



Department of
Taxation

Scan Specifications for the 2015 Ohio Form IT 4708

Important Note

The following document (**2015 Ohio form IT 4708**) contains grids for placement of information on this specific tax form. To accurately print, do not reduce the size, rotate or center this document. Doing so will jeopardize the integrity of the grid. When printing from Adobe Reader, please select "None" for "Page Scaling," which is under "Page Handling."

Ohio Department of Taxation
4485 Northland Ridge Blvd.
Columbus, OH 43229
tax.ohio.gov



Department of
Taxation

Grid layout with notations

Do not use staples.



Department of Taxation



15160110

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

Federal employer I.D. no. (FEIN)

88 8888888

Ohio charter or license no. (if S corp)

88888888

Entity Type: Check only one

Placement of the 1D bar code and tax year is critical. Make sure to follow the grid positions for layout. Do not forget to get your bar code(s) assignments for every form, version and page.

For taxable year ending in

88/2015

Use UPPERCASE letters.

Name of pass-through entity

JOHNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address (if address change, check box) X

8888 CHERRY LANEXXXXXXXXXXXXXXXXXXXXX

City

CITYXXXXXXXXXXXXXXXXXXXX

State

OH

ZIP code

88888

E-mail address

MYEMAILXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Number of investors included in return

888888

Apportionment ratio, line 6

8.888888

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

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.

QUESTIONNAIRE

Yes No N/A

- 1. 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)
2. 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)

SIGN HERE (required)

I declare under penalties of perjury that this report, including statements, has been examined by me and to the best of my knowledge and belief is true and correct and complete return and report.

Please follow grid layout for the information circled to the right.

For Department Use Only

Pass-through entity officer or agent (please print)

Title of officer or agent (please print)

Phone number

Code

Signature of pass-through entity officer or agent

Date

Target marks or registration marks must measure 6 mm X 6 mm. The three target marks or registration marks on every page must follow grid layout.

Phone number

Contact us regarding this return? X Yes X No



Department of Taxation



15160210

2015

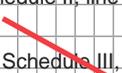
IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

FEIN 88 8888888

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

Table with 26 rows and 4 columns: Line number, Description, Line number, Amount. Includes items like Total income, Total deductions, Ohio apportionment ratio, and Total amount due.

For static text use Arial font (black ink) and try to match size. For data entry fields (shown in red for identification purposes only), also use Arial font (black ink). All the data entry fields must follow grid layout. When a field reflects a negative amount, make sure there is one space between the amount and the negative sign. Never hard code a negative sign.





2015

IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

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.**

| | | |
|--|------|-------------------------|
| 27. Ordinary business income (loss)..... | 27. | 8 888 888 888 00 |
| 28. 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. However, do not add expenses or losses incurred in connection with sales of inventory to the extent that the cost of the inventory and the loss incurred were calculated in accordance with Internal Revenue Code (I.R.C.) sections 263A and 482..... | 28. | 888 888 888 00 |
| 29. 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. Reciprocity agreements do not apply..... | 29. | 888 888 888 00 |
| 30. 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..... | 30. | 888 888 888 00 |
| 31. Net income or (loss) from rental activities other than amount shown on line 27..... | 31. | 8 888 888 888 00 |
| 32. Portfolio income (loss). See note below. | | |
| a. Interest income..... | 32a. | 8 888 888 888 00 |
| b. Dividends..... | 32b. | 8 888 888 888 00 |
| c. Royalties..... | 32c. | 8 888 888 888 00 |
| d. Net short-term capital gain (loss)..... | 32d. | 8 888 888 888 00 |
| e. Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. Note: If the sum of 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. | 8 888 888 888 00 |
| f. Other portfolio income (loss)..... | 32f. | 8 888 888 888 00 |
| 33. Net gain (loss) under I.R.C. 1231..... | 33. | 8 888 888 888 00 |
| 34. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense 2/3 5/6 or 6/6 (check applicable box) and miscellaneous federal income tax adjustments. Attach a separate schedule showing calculations..... | 34. | 8 888 888 888 00 |
| 35. Other income (loss). Attach schedule..... | 35. | 8 888 888 888 00 |
| 36. Pass-through entity and financial institutions taxes paid..... | 36. | 8 888 888 888 00 |
| 37. Non-Ohio state or local government interest and dividends earned by the pass-through entity, but not included above..... | 37. | 8 888 888 888 00 |
| 38. State and local income taxes deducted in arriving at income..... | 38. | 8 888 888 888 00 |
| 39. Losses from the sale or other disposition of Ohio public obligations if such losses have been deducted in determining federal taxable income..... | 39. | 8 888 888 888 00 |
| 40. Total income (add lines 27 through 39; enter here and on Schedule 1, line 1)..... | 40. | 8 888 888 888 00 |



