

Do not use staples.



Department of Taxation



15160106

2015

IT 4708 Rev. 8/15
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)

Input field for Federal employer I.D. no. (FEIN)

Entity Type: Check only one

S corporation

Limited liability company

Partnership

Other

For taxable year ending in

MM/2015

Ohio charter or license no. (if S corp)

Input field for Ohio charter or license no.

Use UPPERCASE letters.

Name of pass-through entity

Input field for Name of pass-through entity

Address (if address change, check box)

Input field for Address

City

State

ZIP code

Input field for City

Input field for State

Input field for ZIP code

E-mail address

Input field for E-mail address

Number of investors included in return

Input field for Number of investors

Apportionment ratio, line 6

Input field for Apportionment ratio

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

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, attach a list of those individuals (include Social Security numbers) who received such compensation or remuneration and the amount(s) .....

Yes No N/A checkboxes

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, attach a list of those partners or equity investors (include Social Security numbers and federal employer identification numbers) who received such guaranteed payments and the amount(s) .....

Yes No N/A checkboxes

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

Input fields for Department Use Only

Code input field



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FEIN [ ]

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

If the amount below is negative, type a negative sign (“-”) before the figure.

Table with 26 rows and 3 columns: Description, Amount, and Cents. Rows include Total income, Total deductions, Income (loss) to be allocated, Net allocable nonbusiness income, Apportionable income, Ohio apportionment ratio, Income (loss) apportioned to Ohio, Net nonbusiness income, Ohio taxable income, Tax before credits, Nonrefundable business credits, Tax due after nonrefundable business credits, Interest penalty, Ohio forms IT 4708ES and IT 4708P payments, Ohio forms IT 1140ES and IT 1140P payments, Deduct Ohio forms IT 4708ES and IT 4708P payments, Total net Ohio estimated tax payments, Amount of 2014 overpayment, Total refundable business credits, Total of lines 17, 18 and 19, Overpayment, Amount of line 21 to be CREDITED, Amount of line 21 to be REFUNDED, Net amount due, Interest and penalty due, 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, type a negative sign (“-”) before the figure.

Table with 2 columns: Description and Amount. Rows include: 27. Ordinary business income (loss); 28. The investors' shares of expenses and losses incurred in connection with all direct and indirect transactions; 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 and financial institutions taxes paid; 37. Non-Ohio state or local government interest and dividends; 38. State and local income taxes; 39. Losses from the sale or other disposition of Ohio public obligations; 40. Total income.



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Composite Income Tax Return for Certain Investors in a Pass-Through Entity

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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 4 columns: Line number, Description, Amount, and Total. Rows include I.R.C. 179 expense, depreciation adjustments, net federal interest, K-1 amounts, exempt gains, wage and salary expense, interest on Ohio obligations, net gain on Ohio obligations, and total deductions.

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.

Table for Property apportionment. Columns: Within Ohio, Total Everywhere, Ratio, Weight, Weighted Ratio. Rows: a) Owned (average cost), b) Rented (annual rental X 8), c) Total (lines 50a and 50b).

Ratio = [ ] x .20 = [ ]

Table for Payroll apportionment. Columns: Within Ohio, Total Everywhere, Ratio, Weight, Weighted Ratio.

Ratio = [ ] x .20 = [ ]

Table for Sales apportionment. Columns: Within Ohio, Total Everywhere, Ratio, Weight, Weighted Ratio.

Ratio = [ ] x .60 = [ ]

Table for Total weighted apportionment ratio. Columns: Weighted Ratio.

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 4 columns: Line number, Description, Amount, and Tax credit 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, Financial Institutions Tax (FIT) 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 [ ] [ ] [ ] [ ] [ ] 00

First name/entity M.I. Last name [ ] [ ] [ ]

Address [ ]

City State ZIP code [ ] [ ] [ ]

Social Security no. FEIN Percent of ownership Amount of PTE tax credit [ ] [ ] [ ] [ ] [ ] 00

First name/entity M.I. Last name [ ] [ ] [ ]

Address [ ]

City State ZIP code [ ] [ ] [ ]

Social Security no. FEIN Percent of ownership Amount of PTE tax credit [ ] [ ] [ ] [ ] [ ] 00

First name/entity M.I. Last name [ ] [ ] [ ]

Address [ ]

City State ZIP code [ ] [ ] [ ]

Social Security no. FEIN Percent of ownership Amount of PTE tax credit [ ] [ ] [ ] [ ] [ ] 00

First name/entity M.I. Last name [ ] [ ] [ ]

Address [ ]

City State ZIP code [ ] [ ] [ ]



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FEIN

**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
<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

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security no.	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

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security no.	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

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security no.	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

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>