

Do not staple or paper clip



Department of Taxation

Rev. 10/15/19

2019 Ohio IT 4708
Pass-Through Entity
Composite Income Tax Return



19160102

Use only black ink and UPPERCASE letters.
Amount fields use only whole dollar amounts, no cents.

Reporting Period Start Date
MM DD YY

Reporting Period End Date
MM DD YY

Check here if amended return
Check here if final return
Check here if the federal extension was granted

FEIN
Entity Type: S corporation Partnership
Limited liability company Other

Name of pass-through entity

Address (if address change, check box)

City State ZIP code

Foreign State Code Country Code Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Total number of investors Number of investors included on return Ownership percentage of investors on return Apportionment ratio, line 6 Ohio charter or license no. (if S corp)

Do not staple or paper clip

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?

Schedule I - Taxable Income, Tax, Payments and Net Amount Due Calculations

Table with 9 rows for calculations: Total income (loss), Total deductions, Income (loss) to be allocated and apportioned, Net allocable nonbusiness income, Apportionable income, Ohio apportionment ratio, Income (loss) apportioned to Ohio, Net nonbusiness income, Ohio taxable income.

For Department Use Only

Postmark date Code

Do not write in this area; for department use only.

2019 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



19160202

FEIN

Schedule I – Taxable Income, Tax, Payments and Net Amount Due Calculations...cont.

| | | | | | | | |
|--|-----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 10. Tax before credits (tax rate change, see instructions)..... | 10. | <input type="text"/> |
| 11. Nonrefundable business credits (include Schedule E)..... | 11. | <input type="text"/> |
| 12. Tax due after nonrefundable business credits. Line 10 minus line 11. (If less than zero, enter zero) | 12. | <input type="text"/> |
| 13. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... | 13. | <input type="text"/> |
| 14. Ohio IT 4708 UPC payments for the taxable year..... | 14. | <input type="text"/> |
| 15. Ohio IT 1140 UPC payments transferred to this form and any payments made with previously filed return(s) for this taxable year..... | 15. | <input type="text"/> |
| 16. Ohio IT 4708 UPC payments transferred to Ohio IT 1140 and overpayments, if any, previously claimed for this taxable year..... | 16. | <input type="text"/> |
| 17. Total net Ohio estimated tax payments for 2019 (sum of lines 14 and 15 minus line 16)..... | 17. | <input type="text"/> |
| 18. Total refundable business credits (from Schedule V, line 49)..... | 18. | <input type="text"/> |
| 19. Total of lines 17 and 18 | 19. | <input type="text"/> |
| 20. Overpayment, if any (line 19 minus the sum of lines 12 and 13, if less than zero, enter zero) | 20. | <input type="text"/> |
| YOUR REFUND ▶ | | <input type="text"/> |
| 21. Net amount due, if any (sum of lines 12 and 13 minus line 19, if less than zero, enter zero) | 21. | <input type="text"/> |
| 22. Interest and penalty due on late-paid tax and/or late-filed return, if any | 22. | <input type="text"/> |
| 23. Total amount due, if any (add lines 21 and 22). Make check payable to Ohio Treasurer of State, include Ohio UPC and place FEIN on check..... | 23. | <input type="text"/> |
| AMOUNT DUE ▶ | | <input type="text"/> |

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

| | |
|--|--------------------------|
| _____ Pass-through entity officer or agent (print) | |
| _____ Title of officer or agent (print) | _____ Phone number |
| _____ Signature of pass-through entity officer or agent | _____ Date (MM/DD/YY) |
| _____ Preparer's name (print) | _____ Phone number |
| _____ Preparer's e-mail address | _____ PTIN |
| Do you authorize your preparer to contact us regarding this return? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Do not staple or paper clip.
Place any supporting documents, including Ohio IT K-1(s), after the last page of this return.

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

Instructions for this form are on our website at tax.ohio.gov.

Do not write in this area; for department use only.

2019 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



19160302

FEIN

If the amount on a line is negative, place a “-” in the box provided.