Department of Taxation



15160410

2015

IT 4708 Rev. 8/15

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

FEIN 88 8888888

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 tax credit, interest on Ohio obligations, net gain on Ohio public 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 apportionment calculation with 4 columns: Description, Within Ohio, Total Everywhere, and Weighted Ratio. Rows include Property (Owned, Rented, Total), Payroll, Sales, and Total weighted apportionment ratio.

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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2015

IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

FEIN 88 8888888

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 Total. 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.

Social Security no. FEIN Percent of ownership Amount of PTE tax credit
888888888 888888888 8.8888 888 888 888 00

First name/entity M.I. Last name
JOHNXXXXXXXXXX Q PUBLI CXXXXXXXXXXXXXXXXX
Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX
City State ZIP code
CITYXXXXXXXXXXXXXXXXXX OH 88888

Social Security no. FEIN Percent of ownership Amount of PTE tax credit
888888888 888888888 8.8888 888 888 888 00

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

FEIN 88 8888888

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

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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.

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Taxation

Grid layout

Do not use staples.



Department of Taxation



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)

88 8888888

Entity Type:
Check only one

S corporation Partnership
Limited liability company Other

For taxable year ending in

88/2015

Ohio charter or license no. (if S corp)

88888888

Use UPPERCASE letters.

Name of pass-through entity

JOHNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address (if address change, check box)

8888 CHERRY LANEXXXXXXXXXXXXXXXXXXXXX

City

CITYXXXXXXXXXXXXXXXXXXXX

State

OH

ZIP code

88888

E-mail address

MYEMAILXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Number of investors included in return

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Apportionment ratio, line 6

8.888888

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

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.

QUESTIONNAIRE

Yes No N/A

- 1. 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?
2. 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?

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.

For Department Use Only

Pass-through entity officer or agent (please print)

Title of officer or agent (please print)

Phone number

Code

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



Department of Taxation



15160210

2015

IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

FEIN 88 8888888

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

Table with 26 rows and 3 columns: Line number, Description, and Amount. All amounts are 888 888 888 00 except for line 6 which is 8.888888.

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



Department of Taxation



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15160310

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.

Table with 4 columns: Line number, Description, Line number, and Amount. Rows include: 27. Ordinary business income (loss) 8 888 888 888 00; 28. The investors' shares of expenses and losses incurred in connection with all direct and indirect transactions... 888 888 888 00; 29. Guaranteed payments that the pass-through entity made to each investor... 888 888 888 00; 30. Compensation that the pass-through entity paid to each investor... 888 888 888 00; 31. Net income or (loss) from rental activities other than amount shown on line 27 8 888 888 888 00; 32. Portfolio income (loss). See note below. a. Interest income 8 888 888 888 00; b. Dividends 8 888 888 888 00; c. Royalties 8 888 888 888 00; d. Net short-term capital gain (loss) 8 888 888 888 00; e. Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. Note: If the sum of 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 8 888 888 888 00; f. Other portfolio income (loss) 8 888 888 888 00; 33. Net gain (loss) under I.R.C. 1231 8 888 888 888 00; 34. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense 2/3 5/6 or 6/6 (check applicable box) and miscellaneous federal income tax adjustments. Attach a separate schedule showing calculations 8 888 888 888 00; 35. Other income (loss). Attach schedule 8 888 888 888 00; 36. Pass-through entity and financial institutions taxes paid 8 888 888 888 00; 37. Non-Ohio state or local government interest and dividends earned by the pass-through entity, but not included above 8 888 888 888 00; 38. State and local income taxes deducted in arriving at income 8 888 888 888 00; 39. Losses from the sale or other disposition of Ohio public obligations if such losses have been deducted in determining federal taxable income 8 888 888 888 00; 40. Total income (add lines 27 through 39; enter here and on Schedule 1, line 1) 8 888 888 888 00



