Ohio forms IT 1140ES and IT 1140P payments, 16. Deduct Ohio forms IT 4708ES and IT 4708P payments, 17. Total net Ohio estimated tax payments, 18. Amount of 2013 overpayment, 19. Total refundable business credits, 20. Total of lines 17, 18 and 19, 21. Overpayment, 22. Amount of line 21 to be CREDITED, 23. Amount of line 21 to be REFUNDED, 24. Net amount due, 25. Interest and penalty due, 26. Total amount due.

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



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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, shade the negative sign ("-") in the box provided.

Table with 4 columns: Description, Sign indicator, Amount boxes, and Total. Rows include: 27. Ordinary business income (loss), 28. The investors' shares of expenses and losses..., 29. Guaranteed payments..., 30. Compensation..., 31. Net income or (loss) from rental activities..., 32. Portfolio income (loss), 33. Net gain (loss) under I.R.C. 1231, 34. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense, 35. Other income (loss), 36. Pass-through entity add-back, 37. Non-Ohio state or local government interest..., 38. State and local income taxes..., 39. Losses from the sale or other disposition..., 40. Total income.



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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.

Table with 49 rows of deduction items and corresponding input boxes for amounts.

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.

Form for Property apportionment with sub-sections for Owned, Rented, and Total, including Ratio, Weight, and Weighted Ratio calculations.

Form for Payroll apportionment with Ratio, Weight, and Weighted Ratio calculations.

Form for Sales apportionment with Ratio, Weight, and Weighted Ratio calculations.

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.



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SCHEDULE V - REFUNDABLE BUSINESS CREDITS

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

Table with 5 columns: Line number, Description, and Amount. Rows include Ohio historic preservation credit, Business jobs credit, Pass-through entity credit, Losses on loans made to Ohio venture capital program, Motion picture production credit, and Total refundable business credits.

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.

Form for investor information including fields for Social Security no., FEIN, Percent of ownership, Amount of PTE tax credit, First name/entity, M.I., Last name, Address, City, State, and ZIP code.

Form for investor information including fields for Social Security no., FEIN, Percent of ownership, Amount of PTE tax credit, First name/entity, M.I., Last name, Address, City, State, and ZIP code.

Form for investor information including fields for Social Security no., FEIN, Percent of ownership, Amount of PTE tax credit, First name/entity, M.I., Last name, Address, City, State, and ZIP code.



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SCHEDULE VI – 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.

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

First name/entity M.I. Last name

Address

City State ZIP code

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

First name/entity M.I. Last name

Address

City State ZIP code

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

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