

Do not staple or paper clip



Department of Taxation Rev. 08/13/24

2024 Ohio IT 4708 Pass-Through Entity Composite Income Tax Return



24160102

Use only black ink and UPPERCASE letters. Use whole dollars only.

If the amount on a line is negative, place a "-" in the box provided.

Reporting Period Start Date MM DD YY

Reporting Period End Date MM DD YY

Check here if amended return Check here if final return Check here if federal extension filed

FEIN Entity Type: S corporation Partnership Limited liability company Other

Name of pass-through entity

Address Check here if address changed

City State ZIP code

Foreign State Code Country Code Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Total number of investors Number of investors included on return Ownership percentage of investors on return Apportionment ratio, line 6 Ohio charter or license no.

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Questionnaire

Yes No

- A. Did the entity pay compensation to any investors included on this return who hold at least a twenty percent direct or indirect interest in the profits or capital of the entity?
B. Did the entity make guaranteed payments to any investors included on this return who hold at least a twenty percent direct or indirect interest in the profits or capital of the entity?

Schedule I - Taxable Income, Tax, Payments and Net Amount Due Calculations

Table with 9 rows for calculations: 1. Total income (loss), 2. Total deductions, 3. Income to be allocated and apportioned, 4. Net allocable nonbusiness income, 5. Apportionable income, 6. Ohio apportionment ratio, 7. Income apportioned to Ohio, 8. Net nonbusiness income allocated to Ohio, 9. Ohio taxable income.

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Postmark date Code

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Schedule I – Taxable Income, Tax, Payments and Net Amount Due Calculations...cont.

10. Tax liability before credits (see instructions for tax rate)	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Nonrefundable business credits (include Schedule E).....	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Tax liability after nonrefundable business credits. (Line 10 minus line 11. If negative, enter zero).....	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Ohio IT 4708 estimated (UPC/electronic) payments for the taxable year	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Ohio IT 1140 or IT 4738 estimated (UPC/electronic) payments and prior year IT 1140 or IT 4738 overpayment claimed on this return (see instructions)	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Ohio IT 4708 estimated (UPC/electronic) payments claimed on an IT 1140 instead of this return (see instructions if amending)	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Total net Ohio estimated tax payments for 2024 (sum of lines 14 and 15 minus line 16)	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Prior year IT 4708 overpayment credited to 2024 (see 2023 Ohio IT 4708, line 22)	18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Total refundable business credits (from line 52).....	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. Total Ohio tax payments (add lines 17, 18 and 19).....	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. Overpayment (line 20 minus sum of lines 12 and 13; If negative, enter zero) If line 21 is a positive amount, continue to line 22. OTHERWISE, continue to line 24	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. Amount of line 21 to be CREDITED toward next year's liability (if this is an amended return, enter zero)	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Amount of line 21 to be REFUNDED (line 21 minus line 22).....	23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Net amount due (sum of lines 12 and 13 minus line 20, if negative, enter zero)	24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. Interest due on late payment of tax (see instructions)	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. Total amount due (add lines 24 and 25). Make check payable to Ohio Treasurer of State, include Ohio IT 4708 UPC and write FEIN on check.....	26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

Sign Here (required): I declare under penalties of perjury that this return or claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

Pass-through entity officer or agent (print) _____

Title of officer or agent (print) _____ Phone number _____

Signature of pass-through entity officer or agent _____ Date (MM/DD/YY) _____

Preparer's name (print) _____ Phone number _____

Preparer's e-mail address _____ PTIN

Check here to authorize your preparer to discuss this return with the Department

Do not staple or paper clip.
Place any supporting documents, including Ohio IT K-1s, after the last page of this return.

Mail to:
Ohio Dept. of Taxation
P.O. Box 181140
Columbus, OH 43218-1140

Instructions for this form are available at tax.ohio.gov

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Schedule II – Income and Adjustments

Amounts reflected in Schedule II and Schedule III are the combined amounts from the federal Schedule K-1s for the taxable year for only those investors who are participating in the filing of this return. **Include with this return a copy of the applicable federal 1120S/1065 and K-1s of participating investors.**

27. Ordinary business income (loss).....	<input type="checkbox"/>	27.							
28. Related member adjustments for expenses or losses incurred by the taxpayer.....		28.							
29. Guaranteed payments that the pass-through entity made to each investor participating in the filing of this return if such investor directly or indirectly owns at least 20% of the pass-through entity.....		29.							
30. Compensation that the pass-through entity paid to each investor participating in the filing of this return if such investor directly or indirectly owns at least 20% of the pass-through entity. Reciprocity agreements do not apply.....		30.							
31. Net income (loss) from rental activities other than amount shown on line 27.....	<input type="checkbox"/>	31.							
32a. Interest income.....		32a.							
32b. Dividends.....		32b.							
32c. Royalties.....		32c.							
32d. Net short-term capital gain (loss).....	<input type="checkbox"/>	32d.							
32e. Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. Note: If adding lines 32d and 32e results in a net loss, the net allowable loss for the sum of these two lines cannot exceed the product of \$3,000 and the number of participating investors included in this return.....	<input type="checkbox"/>	32e.							
32f. Reserved.....		32f.							
33. Net gain (loss) under IRC §1231.....	<input type="checkbox"/>	33.							
34. IRC §168(k) bonus depreciation and §179 expense add-back. Complete Schedule VI.....		34.							
			<input type="checkbox"/> 2/3, <input type="checkbox"/> 5/6 or <input type="checkbox"/> 6/6 (check applicable box)						
35. Other income or deduction and federal conformity additions (include explanation and supporting schedule).....	<input type="checkbox"/>	35.							
36. Total income (loss)(add lines 27-35; enter here and on line 1).....	<input type="checkbox"/>	36.							

