

Federal Employer Identification Number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Check box if amended return	Month <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></div>	Year <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">2003</div>
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Name	Schedule C – Apportionment ratio	Entity Type – Check Only One <input type="checkbox"/> S Corp <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Trust
Address	Schedule B – Line 1, total of columns A and B	
City, state and ZIP code	Total assets	

- | | |
|---|--|
| 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 D and (ii) the "K-1 information" explained on page 5 of the instructions.
3. Please round all numbers to the nearest dollar. |
|---|--|

Schedule A – Tax Reconciliation Tax and Payments	Column (I) Withholding Tax <i>whole dollars only</i>	Column (II) Entity Tax <i>whole dollars only</i>
1. Tax for each column (from Schedule B, line 11, columns A and B or from Schedule D, line 5) 1.	00	00
2. Previous IT-1140ES payments for each column 2.	00	00
a. Payments transferred from IT-4708ES (see instructions) a.	00	
b. Payments transferred to IT-4708ES (see instructions) b.	< > 00	
c. Net payments (line 2 plus line 2a minus line 2b) c.	00	00
3. For each column, subtract line 2c from line 1 (show negative amounts in parentheses) 3.	00	00

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.

	AMOUNT YOU OWE 4. _____
	<i>Make check payable to Treasurer of State of Ohio</i>
	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 or trust officer or agent	Date	Preparer's signature
Title of officer or agent	Preparer's address (including ZIP code)	
Telephone number	Preparer's telephone number	

For Department Use Only
Processing Code
Check Amount

Please Sign Here

Ohio Form IT-1140 for Taxable Years Beginning in 2003

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" starting on page 3 of the instructions.

	(A) Qualifying Investors Who Are Nonresident Individuals	(B) Qualifying Investors Other Than Nonresident Individuals
1. Sum of all qualifying investors' distributive shares of income and gain	1. _____	_____
2a. Add: 5/6 of Internal Revenue Code section 168(k) bonus depreciation and 5/6 of the qualifying section 179 depreciation (see instructions) ...	2a. _____	_____
2b. Other adjustments (see page 5 of the instructions)	2b. <u> < > </u>	<u> < > </u>
3. Adjusted qualifying amount: Line 1 plus line 2a minus line 2b	3. _____	_____
4. Add: 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 <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 sections 263A and 482	4. _____	_____
5. If the qualifying pass-through entity is either a partnership or a limited liability company treated as a partnership, add all qualifying investors' shares of guaranteed payments that the qualifying pass-through entity made to any qualifying investor directly or indirectly owning at least 20% of the qualifying pass-through entity	5. _____	_____
6. If the qualifying pass-through entity is an S corporation, add all qualifying investors' shares of compensation that 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	6. _____	_____
7. Adjusted distributive share. Add lines 3, 4, 5 and 6	7. _____	_____
8. Apportionment ratio from Schedule C, line 4 on the next page	8. <u> X </u>	<u> X </u>
9. Adjusted qualifying amount: Line 7 times line 8. Complete the remainder of this worksheet only if the sum of line 9, columns (A) and (B) exceeds \$1,000	9. _____	_____
10. Tax rate	10. <u> X .05 </u>	<u> X .085 </u>
11. Tax due: Line 9 times line 10. Place the column (A) amount on Form IT-1140, line 1, column (I); place column (B) amount on Form IT-1140, line 1, column (II). Please round tax to the nearest dollar	11. _____	_____

Note: "Related member" is defined in O.R.C. section 5733.042(A)(6) but is modified by O.R.C. section 5733.40(P). For purposes of the line 4 adjustment, a related member is any business entity or person directly or indirectly related to the taxpayer if the direct and indirect ownership interests exceed 40%.

Ohio Form IT-1140 for Taxable Years Beginning in 2003

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 O.R.C. section 5725.01. For detailed instructions, please refer to pages 7-9 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 2004 Form FT-1120FI, Corporation Franchise Tax Report for Financial Institutions.

	(1) Within Ohio	(2) Total Everywhere	(3) Ratio (carry to six decimal places)	(4) Weight	(5) Weighted Ratio (carry to six decimal places)
1. Property (a) owned (average cost) _____					
(b) rented (annual rental X 8) _____					
(c) total (lines 1a and 1b) _____	÷	=	_____	X .20 =	• _____ 1(c).
2. Payroll _____	÷	=	_____	X .20 =	• _____ 2.
3. Sales _____	÷	=	_____	X .60 =	• _____ 3.
4. Total weighted apportionment ratio (add column (5), lines 1(c), 2 and 3). Enter ratio here and on Schedule B, line 8 (both columns).					• _____ 4.

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 2003

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 that 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.	
2a. Add: 5/6 of Internal Revenue Code section 168(k) bonus depreciation and 5/6 of the qualifying section 179 depreciation (see instructions)	2a.	
2b. Other adjustments (see page 7 of the instructions)	2b.	< >
3. Adjusted qualifying amount: Line 1 plus line 2a minus line 2b. Complete the remainder of the worksheet only if line 3 exceeds \$1,000	3.	
4. Tax rate	4.	 X .05
5. Tax (to Form IT-1140, page 1, line 1, column (I)). Please round tax to the nearest dollar	5.	