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

FEIN 88 8888888

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 tax credit, interest on Ohio obligations, net gain on public 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 apportionment calculation. It details property (owned and rented), payroll, and sales, calculating within Ohio and total everywhere amounts, ratios, weights, and weighted ratios. Total weighted apportionment ratio is 8.888888.

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.



Department of Taxation



15160510

2015

IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

FEIN 88 8888888

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 Total. 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.

Investor 1: Social Security no. 888888888, FEIN 888888888, Percent of ownership 8.8888, Amount of PTE tax credit 888 888 888 00

Investor 1 details: First name/entity JOHNXXXXXXXXXX, M.I. Q, Last name PUBLI CXXXXXXXXXXXXXXXXX, Address 8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX, City CITYXXXXXXXXXXXXXXXXXX, State OH, ZIP code 88888

Investor 2: Social Security no. 888888888, FEIN 888888888, Percent of ownership 8.8888, Amount of PTE tax credit 888 888 888 00

Investor 2 details: First name/entity JOHNXXXXXXXXXX, M.I. Q, Last name PUBLI CXXXXXXXXXXXXXXXXX, Address 8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX, City CITYXXXXXXXXXXXXXXXXXX, State OH, ZIP code 88888

Investor 3: Social Security no. 888888888, FEIN 888888888, Percent of ownership 8.8888, Amount of PTE tax credit 888 888 888 00

Investor 3 details: First name/entity JOHNXXXXXXXXXX, M.I. Q, Last name PUBLI CXXXXXXXXXXXXXXXXX, Address 8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX, City CITYXXXXXXXXXXXXXXXXXX, State OH, ZIP code 88888



Department of Taxation



2015

IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

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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.

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

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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 percent- age. Use an additional sheet, if necessary.

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Address
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CITYXXXXXXXXXXXXXXXXXX OH 88888



Department of
Taxation

Layout without grid

Do not use staples.



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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)

88 8888888

Ohio charter or license no. (if S corp)

88888888

Entity Type:
Check only one

- S corporation
Partnership
Limited liability company
Other

For taxable year ending in

88/2015

Use UPPERCASE letters.

Name of pass-through entity

JOHNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address (if address change, check box)

8888 CHERRY LANEXXXXXXXXXXXXXXXXXXXXX

City

CITYXXXXXXXXXXXXXXXXXXXX

State

OH

ZIP code

88888

E-mail address

MYEMAI LXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Number of investors included in return

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Apportionment ratio, line 6

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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

- 1. 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)
2. 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)

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.

For Department Use Only

Pass-through entity officer or agent (please print)

Title of officer or agent (please print)

