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

IT-1140 OHIO 2001
Pass-Through Entity and Trust Tax Return

FOR DEPARTMENT USE ONLY

Federal Employer Identification Number

For taxable year beginning ____________ Month ____________ Year 2001

Name

Schedule C – Apportionment Ratio

Entity Type–Check only One

S Corp

Limited Liability Co.

Partnership

Trust

Number and Street

Schedule B–Line 1, Total of Cols. A & B

City, State and Zip Code

Total Assets

1. File this form with the Ohio Department of Taxation by the fifteenth 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 payment of tax cannot be extended.

2. Attach Schedules B and C or D and “K-1 information” explained on page 5 of the instructions.

Schedule A – Tax Reconciliation

Tax and Payments

Please round all numbers to the nearest dollar.

<table>
<thead>
<tr>
<th>Column (I)</th>
<th>Column (II)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withholding Tax</td>
<td>Entity Tax</td>
</tr>
</tbody>
</table>

1. Tax for each column (from Schedule B, Line 11, Columns A & B or from Schedule D, Line 5) .... 1.

2. Previous IT-1140ES Payments for each column .... 2.

   a. Payments transferred from IT-4708ES (see instructions on page 9) ................. a.

   b. Payments transferred to IT-4708ES (see instructions on Page 9) ..................... b.

   c. Net Payments (line 2 plus line 2a minus line 2b) .......... c.

3. For each column, subtract line 2c from line 1 ............... 3.

(Show negative amounts in parentheses.)

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 $50.00 and Column (II), line 3 is $25.00, then you owe $75.00. However, if Column (I), Line 3 is $50.00 and if Column(II), Line 3 is negative <$75.00>, then you have a refund in the amount of $25.00.

AMOUNT YOU OWE 4.

Make check payable to Treasurer of State of Ohio

REFUND 5.

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 Officer or Agent

Date

Preparer’s Signature

Title of Officer or Agent

Preparer’s Address (including ZIP Code)

Telephone Number

Preparer’s Telephone Number

Check Amount

Processing Code

For Department Use Only
Ohio Form IT-1140 for Taxable Years Beginning in 2001

Schedule B: Qualifying Pass-Through Entities – Tax Due

Use this schedule to calculate the adjusted qualifying amounts and tax due for all qualifying investors in qualifying pass-through entities. Please see "Special Rules" discussed on page 3 of the instructions.

<table>
<thead>
<tr>
<th>(A) Qualifying Investors Who are Nonresident Individuals</th>
<th>(B) Qualifying Investors Other Than Nonresident Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sum of all qualifying investors' distributive shares of income and gain</td>
<td></td>
</tr>
<tr>
<td>2. All amounts, if any, included in line 1, above, which are not subject to a tax on or measured by net income (see page 7 of the instructions)</td>
<td>&lt;</td>
</tr>
<tr>
<td>3. Adjusted qualifying amount: Line 1 minus line 2</td>
<td></td>
</tr>
<tr>
<td>4. Add depreciation add-back and all qualifying investors' share of expenses and losses incurred in connection with all direct and indirect transactions between the qualifying pass-through entity and its related members (see note below). 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 sections 263A and 482</td>
<td></td>
</tr>
<tr>
<td>5. If the qualifying pass-through entity is either a partnership or a limited liability company treated as a partnership, add all qualifying investors' share of guaranteed payments which the qualifying pass-through entity made to any qualifying investor directly or indirectly owning at least 20% of the qualifying pass-through entity</td>
<td></td>
</tr>
<tr>
<td>6. If the qualifying pass-through entity is an S corporation, add all qualifying investors' share of compensation which the qualifying pass-through entity S corporation made to any qualifying investor directly or indirectly owning at least 20% of the qualifying pass-through entity</td>
<td></td>
</tr>
<tr>
<td>7. Adjusted distributive share. Add lines 3, 4, 5, and 6</td>
<td></td>
</tr>
<tr>
<td>8. Apportionment ratio from Schedule C, line 4 on the next page</td>
<td>X</td>
</tr>
<tr>
<td>9. Adjusted Qualifying Amount: Line 7 times line 8. Complete the remainder of this worksheet only if the sum of lines 9, Columns (A) and (B) exceeds $1,000</td>
<td></td>
</tr>
<tr>
<td>10. Tax Rate</td>
<td>.05</td>
</tr>
<tr>
<td>11. Tax Due: Line 9 times line 10. Place the column (A) amount on Form IT-1140, line 1, column (I); place the column (B) amount on Form IT-1140, line 1, column (II)</td>
<td></td>
</tr>
</tbody>
</table>

Note: "Related member" is defined in Ohio Revised Code section 5733.042(A)(6) but is modified by Ohio Revised Code section 5733.40(P). For purposes of the line 4 adjustment, a related member is any business entity directly or indirectly related to the taxpayer if the direct and indirect ownership interests exceed 40%.
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Schedule C: Qualifying Pass-Through Entities – Apportionment Ratio

Use this schedule to calculate the apportionment ratio for a qualifying pass-through entity that is not a financial institution as defined in Ohio Revised Code section 5725.01. For detailed instructions, please see page 7 in the instruction packet for Form IT-1140. If the pass-through entity is a financial institution, use the apportionment and weighting schedules set forth in the 2002 Form FT-1120FI, Corporation Franchise Tax Report for Financial Institutions.

<table>
<thead>
<tr>
<th></th>
<th>Within Ohio</th>
<th>Total Everywhere</th>
<th>Ratio (carry to 6 decimal places)</th>
<th>Weight</th>
<th>Weighted Ratio (carry to 6 decimal places)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Property (a) Owned (average cost)</td>
<td>_________</td>
<td>_________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Rented (annual rental X 8)</td>
<td>_________</td>
<td>_________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) Total (lines 1a and 1b)</td>
<td>_________</td>
<td>_________</td>
<td></td>
<td>_________ X .20</td>
</tr>
<tr>
<td>2. Payroll</td>
<td>_________</td>
<td>_________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sales</td>
<td>_________</td>
<td>_________</td>
<td></td>
<td>_________ X .60</td>
<td>* _________ 3.</td>
</tr>
<tr>
<td>4. Total weighted apportionment ratio (add Column (5), lines 1(c), 2 and 3). Enter ratio here and on page 10, Schedule B, line 8 (both columns).</td>
<td>_________</td>
<td></td>
<td></td>
<td></td>
<td>* _________ 4.</td>
</tr>
</tbody>
</table>

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%.

Ohio Form IT-1140 for Taxable Years Beginning in 2001

Schedule D: Trusts – Tax Due

Use this schedule to calculate the adjusted qualifying amounts and tax due for nonresident individuals who are beneficiaries of trusts which made distributions of either income or gain attributable to the trust's ownership of, or disposition of either tangible personal property located in Ohio or real property located in Ohio.

1. Sum of all distributions to nonresident individuals of income or gain attributable to the trust's ownership of, or disposition of either tangible personal property located in Ohio or real property located in Ohio. .................................................................................................................................................. 1. _________

2. All amounts, if any, included in line 1, above, which are not subject to a tax on or measured by net income (see page 7 of the instructions). ............................................................................................................................................................. 2 < _______ >

3. Adjusted qualifying amount: Line 1 minus line 2. Complete the remainder of the worksheet only if line 3 exceeds $1,000. .................................................................................................................................................. 3. _________

4. Tax Rate X .05 ............................................................................................................................................. 4. _________

5. Tax (to Form IT-1140, page 1, line 1, column (I)). ............................................................................................................................................. 5. _________