



Pass-Through Entity and Trust Withholding Tax Return

For Department Use Only

Federal Employer Identification Number, Check box if amended return, Month, Year 2004

Name, Address, City, state and ZIP code, Schedule C - Apportionment ratio, Schedule B - Line 1, total of columns A and B, Total assets, Entity Type - Check Only One

1. File this form with the Ohio Department of Taxation by the 15th day of the fourth month following the last day of the entity's taxable year. Please see general instructions for the automatic extensions of time to file this return. The due date for payment of tax cannot be extended.
2. Attach (i) Ohio Schedules B and C or Schedule D and (ii) the K-1 information as indicated on page 4 of the instructions.
3. Please round all numbers to the nearest dollar.
4. Instructions for this form are on our Web site at www.tax.ohio.gov

Schedule A - Tax Reconciliation Tax and Payments
Important: See note on page 5 of instructions
1. Tax for each column (from Schedule B, line 11, columns A and B or from Schedule D, line 5)
2. IT 1140ES and IT 1140EXT payments that the entity or trust made
a. Payments transferred from IT 4708ES and IT 4708EXT (attach schedule - if required, see instructions)
b. Payments transferred to IT 4708
c. Net payments (line 2 plus line 2a minus line 2b)
3. For each column, subtract line 2c from line 1 (show negative amounts in parentheses)

Table with 2 columns: Column (I) Withholding Tax, Column (II) Entity Tax. Rows for tax amounts and net payments.

Amount You Owe or Refund
Combine line 3, columns (I) and (II), above. If the net amount is a balance due or zero, enter on line 4, Amount You Owe. If the net amount is a refund, enter on line 5, Refund.
Example: If column (I), line 3 is \$50 and column (II), line 3 is \$25, then you owe \$75. However, if column (I), line 3 is \$50 and if column (II), line 3 is negative <\$75>, then you have a \$25 refund.

Please Sign Here: I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return is true, correct and complete. Signature of pass-through entity or trust officer or agent, Date, Preparer's signature, Title of officer or agent, Preparer's address, Telephone number, Preparer's telephone number. For Department Use Only: Processing Code, Check Amount.

