

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 and 1231 losses	\$ _____	I. Capital Gains (not ordinary gains).....	\$ _____
B. Taxes Based on Income	_____	J. Interest Income (earned or accrued)	_____
C. 5% Of Amount Deducted as intangible income	_____	K. Dividends (less Federal exclusion)	_____
D. Guaranteed payments to partners	_____	L. 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	_____	M. Other (attach explanation) _____	_____
F. Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS).....	_____	_____	_____
G. Charitable Contributions	_____	_____	_____
H. Total Additions	_____	N. Total Deductions	\$ _____
O. Combine Lines H and N and enter net on Line 2 _____			

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Trotwood	c. Percentage (b/a)
STEP 1. Average Original cost of Real & Tangible Personal Property	_____	_____	_____
Gross Amount 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, Etc. Paid	_____	_____	%
4. Total Percentages	_____	_____	%
5. Average Percentage (Divide Total Percentages by number of Percentages Used - Carry to Line 4).....	_____	_____	%

ACCOUNT INFORMATION UPDATE QUESTIONNAIRE

Please complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME (IF DIFFERENT FROM ADDRESS SHOWN ON FRONT OF RETURN): _____

NATURE OF BUSINESS: _____

TROTWOOD LOCATION (IF DIFFERENT FROM ADDRESS SHOWN ON FRONT OF RETURN): _____

TROTWOOD LOCATION PHONE: _____

NUMBER OF EMPLOYEES WORKING IN TROTWOOD: _____

DATE EMPLOYEES BEGAN IN TROTWOOD: _____

(Reminder: Employee withholding is required. An annual Reconciliation of Returns is due by February 28 of each year)

ACCOUNTING PERIOD: Calendar Year or Fiscal Year (Month Ending: _____)

NAME, ADDRESS OF PARTY IN CHARGE OF BOOKS: _____

PHONE NUMBER: _____

DO YOU USE SUBCONTRACT LABOR TO PERFORM WORK IN TROTWOOD? Yes No

If "YES", copies of 1099's issued must be provided to this office by February 28 of each year.

COMPLETED BY

SIGNATURE _____ TITLE _____ DATE _____