

**SECTION A** Profit (or Loss) from Business or Profession Federal I.D. Number

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ \_\_\_\_\_
2. LESS Cost of Labor \$ \_\_\_\_\_ Material, supplies and other costs \$ \_\_\_\_\_ \$ \_\_\_\_\_
3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) \_\_\_\_\_
4. INTEREST \$ \_\_\_\_\_ OTHER BUSINESS INCOME (Specify) \$ \_\_\_\_\_
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- |  |   |
|--|---|
| 6. ADVERTISING AND PROMOTION \$ _____  | 11. DEPRECIATION, AMORTIZATION \$ _____   |
| 7. AUTO TRUCK AND TRAVEL _____         | 12. RENTS (Paid to _____) _____   |
| 8. INT. ON BUSINESS INDEBTEDNESS _____ | 13. OTHER (List if over 10% of Line 14) _____                                       |
| 9a. TAXES BASED ON INCOME _____        | 14. Total Business Deductions (Total of Lines 6 to 13) \$ _____                     |
| b. OTHER BUSINESS TAXES _____          | 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Line 5 LESS LINE 14) \$ _____ |
| 10. SALARIES AND WAGES _____           |   |

**SECTION B** Total from Federal Schedule D, Form 4797 \$ \_\_\_\_\_

**SECTION C** Income from Rents — from Federal Schedule E and R

| Kind & Location of Property | Amount of Rent | Depreciation | Repairs | Other Expenses | Net Income (Or Loss) |
|-----------------------------|----------------|--------------|---------|----------------|----------------------|
|                             |                |              |         |                |                      |
|                             |                |              |         |                |                      |
|                             |                |              |         |                |                      |

NET INCOME (or loss) SCHEDULE G \$ \_\_\_\_\_

**SECTION D** All Other Taxable Income

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

| RECEIVED FROM | FOR (DESCRIBE) | AMOUNT |
|---------------|----------------|--------|
|               |                |        |
|               |                |        |
|               |                |        |

TOTAL INCOME SCHEDULE H \$ \_\_\_\_\_

**TOTAL** From Sections A B C & D Enter on Page 1, Line 1 \$ \_\_\_\_\_

**SCHEDULE Y** Business Allocation Formula

|                      |                                |                      |
|----------------------|--------------------------------|----------------------|
| 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 \_\_\_\_\_%
4. TOTAL PERCENTAGES \_\_\_\_\_%
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used). Carry to Line 3b, Page 1 \_\_\_\_\_%

**SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

| Items not Deductible   | Add | Items not taxable                                    | Deduct |
|--|-----|--|--------|
| a. Capital Losses (Excluding Ordinary Losses) \$ _____                                     |     | n. Capital gains (Excluding Ordinary Gains) \$ _____ |        |
| 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) _____                             |        |
| e. Payments to partners _____  |     |  |        |
| f. Sick pay not included in Line 1 above _____   |     |  |        |
| g. Contributions _____   |     |  |        |
| h. Other expenses not deductible (Explain) _____   |     |  |        |
| m. (Enter Line 2a Other Side) \$ _____   |     | z. Enter Line 2b Other Side \$ _____                 |        |

**SCHEDULE Z PARTNERS' SHARE OF INCOME**

| 1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER | 2. Resident |    | 3. Dist. Shares of Partners |          | 4. Other Payments | 5. Taxable Percentage | 6. Amount Taxable |
|---|-------------|----|-----------------------------|----------|-------------------|-----------------------|-------------------|
|   | Yes         | No | Percent                     | Amount   |                   |                       |                   |
|   |             |    |                             |          |                   |                       |                   |
|   |             |    |                             |          |                   |                       |                   |
|   |             |    |                             |          |                   |                       |                   |
| 7. TOTALS from SECTION A & SECTION D ABOVE          |             |    | 100                         | \$ _____ |                   |                       | \$ _____          |