Phone number

Code

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



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

| | | |
|---|-----|------------------|
| 1. Total income (from Schedule II, line 40)..... | 1. | 8 888 888 888 00 |
| 2. Total deductions (from Schedule III, line 49)..... | 2 | 8 888 888 888 00 |
| 3. Income (loss) to be allocated and apportioned (line 1 minus line 2)..... | 3 | 8 888 888 888 00 |
| 4. Net allocable nonbusiness income (loss) everywhere, if any (all income and gains, other than Ohio Revised Code section [R.C.] 5747.212 gains, are presumed to be business income), and gain (loss) described in R.C. 5747.212. (Attach explanation and supporting schedules.)..... | 4 | 888 888 888 00 |
| 5. Apportionable income (loss) (line 3 minus line 4)..... | 5 | 888 888 888 00 |
| 6. Ohio apportionment ratio (from Schedule IV, line 53)..... | 6 | 8.8888888 |
| 7. Income (loss) apportioned to Ohio (line 5 times line 6)..... | 7. | 888 888 888 00 |
| 8. Net nonbusiness income (loss) allocated to Ohio and gain (loss) apportioned to Ohio per R.C. 5747.212. (Attach explanation and supporting schedules.)..... | 8 | 888 888 888 00 |
| 9. Ohio taxable income (sum of lines 7 and 8, but not less than -0-)..... | 9 | 888 888 888 00 |
| 10. Tax before credits (multiply the amount on line 9 by .04997)..... | 10. | 888 888 888 00 |
| 11. Nonrefundable business credits (attach Schedule E)..... | 11. | 888 888 888 00 |
| 12. Tax due after nonrefundable business credits. Line 10 minus line 11. If less than -0-, enter -0-..... | 12. | 888 888 888 00 |
| 13. Interest penalty on underpayment of estimated tax (attach Ohio form IT/SD 2210)..... | 13. | 888 888 888 00 |
| 14. Ohio forms IT 4708ES and IT 4708P payments for the taxable year..... | 14. | 888 888 888 00 |
| 15. Ohio forms IT 1140ES and IT 1140P payments transferred to this form and any payments made with previously filed return(s) for this taxable year..... | 15. | 888 888 888 00 |
| 16. Deduct Ohio forms IT 4708ES and IT 4708P payments transferred to Ohio form IT 1140 and deduct overpayments, if any, previously claimed for this taxable year..... | 16. | 888 888 888 00 |
| 17. Total net Ohio estimated tax payments for 2015 (sum of lines 14 and 15 minus line 16)..... | 17. | 888 888 888 00 |
| 18. Amount of 2014 overpayment credited to 2015 (see 2014 Ohio form IT 4708, line 22)..... | 18. | 888 888 888 00 |
| 19. Total refundable business credits (see Schedule V, line 60)..... | 19. | 888 888 888 00 |
| 20. Total of lines 17, 18 and 19..... | 20. | 888 888 888 00 |
| 21. Overpayment, if any (line 20 minus the sum of lines 12 and 13, but not less than -0-)..... | 21. | 888 888 888 00 |
| 22. Amount of line 21 to be CREDITED to year 2016 tax liability (if this is an amended return, enter -0-)..... | 22. | 888 888 888 00 |
| 23. Amount of line 21 to be REFUNDED (line 21 minus line 22)..... | 23. | 888 888 888 00 |
| 24. Net amount due, if any (sum of lines 12 and 13 minus line 20, but not less than -0-)..... | 24. | 888 888 888 00 |
| 25. Interest and penalty due on late-paid tax and/or late-filed return, if any..... | 25. | 888 888 888 00 |
| 26. Total amount due, if any (sum of lines 24 and 25). Make check payable to Ohio Treasurer of State, include Ohio form IT 4708P and place FEIN on check..... TOTAL AMOUNT DUE ▶ 26. | 26. | 888 888 888 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.