Schedule II – Income and Adjustments

Amounts reflected in Schedule II and Schedule III are the combined amounts from the federal Schedule K-1(s) for the taxable year for only those investors who are participating in the filing of this return. **Include with this return a copy of the applicable federal 1120S or 1065 and K-1(s) of participating investors.**

| | | | | | | | | | |
|---|--------------------------|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 24. Ordinary business income (loss)..... | <input type="checkbox"/> | 24. | <input type="text"/> |
| 25. 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, including certain investors' family members | <input type="checkbox"/> | 25. | <input type="text"/> |
| 26. 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..... | | 26. | <input type="text"/> |
| 27. Compensation that the pass-through entity 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 | | 27. | <input type="text"/> |
| 28. Net income or (loss) from rental activities other than amount shown on line 24..... | <input type="checkbox"/> | 28. | <input type="text"/> |
| 29. Portfolio income (loss). See note below. | | | <input type="text"/> |
| a. Interest income | | 29a. | <input type="text"/> |
| b. Dividends | | 29b. | <input type="text"/> |
| c. Royalties | | 29c. | <input type="text"/> |
| d. Net short-term capital gain (loss)..... | <input type="checkbox"/> | 29d. | <input type="text"/> |
| e. Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. Note: If adding lines 29d and 29e results in a net loss, the net allowable loss for the sum of these two lines cannot exceed the product of \$3,000 and the number of participating investors included in this return | <input type="checkbox"/> | 29e. | <input type="text"/> |
| f. Other portfolio income (loss)..... | <input type="checkbox"/> | 29f. | <input type="text"/> |
| 30. Net gain (loss) under Internal Revenue Code (I.R.C.) section 1231..... | <input type="checkbox"/> | 30. | <input type="text"/> |
| 31. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense and any applicable federal conformity adjustments. Complete Schedule VI..... | | 31. | <input type="text"/> |
| <input type="checkbox"/> 2/3, <input type="checkbox"/> 5/6 or <input type="checkbox"/> 6/6 (check applicable box) | | | | | | | | | |
| 32. Other income (loss) (include explanation and supporting schedule)..... | <input type="checkbox"/> | 32. | <input type="text"/> |
| 33. Total income (loss)(add lines 24-32; enter here and on Schedule I, line 1) | <input type="checkbox"/> | 33. | <input type="text"/> |

Do not write in this area; for department use only.

2019 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



19160402

FEIN

Schedule III – Deductions

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

| | | | | | |
|---|-----|----------------------|----------------------|----------------------|----------------------|
| 34. I.R.C. section 179 expense not deducted in calculating line 24..... | 34. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 35. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense added back in applicable previous years and federal conformity adjustments. Complete Schedule VI | 35. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 36. Net federal interest and dividends exempt from state taxation | 36. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 37. Exempt gains from the sale of Ohio state or local government bonds..... | 37. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 38. Total deductions (add lines 34-37; enter here and on Schedule I, line 2) | 38. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 R.C. section 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.

| | | | |
|--|------------------------|----------------------|-------------------------|
| 39. Property | Within Ohio | | Total Everywhere |
| a) Owned (average cost) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Within Ohio | | Total Everywhere |
| b) Rented (annual rental X 8) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Within Ohio | | Total Everywhere |
| c) Total (lines 39a and 39b) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Ratio | ÷ | Weight |
| | = <input type="text"/> | X | = <input type="text"/> |
| | Within Ohio | | Total Everywhere |
| | Ratio | ÷ | Weight |
| | = <input type="text"/> | X | = <input type="text"/> |
| | Within Ohio | | Total Everywhere |
| 40. Payroll | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Ratio | ÷ | Weight |
| | = <input type="text"/> | X | = <input type="text"/> |
| | Within Ohio | | Total Everywhere |
| 41. Sales | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Ratio | ÷ | Weight |
| | = <input type="text"/> | X | = <input type="text"/> |
| | Within Ohio | | Total Everywhere |
| | Ratio | ÷ | Weight |
| | = <input type="text"/> | X | = <input type="text"/> |
| | Within Ohio | | Total Everywhere |
| 42. Total weighted apportionment ratio (add lines 39c, 40 and 41). Enter ratio here and on Schedule I, line 6..... | | | <input type="text"/> |

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; if only one factor, use 100%.

Do not write in this area; for department use only.

