

Business Name _____	EIN/FID Number _____
GENERAL TAX INFORMATION - MUST BE COMPLETED	
Date Business or Trust created ____ / ____ / ____	If you sold your business or report your business activity under another EIN/FID number, complete the following:
Did you file a return last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of purchaser or new business: _____
Did you have any employees during 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	EIN/FID number of purchaser or new business: _____
On which basis are your records kept? <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	Address of purchaser or new business: _____
Has your Federal Tax Liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any employees leased in the year covered by this return? <input type="checkbox"/> Yes <input type="checkbox"/> No
If renting, name landlord _____	If YES, provide the name, address, and FID number of the leasing company: _____
If Business either terminated, was sold, or is not required to file Lakewood tax returns, please complete the following:	Were 1099-MISC forms issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of transaction: ____ / ____ / ____	If YES, attach copies to the end of this return.

SCHEDULE W - RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER O.R.C. 718

Items Not Deductible	Add	Items Not Taxable	Deduct
A. Capital/Ordinary IRS Section 1231 losses deducted	_____	J. Capital/Ordinary IRS Section 1231 gains, etc. (do not deduct Section 1245 and 1250 gains)	_____
B. 5% of Intangible Income not attributable to sale, exchange, or other disposition of IRS section 1221 property	_____	K. Interest Income	_____
C. Taxes based on income	_____	L. Dividends	_____
D. Guaranteed Payments to Partners (not included within net profits)	_____	M. Income from patents, etc.	_____
E. Charitable contributions deducted above corporate limitations including O.R.C. 718.01(A)(1)(g)	_____	N. Other Exempt Income (attach documentation or explanation)	_____
F. IRS Section 179 expense deducted above corporate limitations including O.R.C 718.01(A)(1)(g)	_____	O. TOTAL DEDUCTIONS	_____
G. Qualified retirement, health insurance, and life insurance plans on the behalf of the owners/owner employees	_____		
H. Other expenses not deductible (attach documentation or explanation)	_____		
I. TOTAL ADDITIONS	_____		

P. Subtract Line O from Line I and enter net amount on Page 1, Line 2 _____

SCHEDULE X - BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Lakewood	c. Percentage (b/a)
1. Average Value of Real & Tangible Personal Property	_____	_____	[REDACTED]
2. Gross Amount Rentals Paid Multiplied by 8	_____	_____	[REDACTED]
3. Subtotal	_____	_____	_____ %
4. Gross Receipts from Sales Made, Work Performed, and/or Services Rendered	_____	_____	_____ %
5. Wages, Salaries, etc. Paid	_____	_____	_____ %
6. Total Percentages	[REDACTED]	[REDACTED]	_____ %
7. Average Percentage (Divide total percentage by number of percentages used - enter on Page 1, Line 4)			_____ %

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME
(From Federal Schedules 1065 K-1 and 1099)

1. Name of each Partner	Resident Y/N	Distributive Shares of Partner		Other Payments	Taxable Percentage	Amount Taxable
		Percent	Amount			
a.		%	\$	\$	%	\$
b.		%	\$	\$	%	\$
c.		%	\$	\$	%	\$
2. TOTALS		100 %	\$	\$		\$