

Business Name _____ Federal Identification No. _____
 Business Address _____ Nature of Business _____

SCHEDULE C RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OR FACSIMILES OF FEDERAL SCHEDULES C AND E, FORMS 1120 AND 1120S AND 1065 WHEN APPLICABLE.

SCHEDULE C or FORM 1120 PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION
 1. Net profit or loss per Federal Income Tax Return \$ _____ **LOSSES ENTER IN () \$** _____

SCHEDULE G Income from Rents - from Federal Schedule E

KIND & LOCATION OF PROPERTY	AMOUNT OF RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES	NET INCOME (OR LOSS)

NET INCOME SCHEDULE G **LOSSES ENTER IN ()** \$ _____

SCHEDULE H All Other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE _____ \$ _____

TOTAL From Schedules C, G & H. Enter on Page 1, Line 3 LOSSES ENTER IN () \$ _____

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (BUSINESS ONLY)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses) \$ _____		n. Capital gains (Excluding Ordinary Gains, see instructions)	\$ _____
b. Expenses incurred in the production of non-taxable income (At least 5% of Line Z) _____		o. Interest income _____	
c. Taxes based on income _____		p. Dividends _____	
d. Net operating loss deduction per Federal Return _____		q. Other (Explain) See Instructions _____	
e. Payments to partners _____			
f. Sick pay not included in Line 1 Page 1 _____			
g. Contributions, limited to 10% _____			
h. Other expenses not deductible (Explain) _____			
m. Total Additions (enter as Line 5a Page 1) \$ _____		z. Total Deductions (enter as Line 5B Page 1)	\$ _____

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA (Non-Resident Business Entities 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 (SEE INSTRUCTIONS)	_____	_____	_____ %
STEP 3 WAGES, SALARIES, AND OTHER COMPENSATION PAID	_____	_____	_____ %
STEP 4 TOTAL PERCENTAGES			_____ %
STEP 5 AVERAGE PERCENTAGE (Divide Total Percentages by Number)			Carry to Line 6b, Page 1 _____ %

SCHEDULE Z Partners' Distributive Shares of Net Income - From Federal Schedules 1065K and 1099

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$ _____	\$ _____		\$ _____
7. TOTALS from Schedule C and Schedule H Above			100	\$ _____			