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.**

| | | |
|--|------|------------------|
| 27. Ordinary business income (loss)..... | 27. | 8 888 888 888 00 |
| 28. 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. However, do not add expenses or losses incurred in connection with sales of inventory to the extent that the cost of the inventory and the loss incurred were calculated in accordance with Internal Revenue Code (I.R.C.) sections 263A and 482..... | 28. | 888 888 888 00 |
| 29. 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. Reciprocity agreements do not apply | 29. | 888 888 888 00 |
| 30. 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 | 30. | 888 888 888 00 |
| 31. Net income or (loss) from rental activities other than amount shown on line 27..... | 31. | 8 888 888 888 00 |
| 32. Portfolio income (loss). See note below. | | |
| a. Interest income | 32a. | 8 888 888 888 00 |
| b. Dividends | 32b. | 8 888 888 888 00 |
| c. Royalties | 32c. | 8 888 888 888 00 |
| d. Net short-term capital gain (loss)..... | 32d. | 8 888 888 888 00 |
| e. Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. Note: If the sum of 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. | 8 888 888 888 00 |
| f. Other portfolio income (loss)..... | 32f. | 8 888 888 888 00 |
| 33. Net gain (loss) under I.R.C. 1231 | 33. | 8 888 888 888 00 |
| 34. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense 2/3 5/6 or 6/6 (check applicable box) and miscellaneous federal income tax adjustments. Attach a separate schedule showing calculations..... | 34. | 8 888 888 888 00 |
| 35. Other income (loss). Attach schedule | 35. | 8 888 888 888 00 |
| 36. Pass-through entity and financial institutions taxes paid | 36. | 8 888 888 888 00 |
| 37. Non-Ohio state or local government interest and dividends earned by the pass-through entity, but not included above..... | 37. | 8 888 888 888 00 |
| 38. State and local income taxes deducted in arriving at income | 38. | 8 888 888 888 00 |
| 39. Losses from the sale or other disposition of Ohio public obligations if such losses have been deducted in determining federal taxable income | 39. | 8 888 888 888 00 |
| 40. Total income (add lines 27 through 39; enter here and on Schedule 1, line 1)..... | 40. | 8 888 888 888 00 |



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.

| | | |
|---|-----|-----------------------|
| 54. Ohio historic preservation credit | 54. | 888 888 888 00 |
| 55. Business jobs credit | 55. | 888 888 888 00 |
| 56. Pass-through entity credit..... | 56. | 888 888 888 00 |
| 57. Losses on loans made to Ohio venture capital program..... | 57. | 888 888 888 00 |
| 58. Motion picture production credit..... | 58. | 888 888 888 00 |
| 59. Financial Institutions Tax (FIT) credit..... | 59. | 888 888 888 00 |
| 60. Total refundable business credits (enter here and on Schedule I, line 19) | 60. | 888 888 888 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.

| | | | |
|---------------------|------------------|----------------------|--------------------------|
| Social Security no. | FEIN | Percent of ownership | Amount of PTE tax credit |
| 888888888 | 888888888 | 8.8888 | 888 888 888 00 |

| | | |
|--|-----------|----------------------------|
| First name/entity | M.I. | Last name |
| JOHNXXXXXXXXXX | Q | PUBLI CXXXXXXXXXXXX |
| Address | | |
| 8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX | | |
| City | State | ZIP code |
| CITYXXXXXXXXXXXX | OH | 88888 |

| | | | |
|---------------------|------------------|----------------------|--------------------------|
| Social Security no. | FEIN | Percent of ownership | Amount of PTE tax credit |
| 888888888 | 888888888 | 8.8888 | 888 888 888 00 |

| | | |
|--|-----------|----------------------------|
| First name/entity | M.I. | Last name |
| JOHNXXXXXXXXXX | Q | PUBLI CXXXXXXXXXXXX |
| Address | | |
| 8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX | | |
| City | State | ZIP code |
| CITYXXXXXXXXXXXX | OH | 88888 |

| | | | |
|---------------------|------------------|----------------------|--------------------------|
| Social Security no. | FEIN | Percent of ownership | Amount of PTE tax credit |
| 888888888 | 888888888 | 8.8888 | 888 888 888 00 |

| | | |
|--|-----------|----------------------------|
| First name/entity | M.I. | Last name |
| JOHNXXXXXXXXXX | Q | PUBLI CXXXXXXXXXXXX |
| Address | | |
| 8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX | | |
| City | State | ZIP code |
| CITYXXXXXXXXXXXX | OH | 88888 |



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 |
|---------------------|-----------|----------------------|--------------------------|
| 888888888 | 888888888 | 8.8888 | 888 888 888 00 |

| First name/entity | M.I. | Last name |
|-------------------|------|-------------------|
| JOHNXXXXXXXXXX | Q | PUBLI CXXXXXXXXXX |

Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX

| City | State | ZIP code |
|----------------|-------|----------|
| CITYXXXXXXXXXX | OH | 88888 |

| Social Security no. | FEIN | Percent of ownership | Amount of PTE tax credit |
|---------------------|-----------|----------------------|--------------------------|
| 888888888 | 888888888 | 8.8888 | 888 888 888 00 |

| First name/entity | M.I. | Last name |
|-------------------|------|-------------------|
| JOHNXXXXXXXXXX | Q | PUBLI CXXXXXXXXXX |

Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX

| City | State | ZIP code |
|----------------|-------|----------|
| CITYXXXXXXXXXX | OH | 88888 |

| Social Security no. | FEIN | Percent of ownership | Amount of PTE tax credit |
|---------------------|-----------|----------------------|--------------------------|
| 888888888 | 888888888 | 8.8888 | 888 888 888 00 |

| First name/entity | M.I. | Last name |
|-------------------|------|-------------------|
| JOHNXXXXXXXXXX | Q | PUBLI CXXXXXXXXXX |

Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX

| City | State | ZIP code |
|----------------|-------|----------|
| CITYXXXXXXXXXX | OH | 88888 |

| Social Security no. | FEIN | Percent of ownership | Amount of PTE tax credit |
|---------------------|-----------|----------------------|--------------------------|
| 888888888 | 888888888 | 8.8888 | 888 888 888 00 |

| First name/entity | M.I. | Last name |
|-------------------|------|-------------------|
| JOHNXXXXXXXXXX | Q | PUBLI CXXXXXXXXXX |

Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXX

| City | State | ZIP code |
|----------------|-------|----------|
| CITYXXXXXXXXXX | OH | 88888 |



Department of Taxation

FEIN 88 8888888



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2015

IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

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
888888888 888888888 8.8888 888 888 888 00

First name/entity M.I. Last name
JOHNXXXXXXXXXX Q PUBLI CXXXXXXXXXXXXXXXXXX

Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXXXXX
City State ZIP code
CITYXXXXXXXXXXXXXXXXXX OH 88888

Social Security no. FEIN Percent of ownership Amount of PTE tax credit
888888888 888888888 8.8888 888 888 888 00

First name/entity M.I. Last name
JOHNXXXXXXXXXX Q PUBLI CXXXXXXXXXXXXXXXXXX

Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXXXXX
City State ZIP code
CITYXXXXXXXXXXXXXXXXXX OH 88888

Social Security no. FEIN Percent of ownership Amount of PTE tax credit
888888888 888888888 8.8888 888 888 888 00

First name/entity M.I. Last name
JOHNXXXXXXXXXX Q PUBLI CXXXXXXXXXXXXXXXXXX

Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXXXXX
City State ZIP code
CITYXXXXXXXXXXXXXXXXXX OH 88888

Social Security no. FEIN Percent of ownership Amount of PTE tax credit
888888888 888888888 8.8888 888 888 888 00

First name/entity M.I. Last name
JOHNXXXXXXXXXX Q PUBLI CXXXXXXXXXXXXXXXXXX

Address
8888 CHERRY LANEXXXXXXXXXXXXXXXXXXXXXX
City State ZIP code
CITYXXXXXXXXXXXXXXXXXX OH 88888



Department of
Taxation

**Blank
document**

Do not use staples.



Department of Taxation



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)

Entity Type:
Check only one

S corporation
Limited liability company

Partnership
Other

For taxable year ending in

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

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

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.

QUESTIONNAIRE

Yes No N/A

- 1. 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?
2. 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?

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.

For Department Use Only

Pass-through entity officer or agent (please print)

