

SCHEDULE C – Profit (Loss) from Business or Profession *COPY OF EACH SCHEDULE C IS REQUIRED.*

Name _____ Type of Business _____ 1. _____
 Name _____ Type of Business _____ 2. _____
 Name _____ Type of Business _____ 3. _____
 Name _____ Type of Business _____ 4. _____
 Name _____ Type of Business _____ 5. _____

SCHEDULE D – Form 4797 Ordinary Income. *COPY OF FORM 4797 IS REQUIRED.* \$ _____

SCHEDULE E – Rental and Other Income. *COPY OF SCHEDULE E IS REQUIRED.* \$ _____

Address _____ 1. _____
 Address _____ 2. _____
 Address _____ 3. _____
 Address _____ 4. _____
 Address _____ 5. _____
 Address _____ 6. _____
 Address _____ 7. _____
 Address _____ 8. _____
 Address _____ 9. _____
 Address _____ 10. _____

MISCELLANEOUS INCOME – Commissions, Fees, Tips, Etc. *SUPPORT INFORMATION REQUIRED.*

Received From _____ For (describe) _____ \$ _____ \$ _____

SCHEDULE F – Farm income from Schedule F or 4835. *COPY OF SCHEDULE F OR FORM 4835 REQUIRED.*

Location of Farm _____ Total Income (or loss) Schedule F \$ _____
 Location of Farm _____ Total Income (or loss) Schedule F \$ _____

ADD ALL PROFITS; Enter here and on Line 2, Page 1 \$ _____

NOTE: ALL LOSSES MUST BE REPORTED BUT CARRIED FORWARD AGAINST FUTURE PROFITS OF THE SAME ACTIVITY FOR THE SAME OWNER (Limited to 5 years)

SCHEDULE X – Adjustments

Items Not Deductible

A. Federally deducted losses from IRC 1221 or 1231 property dispositions..... \$ _____
 B. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions _____
 C. Federally deducted taxes based on income..... _____
 D. Guaranteed payments or accruals to or for current or former partners or members _____
 E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors _____
 F. 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 corporation entities _____
 G. Other _____
 H. Other _____
 M. Total lines A through H (enter as line 4a, page 1)..... \$ _____

Items Not Taxable

N. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gain apply to those described in IRC 1245 or 1250 \$ _____
 O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income..... _____
 P. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses _____
 Q. Partnership, S corp., LLC IRC 179 Expense not already deducted..... _____
 R. Partnership, S corp., LLC charitable contributions not already deducted to the extent they would be deducted by a C corp _____
 S. Other _____
 Z. Total lines N through S (enter as line 4b, page 1)..... \$ _____

SCHEDULE Y – Business Allocation Formula

FOR BUSINESS USE ONLY

	a. Located Everywhere	b. Located in This Municipality	c. Percentage (b ÷ a)
STEP 1. Avg. Value of Real & Tang. Personal Property	_____	_____	
Gross Annual Rentals Paid Multiplied by 8	_____	_____	
Total Step 1	_____	_____	_____ %
STEP 2. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
STEP 3. Wages, Salaries, and Other Compensation Paid.....	_____	_____	_____ %
4. Total Percentages.....	_____	_____	_____ %
5. Average Percentage (Divide Total Percentages by Number of Percentages Used)	_____	_____	_____ %

.....Carry to Line 5b, Page 1