OHIO IT-1140ES

Ohio Estimated Withholding Tax Payment Coupon For Pass-Through Entities And Trusts

For Taxable Year Beginning In
YEAR

2004

For Payment Period (Check Only One)

1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Ext
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fed. Employer I.D. No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name
Address
City, State, ZIP Code

1. Withholding Tax	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
2. Entity Tax	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
3. TOTAL DUE	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

DO **NOT** STAPLE CHECK TO COUPON. DO **NOT** SEND CASH.
Return this coupon with check or money order made payable to
TREASURER OF STATE OF OHIO and mail to: OHIO DEPT. OF
TAXATION, P.O. BOX 181140, COLUMBUS, OHIO 43218-1140

Signature of Responsible Party _____ Title _____ Date _____

OHIO IT-1140ES

Ohio Estimated Withholding Tax Payment Coupon For Pass-Through Entities And Trusts

For Taxable Year Beginning In
YEAR

2004

For Payment Period (Check Only One)

1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Ext
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fed. Employer I.D. No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name
Address
City, State, ZIP Code

1. Withholding Tax	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
2. Entity Tax	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
3. TOTAL DUE	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

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Signature of Responsible Party _____ Title _____ Date _____

OHIO IT-1140ES

Ohio Estimated Withholding Tax Payment Coupon For Pass-Through Entities And Trusts

For Taxable Year Beginning In
YEAR

2004

For Payment Period (Check Only One)

1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Ext
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fed. Employer I.D. No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name
Address
City, State, ZIP Code

1. Withholding Tax	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
2. Entity Tax	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
3. TOTAL DUE	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

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TAXATION, P.O. BOX 181140, COLUMBUS, OHIO 43218-1140

Signature of Responsible Party _____ Title _____ Date _____

OHIO IT-1140ES

Ohio Estimated Withholding Tax Payment Coupon
For Pass-Through Entities And Trusts

For Taxable Year Beginning In
YEAR

For Payment Period (Check Only One)

1st Qtr 2nd Qtr 3rd Qtr 4th Qtr Ext

Fed. Employer I.D. No.

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2004

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name
Address
City, State, ZIP Code

1. Withholding Tax	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
2. Entity Tax	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
3. TOTAL DUE	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00

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TAXATION, P.O. BOX 181140, COLUMBUS, OHIO 43218-1140

Signature of Responsible Party Title Date

OHIO IT-1140ES

Ohio Estimated Withholding Tax Payment Coupon
For Pass-Through Entities And Trusts

For Taxable Year Beginning In
YEAR

For Payment Period (Check Only One)

1st Qtr 2nd Qtr 3rd Qtr 4th Qtr Ext

Fed. Employer I.D. No.

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2004

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name
Address
City, State, ZIP Code

1. Withholding Tax	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
2. Entity Tax	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
3. TOTAL DUE	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00

DO NOT STAPLE CHECK TO COUPON. DO NOT SEND CASH.
Return this coupon with check or money order made payable to
TREASURER OF STATE OF OHIO and mail to: OHIO DEPT. OF
TAXATION, P.O. BOX 181140, COLUMBUS, OHIO 43218-1140

Signature of Responsible Party Title Date

OHIO IT-1140ES

Ohio Estimated Withholding Tax Payment Coupon
For Pass-Through Entities And Trusts

For Taxable Year Beginning In
YEAR

Extension Payment

Fed. Employer I.D. No.

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2003

Name
Address
City, State, ZIP Code

1. Withholding Tax	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
2. Entity Tax	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
3. TOTAL DUE	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00

DO NOT STAPLE CHECK TO COUPON. DO NOT SEND CASH.
Return this coupon with check or money order made payable to
TREASURER OF STATE OF OHIO and mail to: OHIO DEPT. OF
TAXATION, P.O. BOX 181140, COLUMBUS, OHIO 43218-1140

Signature of Responsible Party Title Date

Ohio Form IT-1140ES for Taxable Years Beginning in 2004

Worksheet #1: Qualifying Pass-through Entities – Adjusted Qualifying Amount; Estimated Withholding Tax Due

Estimated payments are due only if (i) the sum of the "adjusted qualifying amounts" (see line 9, below) for the taxable year beginning in 2003 exceeds \$10,000 and (ii) the entity reasonably and in good faith estimates that the sum of the adjusted qualifying amounts for the taxable year beginning in 2004 will exceed \$10,000. Use the worksheet below to calculate the adjusted qualifying amounts and estimated tax due for all qualifying investors in qualifying pass-through entities OR base your estimated tax on 100% of the entity's previous year's tax (entity tax and withholding tax) payable in four equal installments.

