

**YOU MUST ATTACH APPROPRIATE FEDERAL SCHEDULE(S)**

THIS SECTION TO BE COMPLETED ONLY BY THOSE WHO HAVE PROFIT OR LOSS FROM INCOME OTHER THAN WAGES

20. PROFIT OR LOSS FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C, D, OR E. CORP 1120, 1120-S, 1041, 1065 CORPORATIONS; PARTNERSHIP; FIDUCIARY FEES; ETC.) ..... \$ \_\_\_\_\_

**SCHEDULE X Reconciliation with Federal Income Tax Return as Required by ORC Section 718**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	n. Capital gains (IRC 1221 or 1231 property dispositions)	\$ _____
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	\$ _____
c. Taxes based on income (State)	\$ _____	p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	\$ _____
d. Taxes based on income (City)	\$ _____	q. Not previously deducted IRC Section 179 Expense	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or mem	\$ _____	s. Other	\$ _____
f. Federally reduced dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____	z. Total	\$ 0
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities	\$ _____		
h. Charitable Contributions (up to federal allowance)	\$ _____		
l. Other	\$ _____		
m. Total	\$ 0		
21. TOTAL ADJUSTMENTS TO FEDERAL NET PROFIT (LINE m MINUS z).....			\$ 0
22. TOTAL ORDINARY INCOME FROM FEDERAL SCHEDULE D. FORM 4797 IF NOT INCLUDED ABOVE (ATTACH COPIES).....			\$ _____
23. RENTAL INCOME (ATTACH FEDERAL SCHEDULE E).....			\$ _____
24. OTHER INCOME (NOT REPORTED LINE 1, 20, 22, OR 23 - ATTACH SCHEDULES).....			\$ _____
25. TOTAL OTHER TAXABLE INCOME OR (LOSS) SUM LINE 20, 21, 22, 23, AND 24 (IF INDIVIDUAL FILING, ENTER ADJ./TOTAL, PAGE 1 - L			\$ 0

Are any employees leased in the year covered by this return?  YES  NO

If YES, please provide the name, address and FID number of the leasing company \_\_\_\_\_

**SCHEDULE Y Business Apportionment Formula**

NON RESIDENT:	A. LOCATED EVERYWHERE	B. LOCATED IN WOODLAWN	(b+a) C. PERCENTAGE
STEP 1. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY...	_____	_____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8.....	_____	_____	
TOTAL STEP 1.....	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND-OR WORK OR SERVICES PERFORMED.....	_____	_____	_____ %
STEP 3. WAGES, SALARIES, .....	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES.....	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED).....	_____	_____	_____ %
26. WOODLAWN TAXABLE INCOME (LINE 25 MULTIPLIED BY STEP 5, SCHEDULE Y).....			\$ 0
27. PRIOR PERIOD LOSSES (ATTACH SCHEDULE).....			( _____ )
28. TOTAL WOODLAWN INCOME (LINE 26 MINUS 27, ENTER HERE AND ON PAGE 1 LINE 2).....			\$ 0

**SUPPORTING SCHEDULES AND ADDITIONAL INFORMATION**

IN ORDER TO REDUCE REQUESTS FOR ADDITIONAL INFORMATION FROM THE TAXPAYERS WHERE APPLICABLE PLEASE SUPPLY THE FOLLOWING.

- COST OF GOODS SOLD AND/OR OPERATIONS (FEDERAL SCHEDULE "C-1" OR "A")
- RENTS (PAID TO) NAME AND ADDRESS \_\_\_\_\_
- COMMISSIONS PAID NAME AND ADDRESS AND/OR 1099.**
- SCHEDULE OF "OTHER DEDUCTIONS".
- SUBCONTRACTOR LISTING AND/OR FORM 1099.**
- 2106 EXPENSE FORM (MAY BE ENTERED ON SCHEDULE "X" LINE r. AS A DEDUCTION) WITH COPY OF FEDERAL RETURN.

EXTENSION POLICY: AN EXTENSION REQUEST MAY BE GRANTED UPON WRITTEN REQUEST SUBMITTED NOT LESS THAN TEN (10) DAYS BEFORE DUE DATE, PROVIDED AN I.R.S. EXTENSION HAS BEEN REQUESTED. ONLY THOSE REQUESTS RECEIVED IN DUPLICATED WITH A SELF-ADDRESSED POSTPAID ENVELOPE WILL HAVE A COPY RETURNED AFTER BEING MARKED APPROPRIATELY.