

Do not use staples.



Department of Taxation



2014

IT 4708 Rev. 11/14 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 FEIN]

Entity Type: Check only one

- S corporation Partnership
Limited liability corporation Other

For taxable year ending in

MM/2014

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 fields for City, State, 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?
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?

[Response checkboxes for questionnaire items]

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

[Department Use Only input fields and code]



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14160206

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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 and grant, 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 2013 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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FEIN []

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 add-back; 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.



FEIN []

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).

Table for Payroll apportionment. Columns: Within Ohio, Total Everywhere, Ratio, Weight, Weighted Ratio. Row: 51. Payroll.

Table for Sales apportionment. Columns: Within Ohio, Total Everywhere, Ratio, Weight, Weighted Ratio. Row: 52. Sales.

Table for Total weighted apportionment ratio. Columns: Within Ohio, Total Everywhere, Ratio, Weight, Weighted Ratio. Row: 53. Total weighted apportionment ratio (add lines 50c, 51 and 52).

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, 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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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 []

Do not submit this page with your IT 4708 return.

Important Notes:

Investors' Shares of Expenses and Losses (page 2, line 28): Include on this line all compensation paid to or for family member employees if a pass-through entity owner who is a member of the family directly, indirectly and/or by attribution owns at least 40% of the pass-through entity. See R.C. 5733.40(A)(3). Do not show on line 30 any amount you show on line 28.

Amount of PTE Tax Credit (pages 5-7, Schedule V): The amount in these boxes should reflect the amount of the tax credit claimed by the pass-through entity by each qualifying investor.

A full set of instructions is available on our Web site at tax.ohio.gov.

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

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.