

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY O.R.C. 718**

<u>ITEMS NOT DEDUCTIBLE</u>	<u>ADD</u>	<u>ITEMS NOT TAXABLE</u>	<u>DEDUCT</u>
A. CAPITAL LOSSES AND 1231 LOSSES .....	\$ .....	K. CAPITAL GAINS (DO NOT INCLUDE ORDINARY GAINS FROM.....	\$ .....
B. EXPENSES ATTRIBUTABLE TO NON-TAXABLE INCOME.....	.....	FEDERAL FORM 4797	
(0% OF LINE Z, NOT INCLUDING LINE N)		L. INTEREST EARNED OR ACCRUED .....	
C. TAXES ON NET INCOME DEDUCTED TO COMPUTE .....	.....	M. DIVIDENDS .....	
FEDERAL TAXABLE INCOME		N. INCOME FROM PATENTS AND COPYRIGHTS.....	
D. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN.....	.....	IF SUBJECT TO OHIO INTANGIBLE TAX	
E. GUARANTEED PAYMENTS TO PARTNERS .....	.....	O. OTHER INCOME EXEMPT FROM CITY TAX (EXPLAIN).....	
F. PAYMENTS TO SELF-EMPLOYED RETIREMENT PLANS .....	.....	.....	
HEALTH INSURANCE AND LIFE INSURANCE PAYMENTS TO		.....	
OWNERS OR OWNER-EMPLOYEES.		.....	
G. CONTRIBUTIONS IN EXCESS OF 5% OF NET PROFIT .....	.....	P. TOTAL DEDUCTIONS .....	
H. DISTRIBUTIONS TO INVESTORS OF RENT (REAL ESTATE .....	.....		
INVESTMENT TRUSTS)			
I. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN) .....	.....		
J. TOTAL ADDITIONS .....	.....	DIFFERENCE BETWEEN LINE J & LINE P CARRIED TO LINE 2.....	

**SCHEDULE Y – BUSINESS ALLOCATION FORMULA**

	<u>a. LOCATED EVERYWHERE</u>	<u>b. LOCATED IN BELLEFONTAINE</u>	<u>c. (b/a) PERCENTAGE</u>
STEP 1. Average Value of Real and 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, Etc. Paid .....			
4. TOTAL PERCENTAGES .....			.....%
5. Average PERCENTAGE (Divide Total Percentages by Number of Percentages Used – Carry to Line 4 .....			.....%

**SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES ON NET INCOME**

1. NAME AND ADDRESS OF EACH PARTNER.	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a).....				\$ .....	\$ .....		\$ .....
(b).....							
(c).....							
(d).....							
6. LINE 22, SCHEDULE C, PAGE 2	XXXXXXX		100	\$ .....		XXXXXX	XXXXXXXXXX

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? Yes ..... No ..... If yes, has an amended Bellefontaine return been filed for such year or years? Yes ..... No .....