2019 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



19160502

FEIN

Schedule V – Refundable Business Credits

Note: Certificates from the Ohio Development Services Agency and/or Ohio IT K-1(s) **must** be included to verify each refundable credit claimed.

| | | | | | |
|--|-----|----------------------|----------------------|----------------------|----------------------|
| 43. Historic preservation credit (include a copy of the credit certificate)..... | 43. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 44. Job creation credit and job retention credit (include a copy of the credit certificate)..... | 44. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 45. Pass-through entity credit (include a copy of the Ohio IT K-1)..... | 45. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 46. Venture capital credit (include a copy of the credit certificate)..... | 46. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 47. Motion picture/Broadway theatrical production credit (include a copy of the credit certificate) .. | 47. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 48. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1)..... | 48. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 49. Total refundable business credits (add lines 43-48; enter here and on Schedule I, line 18)..... | 49. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Schedule VI – 168K Bonus Depreciation and 179 Expense Add-back Schedule

Check the box if the depreciation add-back has been waived

50. Total current year sections 168K bonus depreciation and 179 expense add-back50.

| | Column (A) – Amount | | Column (B) – Ratio | | |
|-------------------------|----------------------|--------------------------|--------------------|--------------------------|-----|
| 51a. Year Prior..... | <input type="text"/> | <input type="checkbox"/> | 2/3 | <input type="checkbox"/> | 5/6 |
| 51b. 2 Years Prior..... | <input type="text"/> | <input type="checkbox"/> | 2/3 | <input type="checkbox"/> | 5/6 |
| 51c. 3 Years Prior..... | <input type="text"/> | <input type="checkbox"/> | 2/3 | <input type="checkbox"/> | 5/6 |
| 51d. 4 Years Prior..... | <input type="text"/> | <input type="checkbox"/> | 2/3 | <input type="checkbox"/> | 5/6 |
| 51e. 5 Years Prior..... | <input type="text"/> | <input type="checkbox"/> | 2/3 | <input type="checkbox"/> | 5/6 |

Schedule VII – 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.

Check the box if the investor is included on the return.

| | | | |
|----------------------|----------------------|----------------------|--------------------------|
| SSN | FEIN | Percent of ownership | Amount of PTE tax credit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First name / entity | M.I. | Last name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Address | | | |
| <input type="text"/> | | | |
| City | State | ZIP code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Do not write in this area; for department use only.

2019 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



19160602

FEIN

Schedule VII – 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.

Check the box if the investor is included on the return.

| | | | |
|----------------------|----------------------|----------------------|--------------------------|
| SSN | FEIN | Percent of ownership | Amount of PTE tax credit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| First name / entity | M.I. | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address

| | | |
|----------------------|----------------------|----------------------|
| City | State | ZIP code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Check the box if the investor is included on the return.

| | | | |
|----------------------|----------------------|----------------------|--------------------------|
| SSN | FEIN | Percent of ownership | Amount of PTE tax credit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| First name / entity | M.I. | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address

| | | |
|----------------------|----------------------|----------------------|
| City | State | ZIP code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Check the box if the investor is included on the return.

| | | | |
|----------------------|----------------------|----------------------|--------------------------|
| SSN | FEIN | Percent of ownership | Amount of PTE tax credit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| First name / entity | M.I. | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address

| | | |
|----------------------|----------------------|----------------------|
| City | State | ZIP code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Do not write in this area; for department use only.

2019 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



19160702

FEIN

Schedule VII – 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.

Check the box if the investor is included on the return.

| | | | |
|----------------------|----------------------|----------------------|--------------------------|
| SSN | FEIN | Percent of ownership | Amount of PTE tax credit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First name / entity | M.I. | Last name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Address | | | |
| <input type="text"/> | | | |
| City | State | ZIP code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Check the box if the investor is included on the return.

| | | | |
|----------------------|----------------------|----------------------|--------------------------|
| SSN | FEIN | Percent of ownership | Amount of PTE tax credit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First name / entity | M.I. | Last name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Address | | | |
| <input type="text"/> | | | |
| City | State | ZIP code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Check the box if the investor is included on the return.

| | | | |
|----------------------|----------------------|----------------------|--------------------------|
| SSN | FEIN | Percent of ownership | Amount of PTE tax credit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First name / entity | M.I. | Last name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Address | | | |
| <input type="text"/> | | | |
| City | State | ZIP code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Do not write in this area; for department use only.