Title of officer or agent (please print) Phone number

Code

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



Department of Taxation



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

FEIN

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

- 1. Total income (from Schedule II, line 40)..... 1.
2. Total deductions (from Schedule III, line 49)..... 2
3. Income (loss) to be allocated and apportioned (line 1 minus line 2)..... 3
4. Net allocable nonbusiness income (loss) everywhere, if any (all income and gains, other than Ohio Revised Code section [R.C.] 5747.212 gains, are presumed to be business income), and gain (loss) described in R.C. 5747.212. (Attach explanation and supporting schedules.) 4
5. Apportionable income (loss) (line 3 minus line 4) 5
6. Ohio apportionment ratio (from Schedule IV, line 53) 6
7. Income (loss) apportioned to Ohio (line 5 times line 6)..... 7
8. Net nonbusiness income (loss) allocated to Ohio and gain (loss) apportioned to Ohio per R.C. 5747.212. (Attach explanation and supporting schedules.) 8
9. Ohio taxable income (sum of lines 7 and 8, but not less than -0-)..... 9
10. Tax before credits (multiply the amount on line 9 by .04997)..... 10.
11. Nonrefundable business credits (attach Schedule E) 11.
12. Tax due after nonrefundable business credits. Line 10 minus line 11. If less than -0-, enter -0- 12.
13. Interest penalty on underpayment of estimated tax (attach Ohio form IT/SD 2210) 13.
14. Ohio forms IT 4708ES and IT 4708P payments for the taxable year..... 14.
15. Ohio forms IT 1140ES and IT 1140P payments transferred to this form and any payments made with previously filed return(s) for this taxable year 15.
16. Deduct Ohio forms IT 4708ES and IT 4708P payments transferred to Ohio form IT 1140 and deduct overpayments, if any, previously claimed for this taxable year 16.
17. Total net Ohio estimated tax payments for 2015 (sum of lines 14 and 15 minus line 16)..... 17.
18. Amount of 2014 overpayment credited to 2015 (see 2014 Ohio form IT 4708, line 22) 18.
19. Total refundable business credits (see Schedule V, line 60)..... 19.
20. Total of lines 17, 18 and 19 20.
21. Overpayment, if any (line 20 minus the sum of lines 12 and 13, but not less than -0-) 21.
22. Amount of line 21 to be CREDITED to year 2016 tax liability (if this is an amended return, enter -0-)22.
23. Amount of line 21 to be REFUNDED (line 21 minus line 22)..... 23.
24. Net amount due, if any (sum of lines 12 and 13 minus line 20, but not less than -0-) 24.
25. Interest and penalty due on late-paid tax and/or late-filed return, if any 25.
26. Total amount due, if any (sum of lines 24 and 25). Make check payable to Ohio Treasurer of State, include Ohio form IT 4708P and place FEIN on check..... TOTAL AMOUNT DUE ▶ 26.

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



Department of Taxation



2015

IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

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.

- 27. Ordinary business income (loss)..... 27.
28. 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. However, do not add expenses or losses incurred in connection with sales of inventory to the extent that the cost of the inventory and the loss incurred were calculated in accordance with Internal Revenue Code (I.R.C.) sections 263A and 482..... 28.
29. 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. Reciprocity agreements do not apply 29.
30. 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 30.
31. Net income or (loss) from rental activities other than amount shown on line 27 31.
32. Portfolio income (loss). See note below.
a. Interest income 32a.
b. Dividends 32b.
c. Royalties 32c.
d. Net short-term capital gain (loss) 32d.
e. Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. Note: If the sum of 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.
f. Other portfolio income (loss) 32f.
33. Net gain (loss) under I.R.C. 1231 33.
34. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense 2/3 5/6 or 6/6 (check applicable box) and miscellaneous federal income tax adjustments. Attach a separate schedule showing calculations..... 34.
35. Other income (loss). Attach schedule 35.
36. Pass-through entity and financial institutions taxes paid 36.
37. Non-Ohio state or local government interest and dividends earned by the pass-through entity, but not included above..... 37.
38. State and local income taxes deducted in arriving at income 38.
39. Losses from the sale or other disposition of Ohio public obligations if such losses have been deducted in determining federal taxable income 39.
40. Total income (add lines 27 through 39; enter here and on Schedule 1, line 1)..... 40.



