



All appropriate Federal schedules must be attached. A return is not complete unless such schedules are included.

## SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (not ordinary losses) .....	\$ _____	H. Capital Gains (not ordinary gains) .....	\$ _____
B. Taxes Based on Income .....	_____	I. Interest Income .....	_____
C. 5% Of Amount Deducted as intangible income .....	_____	J. Dividends .....	_____
D. Guaranteed payments to partners .....	_____	K. Income from Patents and Copyrights .....	_____
E. Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax .....	_____	L. Other (attach explanation) _____	_____
F. Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS) .....	_____	_____	_____
G. Total Additions .....	_____	M. Total Deductions .....	\$ _____
N. Combine Lines G and M and enter net on Line 2 _____			

## SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Dublin	c. Percentage (b/a)
STEP 1. Average Original cost of Real & Tangible Personal Property .....	_____	_____	<b>_____</b>
Gross Amount Rentals Paid Multiplied by 8 .....	_____	_____	<b>_____</b>
% TOTAL STEP 1 .....	_____	_____	_____
STEP 2. Gross Receipts from Sales Made and/or .....	_____	_____	%
Work or Services Performed .....	_____	_____	%
STEP 3. Wages, Salaries, Etc. Paid .....	_____	_____	%
4. Total Percentages .....	_____	_____	%
5. Average Percentage (Divide Total Percentages by number of Percentages Used – Carry to Line 4) .....	_____	_____	%

## SCHEDULE Y-1 - RECONCILIATION TO FORM W-3, WITHHOLDING RECONCILIATION

Total wages allocated to Dublin (from Federal Return or allocation formula)..... \$ \_\_\_\_\_

Total wages shown on Form W-3 (Withholding Reconciliation)..... \$ \_\_\_\_\_

Are any employees leased in the year covered by this return? .....  Yes  No

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

\_\_\_\_\_

Were 1099-MISC forms issued to central Ohio residents? If yes, attach copies to this return. ....  Yes  No

Please explain any difference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

1. Name and address of each partner	2. FID or SSN	3. Amount	4. EIN of Payor
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____
Carry forward to Line 1 .....			TOTAL \$ _____