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Schedule III – Deductions

List only those deductions that have not already been used to reduce any income items included on Schedule II.

37. IRC §179 expense not deducted in calculating line 27.....	37.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
38. Deduction of prior year IRC §168(k) bonus depreciation and §179 expense add-backs (complete Schedule VI).....	38.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
39. Net federal interest/dividends exempt from state taxation & federal conformity adjustments.....	39.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
40. Exempt gains from the sale of Ohio state or local government bonds.....	40.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
41. Total deductions (add lines 37-40; enter here and on line 2).....	41.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Schedule IV – Apportionment Worksheet

Use this schedule to calculate the apportionment ratio for a pass-through entity. See instructions for different apportionment calculation for financial institutions.
Note: Carry all ratios to six decimal places.

42. Property		Within Ohio				Total Everywhere				
a) Owned (original cost)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Within Ohio				Total Everywhere				
b) Rented (annual rental X 8)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Within Ohio				Total Everywhere				
c) Total (lines 42a and 42b)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	÷	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				Ratio		Weight		Weighted Ratio		
	=	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		X	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	=	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Within Ohio				Total Everywhere				
43. Payroll	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	÷	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				Ratio		Weight		Weighted Ratio		
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		Within Ohio				Total Everywhere				
44. Sales	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	÷	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				Ratio		Weight		Weighted Ratio		
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		Within Ohio				Total Everywhere				
45. Ohio apportionment ratio (add lines 42c, 43 and 44). Enter ratio here and on line 6.....	45.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Note: If the “Total Everywhere” of any factor is zero, the weight given to the other factors must be proportionately increased so that the total weight given to the combined number of factors used is 100%, i.e., if no property/payroll, use 25% and 75%; if no sales, use 50% property/payroll; if only one factor, use 100%.

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Schedule V – Refundable Business Credits

Note: The tax credit certificate(s) and/or IT K-1s must be included to verify each refundable credit claimed.

46. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	46.								
47. Refundable job creation credit and job retention credit (include a copy of the credit certificate).....	47.								
48. Pass-through entity credit (include a copy of the Ohio IT K-1).....	48.								
49. Venture capital credit (include a copy of the credit certificate).....	49.								
50. Motion picture/Broadway theatrical production credit (include a copy of the credit certificate).....	50.								
51. Film and theater capital improvements credit (include a copy of the credit certificate).....	51.								
52. Total refundable business credits (add lines 46-51; enter here and on line 19).....	52.								

Schedule VI – IRC § 168(k) Bonus Depreciation and § 179 Expense Add-back Schedule

Check the box if partial or full depreciation add-back has been waived.

53. Current year IRC §168(k) bonus depreciation and §179 expense add-back	53.								
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54. Add-backs reflected on prior year Ohio PTE returns filed by this taxpayer and applicable add-back ratio

	Column (A) – Amount	Column (B) – Ratio
54a. Year Prior.....		<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6
54b. 2 Years Prior.....		<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6
54c. 3 Years Prior.....		<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6
54d. 4 Years Prior.....		<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6
54e. 5 Years Prior.....		<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6

Schedule VII – Investor Information

First list the investors whose income is included on the return in order from highest to lowest ownership percentage. Then list all remaining investors from highest to lowest ownership percentage. Use additional sheets, if necessary.

Check here if the investor is included on the return.

SSN	FEIN	Percent of ownership	Share of PTE tax (tax credit)
First name / entity	M.I.	Last name	
Address			
City	State	ZIP code	

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Schedule VII – Investor Information...cont.

Check here if the investor is included on the return.

SSN FEIN Percent of ownership Share of PTE tax (tax credit)

First name / entity M.I. Last name

Address

City State ZIP code

Check here if the investor is included on the return.

SSN FEIN Percent of ownership Share of PTE tax (tax credit)

First name / entity M.I. Last name

Address

City State ZIP code

Check here if the investor is included on the return.

SSN FEIN Percent of ownership Share of PTE tax (tax credit)

First name / entity M.I. Last name

Address

City State ZIP code

Check here if the investor is included on the return.

SSN FEIN Percent of ownership Share of PTE tax (tax credit)

First name / entity M.I. Last name

Address

City State ZIP code



FEIN



Schedule VII – Investor Information...cont.

Check here if the investor is included on the return.

SSN:
 FEIN:
 Percent of ownership: .
 Share of PTE tax (tax credit):
 First name / entity:
 M.I.:
 Last name:
 Address:
 City:
 State:
 ZIP code:

Check here if the investor is included on the return.

SSN:
 FEIN:
 Percent of ownership: .
 Share of PTE tax (tax credit):
 First name / entity:
 M.I.:
 Last name:
 Address:
 City:
 State:
 ZIP code:

Check here if the investor is included on the return.

SSN:
 FEIN:
 Percent of ownership: .
 Share of PTE tax (tax credit):
 First name / entity:
 M.I.:
 Last name:
 Address:
 City:
 State:
 ZIP code:

Check here if the investor is included on the return.

SSN:
 FEIN:
 Percent of ownership: .
 Share of PTE tax (tax credit):
 First name / entity:
 M.I.:
 Last name:
 Address:
 City:
 State:
 ZIP code:

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Schedule VII – Investor Information...cont.

Check here if the investor is included on the return.

SSN	FEIN	Percent of ownership	Share of PTE tax (tax credit)																																												
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Check here if the investor is included on the return.

SSN	FEIN	Percent of ownership	Share of PTE tax (tax credit)																																												
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Check here if the investor is included on the return.

SSN	FEIN	Percent of ownership	Share of PTE tax (tax credit)																																												
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