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IT 4708 Rev. 8/15
Composite Income Tax Return for Certain Investors in a Pass-Through Entity

FEIN

SCHEDULE III - DEDUCTIONS

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

- 41. I.R.C. 179 expense not deducted in calculating line 27
42. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense added back in applicable previous years and miscellaneous federal income tax adjustments. Attach a separate schedule showing calculations designating 1/2, 1/5 or 1/6
43. Net federal interest and dividends exempt from state taxation
44. Other separately stated K-1 amounts that are allowable as deductions in arriving at federal adjusted gross income and amounts contributed to individual development accounts (attach detailed schedule of items)
45. Exempt gains from the sale of Ohio state or local government bonds
46. Wage and salary expense not otherwise deducted because of a federal work opportunity tax credit
47. Interest or income earned on Ohio public obligations and Ohio purchase obligations if such interest or income is included on any of lines 27-35
48. Net gain included in line 40 resulting from the sale, exchange or other disposition of Ohio public obligations (do not enter amounts shown on line 45)
49. Total deductions (add lines 41-48; enter here and on Schedule I, line 2)

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 with 4 columns: Description, Within Ohio, Total Everywhere, and Weighted Ratio. Rows include Property (Owned, Rented, Total), Payroll, Sales, and Total weighted apportionment ratio.

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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FEIN

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.

- 54. Ohio historic preservation credit 54.
55. Business jobs credit 55.
56. Pass-through entity credit..... 56.
57. Losses on loans made to Ohio venture capital program..... 57.
58. Motion picture production credit 58.
59. Financial Institutions Tax (FIT) credit..... 59.
60. Total refundable business credits (enter here and on Schedule I, line 19) 60.

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.

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

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

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

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



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

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

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

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



Department of
Taxation

**General information
regarding this form**

General Information (2015 IT 4708):

1) Dimensions:

Target or Registration Marks - 6 mm X 6 mm. Follow grid layout for positioning.

1D barcode (2 of 5 interleaved) - .375"H x 1.5"W. Follow grid layout for positioning. The number for the barcode should be placed under the barcode and centered.

2) 1D barcode - The last two numbers of the 1D barcode represent the vendor/version number for this form. Please use the same last two numbers as you did for last year's return. If you have a question about your barcode assignment, please e-mail the Forms Unit at Forms@tax.state.oh.us. The first six numbers are constant for this form (151601XX - 151607XX).

15 = tax year

16 = IT 4708

01-07 = page number

XX = vendor/version number (assigned to you by the Ohio Dept. of Taxation, Forms Printing).

NOTE: The last two digits of your 1D barcode (vendor/version number), you also will use as the first two digits of the Social Security numbers in your test scenarios.

3) Use Arial font for text that is a static portion of the form.

4) Use Arial font for the data entry portion of the form. This would be taxpayer's information and data.

5) Make sure you follow the grid layout for the data entry portions (shown in red). Also make sure that the tax year, target or registration marks, "For Department Use Only" area and the 1D barcodes follow grid layout.

6) Unless specified, do not use commas, hyphens or decimals in the data entry fields. Use a space where a comma, hyphen or decimal would appear.

7) All monetary fields must always show "00" in the cents field even though there may not be a value for that line.

8) When a data entry field reflects a negative amount, make sure there is one space between the negative sign and the amount (for example: - 888 888 888 00). The possible negative fields for the IT 4708 are Schedule I, lines 1, 3, 4, 5, 7 and 8; and Schedule II, lines 27, 28, 31, 32d, 32e, 32f, 33, 35 and 40. Do not hard code negative signs.

9) When a taxpayer is printing the Ohio form IT 4708, make sure that you explain to them that if they are printing two sides, print pages 1 and 2 together and pages 3 and 4 together. For instance, we have seen some returns filed with pages 2 and 3 together or a worksheet as the backside of a certain page of the form. This will slow down the processing of this tax return.

10) Make sure that you explain to your customers within your product: **"Please do not enclose other documentation unless it is specified on the tax return or instructions."** For example, taxpayers are sending in worksheets from your software packages. This only slows the processing of their tax return.

11) For review and approval of your return, please submit one sample with every field filled in with the maximum amount of characters per field, one blank sample and all test scenarios.

NOTE: Forms will be tested, reviewed and approved on a first-come, first-served basis.