

|   |   |  |  |
|---|---|--|--|
| Federal Employer Identification Number<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Ohio Charter or License Number (if S Corp)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Month<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Year<br><div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">2005</div> |
| Name of pass-through entity   |   | <input type="checkbox"/> Check the box if this is an amended return.             |  |
| Number and street address (if address change, check box <input type="checkbox"/> )                                |   | Ohio corporate tax I.D. number (if S corp)                                       |  |
| City, town or post office   |   | Appportionment ratio (from Schedule IV, line 4)                                  |  |
| State   |   | NAICS code from federal tax return   |  |
| ZIP code  |   |  |  |

Instructions for this form are on our Web site at [tax.ohio.gov](http://tax.ohio.gov).

**Schedule I – Taxable Income, Tax, Payments and Net Tax Calculation**

*Whole dollars only*

|  |     |     |    |
|--|-----|-----|----|
| 1. Total income (from line 38, Schedule II) .....  | 1.  |     | 00 |
| 2. Total deductions (from line 47, Schedule III) .....   | 2.  |     | 00 |
| 3. Income to be allocated and apportioned (line 1 minus line 2) .....  | 3.  |     | 00 |
| 4. Net allocable nonbusiness income everywhere, if any (attach explanation and supporting schedules) .....   | 4.  |     | 00 |
| 5. Apportionable income (line 3 minus line 4) .....  | 5.  |     | 00 |
| 6. Ohio apportionment ratio (from Schedule IV, line 4) .....   | 6.  |     |    |
| 7. Income apportioned to Ohio (line 5 times line 6) .....  | 7.  |     | 00 |
| 8. Net nonbusiness income allocated to Ohio (attach explanation and supporting schedules) .....  | 8.  |     | 00 |
| 9. Ohio taxable income (line 7 plus line 8) .....  | 9.  |     | 00 |
| 10. Tax (multiply the amount on line 9 by .07185) .....  | 10. |     | 00 |
| 11. Nonrefundable business credits (attach Schedule E) and grant for new manufacturing M&E. <b>Attach grant request form.</b> .....  | 11. |     | 00 |
| 12. Tax due after (i) nonrefundable credits and (ii) grant. Line 10 minus line 11. If less than -0-, enter -0- .....   | 12. |     | 00 |
| 13. Interest penalty on underpayment of tax (attach IT 2210) .....   | 13. |     | 00 |
| 14. IT 4708ES and IT 4708EXT payments for the same taxable year .....  | 14. |     | 00 |
| 15. IT 1140ES and IT 1140EXT payments for the same taxable year transferred to this form. Attach schedule if required .....  | 15. |     | 00 |
| 16. Deduct IT 4708ES and IT 4708 EXT payments for the same taxable year transferred to form IT 1140 for the taxable year .....   | 16. | < > |    |
| 17. Total net Ohio estimated tax payments for 2005 (line 14 plus 15 minus 16) .....  | 17. |     | 00 |
| 18. Amount of 2004 overpayment credited to 2005 (see 2004 form IT 4708, line 23) .....   | 18. |     | 00 |
| 19. Refundable business jobs credit (attach certificate of verification) and pass-through entity credit (attach the Schedule K-1s that this entity received from other entities) ..... | 19. |     | 00 |
| 20. Total of lines 17, 18 and 19 .....   | 20. |     | 00 |
| 21. Net tax due (line 12 plus line 13 minus line 20). Attach payment made payable to Ohio Treasurer of State. ....   | 21. |     | 00 |
| 22. Overpayment (line 20 minus the sum of line 12 and line 13) .....   | 22. |     | 00 |
| 23. Amount of line 22 to be CREDITED to year 2006 tax liability .....  | 23. |     | 00 |
| 24. Amount of line 22 to be REFUNDED (line 22 minus line 23) .....   | 24. |     | 00 |

Attach Payment Here

If the balance due is less than \$1.01, payment need not be made. If the overpayment is less than \$1.01, no refund will be issued.

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 (see page 9 of instructions) |
| Title of officer or agent                                  | Preparer's address (including ZIP code) |   |
| Telephone number   | Preparer's telephone number             |   |

Please Sign Here

|                         |
|-------------------------|
| For Department Use Only |
| Processing Code         |
| Check Amount            |

Items reflected on lines 25 through 47, below, are the combined amounts from the federal schedule K-1s for the taxable year for only those investors who are participating in the filing of this return. **Please attach to this return a copy of all Schedule K-1s, which this entity will issue for the taxable year even if the investor is not participating in the filing of this return.**

