

NOTE: A copy of the appropriate Federal Schedule is *encouraged* for Schedules C and E, and is *required* for Schedules D, F and Z.

**SCHEDULE C Profit (Loss) from Business or Profession**

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_

- 1. Total Receipts, less Allowances, Rebates and Returns ..... \$ \_\_\_\_\_
- 2. Less (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable (indicate labor charges included) .....
- 3. Gross Profits from Sales, etc., (line 1 less line 2) .....
- 4. Dividends \$ \_\_\_\_\_; Interest \$ \_\_\_\_\_; Royalties \$ \_\_\_\_\_
- 5. Rents Received, if Connected with Trade or Business .....
- 6. Other Business Income (specify) ..... \$ \_\_\_\_\_
- 7. Total Business Income Before Deductions ..... \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- 8. Compensation of Officers ..... \$ \_\_\_\_\_
- 9. Salaries and Wages Not Deducted Elsewhere .....
- 10. Rents\* .....
- 11. Interest or Business Indebtedness .....
- 12. City Income Taxes on Business .....
- 13. Other Business Taxes .....
- 14. Bad Debts .....
- 15. Depreciation, Amortization, Depletion .....
- 16. Repairs .....
- 17. Commissions (Attach 1099) .....
- 18. Subcontracts (Attach List) .....
- 19. Other ..... \$ \_\_\_\_\_
- 20. ....
- 21. ....
- 22. ....
- 23. ....
- 24. ....
- 25. ....
- 26. ....
- 27. ....
- 28. ....
- 29. ....
- 30. ....
- 31. Total Business Deduction (total of lines 8 to 30) ..... \$ \_\_\_\_\_
- 32. Net Profit (Loss) ..... \$ \_\_\_\_\_

\*Landlord's Name and Address \_\_\_\_\_

**SCHEDULE D Total from Federal Schedule D, Form 4797 (attach copy)**  
Individuals, Line 9 (B)(2); All Others Line 9 if not included in Schedule C

**SCHEDULE E Rental and Other Income**

Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Totals</b> .....	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Other Income—Partnerships, Commissions, Fees, Tips, etc. (do not include interest or dividends)

Received From	For (describe)	
_____	_____	\$ _____
_____	_____	\$ _____

**SCHEDULE F Farm Income Attach Copy of Federal Schedule F or 4835**

Location of Farm \_\_\_\_\_ Total Income (or loss) Schedule F \$ \_\_\_\_\_

**TOTALS Schedules C, D, E and F (Enter on Page 1, Line 2)** \$ \_\_\_\_\_

**SCHEDULE Y Business Allocation Formula**

	a. Located Everywhere	b. Located in This Municipality	c. Percentage (b ÷ a)
STEP 1. Average value of Real and Tangible Personal Property	_____	_____	
Gross Annual Rentals Paid Multiplied by 8	_____	_____	
Total Step 1	_____	_____	_____ %
STEP 2. Gross Receipts from Sales Made and/or Work or Services Performed (see instructions)	_____	_____	_____ %
STEP 3. Wages, Salaries and Other Compensation Paid	_____	_____	_____ %
4. Total Percentages	_____	_____	_____ %
5. Average Percentage (divide total percentages by number of percentages used)	_____	_____	_____ %

Carry to Line 5b, Page 1 \_\_\_\_\_ %

**SCHEDULE Z Partnership Entity—Taxable Income** Federal Form 1065 including Schedules must be provided \$ \_\_\_\_\_