(A) Qualifying Investors Who Are Nonresident Individuals	(B) Qualifying Investors Other Than Nonresident Individuals
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1. Sum of all qualifying investors' distributive shares of income and gain...	1.	_____		_____
2a. Add: 5/6 of Internal Revenue Code section 168(k) bonus depreciation and 5/6 of the qualifying section 179 depreciation (see instructions)	2a.	_____		_____
2b. Other adjustments (see page 5 of the instructions)	2b.	< > _____		< > _____
3. Adjusted qualifying amount: Line 1 plus line 2a minus line 2b (this amount can be less than zero)	3.	_____		_____
4. Add: 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 <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 sections 263A and 482	4.	_____		_____
5. If the qualifying pass-through entity is either a partnership or a limited liability company treated as a partnership, add all qualifying investors' distributed shares of guaranteed payments that the qualifying pass-through entity made to any qualifying investor directly or indirectly owning at least 20% of the qualifying pass-through entity	5.	_____		_____
6. If the qualifying pass-through entity is an S corporation add all qualifying investors' shares of compensation that 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	6.	_____		_____
7. Adjusted distributive share. Add lines 3, 4, 5 and 6	7.	_____		_____
8. Apportionment ratio from Schedule C, line 4 on the next page	8.	X _____		X _____
9. Adjusted qualifying amount: Line 7 times line 8. Complete the remainder of this worksheet only if the sum of line 9, columns (A) and (B) exceeds \$10,000	9.	_____		_____
10. Tax rate	10.	X .05 _____		X .085 _____
11. Estimated tax: Line 9 times line 10	11.	_____		_____
12. For first quarter enter .225 in columns A and B, for second quarter enter .45 in columns A and B, for third quarter enter .675 in columns A and B, for the fourth quarter enter .90 in columns A and B	12.	_____		_____
13. Tax due to date: Line 11 times line 12	13.	_____		_____
14. Previous payments made	14.	< > _____		< > _____
15. Amount currently due: Line 13 minus line 14. Place the column (A) amount on line 1 of the payment coupon; place the column (B) amount on line 2 of the payment coupon. Please round tax to the nearest dollar	15.	_____		_____

Note: "Related member" is defined in O.R.C. section 5733.042(A)(6) but is modified by O.R.C. section 5733.40(P). For purposes of the line 4 adjustment, a related member is any business entity or person directly or indirectly related to the taxpayer if the direct and indirect ownership interests exceed 40%.

Ohio Form IT-1140ES for Taxable Years Beginning in 2004
Worksheet #2: 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 O.R.C. section 5725.01. For detailed instructions, please refer to pages 7-9 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 2004 Form FT-1120FI, Corporation Franchise Tax Report for Financial Institutions.

	(1) Within Ohio	(2) Total Everywhere	(3) Ratio (carry to six decimal places)	(4) Weight	(5) Weighted Ratio (carry to six decimal places)
1. Property (a) owned (average cost) _____					
(b) rented (annual rental X 8) _____					
(c) total (lines 1a and 1b) _____ ÷ _____ = _____				X .20	= <u> </u> 1(c).
2. Payroll _____ ÷ _____ = _____				X .20	= <u> </u> 2.
3. Sales _____ ÷ _____ = _____				X .60	= <u> </u> 3.
4. Total weighted apportionment ratio (add column (5), lines 1(c), 2 and 3). Enter ratio on the previous page, worksheet #1, line 8 (both columns).					<u> </u> 4.

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-1140ES for Taxable Years Beginning in 2004
Worksheet #3: Trusts – Adjusted Qualifying Amounts; Estimated Withholding Tax Due

Use this schedule to calculate the adjusted qualifying amounts and tax due for nonresident individuals who are beneficiaries of trusts that 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. Estimated payments are due only if (i) the adjusted qualifying amount (see line 3 below) for the taxable year beginning in 2003 exceeds \$10,000 and (ii) the trustee reasonably and in good faith estimates that the adjusted qualifying amount for the taxable year beginning in 2004 will exceed \$10,000.

1. Sum of all distributions to non-resident 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.	_____
2a. Add: 5/6 of Internal Revenue Code section 168(k) bonus depreciation and 5/6 of the qualifying section 179 depreciation (see instructions)	2a.	_____
2b. Other adjustments (see page 7 of the instructions)	2b.	<u> < > </u>
3. Adjusted qualifying amount: Line 1 plus line 2a minus line 2b. Complete the remainder of the worksheet only if line 3 exceeds \$10,000	3.	_____
4. Tax rate	4.	X .05
5. Tax (line 3 times line 4)	5.	_____
6. For first quarter enter .225; for second quarter enter .45; for third quarter enter .675; and for the fourth quarter enter .90	6.	X
7. Tax due to date	7.	_____
8. Previous payments made	8.	<u> < > </u>
9. Amount currently due: Line 7 minus line 8 (to payment coupon, line 1) Please round tax to the nearest dollar	9.	_____