



**WORKSHEET X**

**Reconciliation with Federal Income Tax Return Per Ohio Revised Code 718.**

1. FEDERAL TAXABLE INCOME before net operating losses and special deductions per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 17e; Form 1120A, Line 24; Form 1120-REIT, Line 20; Form 1065 "Analysis of Net Income (Loss)", Line 1; Form 1041, Line 17; Form 990T, Line 30) .....	1	
2. Items not deductible (from Line 7J below) .....	2	
3. Items not taxable (from Line 8F below) .....	3	
4. Subtract Line 3 from Line 2 and enter the result here .....	4	
5. Other City taxable income that is not shown on Federal return .....	5	
6. Adjusted net income (total Lines 1, 4 and 5) .....	6	

**ITEMS NOT DEDUCTIBLE**

7. A. Capital / IRS Section 1231 losses deducted on Federal return .....	7A		
B. 5% of expenses not attributable to sale, exchange or other disposition of Sec 1221 property .....	7B		
C. Taxes based on income .....	7C		
D. Guaranteed payments to partners (not included in net profits) .....	7D		
E. Charitable contributions deducted above corp limitations including O.R.C. 718.01 (A)(1)(g) .....	7E		
F. IRS Section 179 expense deducted above corp limitations including O.R.C. 718.01 (A)(1)(g) .....	7F		
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/owner employee .....	7G		
H. Loss carried back or carried forward per Federal return (if included in Line 1 above) .....	7H		
I. Other expenses not deductible (attach documentation and/or explanation) .....	7I		
J. TOTAL ADDITIONS (enter here and on Line 2 above) .....	7J		

**ITEMS NOT TAXABLE**

8. A. Capital / IRS Section 1231 losses gains .....	8A		
B. Interest earned .....	8B		
C. Dividends earned .....	8C		
D. Royalties from intellectual properties that come from patents, copyrights, or trademarks .....	8D		
E. Other exempt income (attach documentation and/or explanation) .....	8E		
F. TOTAL DEDUCTIONS (enter here and on Line 3 above) .....	8F		

**SCHEDULE Y BUSINESS ALLOCATION FORMULA**

**ACCOUNT NAME:** \_\_\_\_\_

**FED ID#:** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

	a. LOCATED EVERYWHERE	b. LOCATED IN OREGON, OH	b. PERCENTAGE (b/a)	
<b>STEP 1.</b> Average value of real & tangible personal property .....	_____	_____		
Gross annual rental paid multiplied by 8 .....	_____	_____		
<b>TOTAL STEP 1</b> .....	_____	_____	_____	%
<b>STEP 2.</b> Wages, salaries, etc. paid employees .....	_____	_____	_____	%
<b>STEP 3.</b> Gross receipts from sales made and/or work services performed... ..	_____	_____	_____	%
<b>STEP 4. TOTAL PERCENTAGES</b> .....			_____	%
<b>STEP 5. AVERAGE PERCENTAGE</b> (Divide total percentages by number of percentages used)			_____	%
				<b>CARRY TO LINE 4 OF THE FRONT PAGE</b>

**SCHEDULE NOL**

**NET OPERATING LOSS CARRY - FORWARD – (5 Year Limit)**

	2015	2016	2017	2018	2019	2020	TOTAL
<b>Unused Loss Carryforward</b>							
<b>Percentage</b>	100%	100%	50%	50%	50%		
<b>Loss Used THIS YEAR*</b>							
Loss Carried Forward to NEXT TAX YEAR							