**Schedule II – Income and Adjustments**

|   |      |  |
|---|------|--|
| 25. Ordinary income (loss) from trade or business activities .....  | 25.  |  |
| 26. 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 (see line 26 instructions). However, do <u>not</u> 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. .... | 26.  |  |
| 27. 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 .....  | 27.  |  |
| 28. Compensation that the pass-through entity S corporation 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. See instructions. ....  | 28.  |  |
| 29. Net income or (loss) from rental activities other than shown on line 25, above .....  | 29.  |  |
| 30. Portfolio income (loss) See "Note" below line 38.   |      |  |
| a. Interest income .....  | 30a. |  |
| b. Dividends .....  | 30b. |  |
| c. Royalties .....  | 30c. |  |
| d. Net short-term capital gain (loss) .....   | 30d. |  |
| e. Net long-term capital gain (loss) .....  | 30e. |  |
| f. Other portfolio income (loss) .....  | 30f. |  |
| 31. Net gain (loss) under I.R.C. section 1231 .....   | 31.  |  |
| 32. Add 5/6 of I.R.C. section 168(k) bonus depreciation and 5/6 of the qualifying I.R.C. section 179 depreciation and miscellaneous federal tax adjustments (see instructions).....   | 32.  |  |
| 33. Other income (loss) (attach schedule; see instructions).....  | 33.  |  |
| 34. Pass-through entity add-back (see instructions) .....   | 34.  |  |
| 35. Non-Ohio state or local government interest and dividends earned by the pass-through entity but not included above .....  | 35.  |  |
| 36. Add state and local income taxes deducted in arriving at income .....   | 36.  |  |
| 37. Add losses from the sale or other disposition of Ohio public obligations that have been deducted in determining federal taxable income .....  | 37.  |  |
| 38. Total income (add lines 25 through 37; enter here and on line 1, page 1).....   | 38.  |  |

**Note:** If the sum of lines 30d and 30e result in a net loss, the net allowable loss for the sum of these two lines cannot exceed the product of \$3,000 times the number of participating investors included in this return.

**Schedule III – Deductions**

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

|  |     |  |
|--|-----|--|
| 39. Section 179 expense not deducted in calculating line 25, above .....   | 39. |  |
| 40. Deduct one-fifth of the depreciation add-back made in each of the five previous taxable years and miscellaneous federal tax adjustments. See page 5 of the instructions .....  | 40. |  |
| 41. Net federal interest and dividends exempt from state taxation .....  | 41. |  |
| 42. Amount contributed to an Individual Development Account (attach detailed schedule of items) and other amounts separately stated on the K-1s, which are allowable deductions in arriving at federal adjusted gross income ..... | 42. |  |
| 43. Exempt gains from the sale of Ohio state or local government bonds .....   | 43. |  |
| 44. Wage and salary expense not otherwise deducted because of a federal work opportunity tax credit .....  | 44. |  |
| 45. Interest or income included on lines 25 through 33, above, earned on Ohio public obligations and Ohio purchase obligations .....   | 45. |  |
| 46. Net gain included in line 38, above, resulting from the sale, exchange or other disposition of Ohio public obligations (do not enter amounts shown on line 43) .....   | 46. |  |
| 47. Total deductions (add lines 39 through 46; enter here and on line 2, page 1).....  | 47. |  |

**Schedule IV – Apportionment Formula**

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, use the apportionment and weighting schedules set forth in the year 2006 form FT 1120FI, Corporation Franchise Tax Report for Financial Institutions.

For more information, please see the instructions.

|  | (1)<br>Within<br>Ohio | (2)<br>Total<br>Everywhere | (3)<br>Ratio (carry to<br>six decimal<br>places) | (4)<br>Weight | (5)<br>Weighted Ratio<br>(carry to six<br>decimal places) |
|--|-----------------------|----------------------------|--|---------------|---|
| 1. Property  |                       |                            |  |               |   |
| (a) Owned (average cost)   | _____                 | _____                      |  |               |   |
| (b) Rented (annual rental X 8)   | _____                 | _____                      |  |               |   |
| (c) Total (lines 1a and 1b)  | _____                 | ÷ _____                    | = _____  | X <b>.20</b>  | = _____ 1c.   |
| 2. Payroll   | _____                 | ÷ _____                    | = _____  | X <b>.20</b>  | = _____ 2.  |
| 3. Sales   | _____                 | ÷ _____                    | = _____  | X <b>.60</b>  | = _____ 3.  |
| 4. Total weighted apportionment ratio (add column (5), lines 1(c), 2 and 3). Enter ratio here and on page 1, line 6, and on page 1 in the upper right-hand corner. |                       |                            |  |               | _____ 4.  |

**Note:** Any request for deviation from the statutory allocation and apportionment provisions must be in writing. 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%. R.C. 5733.05(B)(2).

**Schedule V – Questionnaire**

|  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. If the pass-through entity is an S corporation, did the S corporation file the year 2006 Ohio form FT 1120S, "Notice of S Status"?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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, please attach a list of those individuals (include social security numbers) who received such compensation or remuneration   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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, please attach a list of those partners or equity investors (include social security numbers and federal employer identification numbers) who received such guaranteed payments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the pass-through entity been audited by the Internal Revenue Service (IRS) during the last four calendar years? If yes, please amend the Ohio return(s) affected by that audit and attach a copy of the IRS report.   | <input type="checkbox"/> | <input type="checkbox"/> |                          |

**Important Notes**

- Please attach to this return a copy of all Schedule K-1s, which this entity will issue for this taxable year. Include the K-1s for those investors not participating in the filing of this return.
- Indicate on the K-1s those investors on whose behalf this return is being filed or attach a list of investors and the social security number or federal employer identification number for each investor on whose behalf this return is being filed.
- With respect to the K-1, which the pass-through entity will issue to each investor participating in the filing of this return, the K-1 should indicate the investor's proportionate share of the tax shown on this return even if some or all of the tax is paid after the end of the taxable year.

For more instructions, see our Web site at [tax.ohio.gov](http://tax.ohio.gov).