



IT-4708

OHIO

1999

Annual Composite Income Tax Return For Investors in Pass-Through Entities

FOR DEPARTMENT USE ONLY

Federal Employer Identification Number, Ohio Charter or License Number, For taxable year beginning, Month 1 9 9 9 Year

Name of Pass-Through Entity, Number and Street Address, City, Town or Post Office State and ZIP Code, Ohio Corporate Tax ID No., Apportionment Ratio, NAICS Code

Schedule I - Taxable Income, Tax, Payments and Net Tax Calculation

Table with 21 rows for tax calculation: Total Income, Total Deductions, Income to be allocated, Net Allocable Income, Apportionable Income, Ohio Apportionment Ratio, Income Apportioned to Ohio, Net Income Allocated to Ohio, Ohio Taxable Income, Tax, Nonrefundable Business Credits, Tax due after nonrefundable credits, Interest penalty on underpayment of tax, 1999 IT-4708ES payments, Total net Ohio estimated tax payments, Amount of 1998 overpayment credited to 1999, Refundable Business Credits and Pass-Through Entity Credit, Total of lines 14c, 15 and 16, Net Tax Due, Overpayment, Amount of line 19 to be CREDITED to year 2000 tax liability, Amount of line 19 to be REFUNDED.

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Signature of Pass-Through Entity Officer or Agent, Date, Preparer's Signature, Preparer's Address (including ZIP code), Preparer's Telephone Number

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Schedule II – Income and Adjustments

Items reflected on lines 22 through 37 below are the combined amounts from the 1999 Federal K-1's for only those investors who are participating in the filing of this return. **Please attach a copy of all 1999 Schedule K-1's to this return even if the investor is not participating in the filing of this return.**

22. Ordinary income (loss) from trade or business activities.	22.	
23. Net Income or (loss) from rental activities other than shown on line 22, above	23.	
24. Portfolio Income (loss)		
a. Interest income	24a	
b. Dividends	24b	
c. Royalties	24c	
d. Net short-term capital gain(loss)	24d	
e. Net long-term capital gain (loss).	24e	
f. Other portfolio income (loss).	24f	
25. Net gain (loss) under 1231 (other than casualty or theft)	25.	
26. Other income (loss) (attach schedule)	26.	
27. Non-Ohio state or local government interest and dividends earned by the pass-through entity but not included above	27.	
28. Add losses from the sale or other disposition of Ohio public obligations which have been deducted in determining federal taxable income	28.	
29. Total income (add lines 22 through 28; enter here and on line 1, page 1)	29.	

Note: If the sum of lines 24(d) and 24(e) result in a net loss, the net allowable loss cannot exceed the product of \$3,000 times the number of participating investors included in this return.

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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 5725.01. For more information, please see the instructions. If the pass-through entity is a financial institution, use the apportionment and weighting schedules set forth in the 2000 Form FT-1120FI, Corporation Franchise Tax Report for Financial Institutions.

	(1) Within Ohio	(2) Total Everywhere	(3) Ratio (carry to 6 decimal places)	(4) Weight	(5) Weighted Ratio (carry to 6 decimal places)
38. Property (a) Owned (average cost)	_____	_____			
(b) Rented (annual rental X 8)	_____	_____			
(c) Total (line 1a and 1b)	_____	÷ _____	= _____	X .20	= . _____ 38(c).
39. Payroll.....	_____	÷ _____	= _____	X .20	= . _____ 39.
40. Sales	_____	÷ _____	= _____	X .60	= . _____ 40.
41. Total weighted apportionment ratio (add Column (5), lines 38(c), 39 and 40). Enter ratio here and on line 6 of Schedule I.					▪ _____ 41.

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	Yes	No
1. If the taxpayer is an S corporation, did the S corporation file the 2000 Ohio FT-1120S, "Notice of S Status"?.....	_____	_____
2. If the taxpayer is an S corporation, did the taxpayer pay any compensation or remuneration to any nonresident investors or nonresident members of the investors family? If yes, please attach a list of investors who received such compensation or remuneration.....	_____	_____
3. Has the taxpayer been audited by the Internal Revenue Service during the last three calendar years? If yes, please attach a copy of the IRS report	_____	_____
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