



**SCHEDULE C – Profit (Loss) from Business or Profession** *COPY OF EACH SCHEDULE C IS REQUIRED.*

Name \_\_\_\_\_ Type of Business \_\_\_\_\_ 1. \_\_\_\_\_  
 Name \_\_\_\_\_ Type of Business \_\_\_\_\_ 2. \_\_\_\_\_  
 Name \_\_\_\_\_ Type of Business \_\_\_\_\_ 3. \_\_\_\_\_  
 Name \_\_\_\_\_ Type of Business \_\_\_\_\_ 4. \_\_\_\_\_  
 Name \_\_\_\_\_ Type of Business \_\_\_\_\_ 5. \_\_\_\_\_

**SCHEDULE D – Form 4797 Ordinary Income.** *COPY OF FORM 4797 IS REQUIRED.* ..... \$ \_\_\_\_\_

**SCHEDULE E – Rental and Other Income.** *COPY OF SCHEDULE E IS REQUIRED.* ..... \$ \_\_\_\_\_

Address \_\_\_\_\_ 1. \_\_\_\_\_  
 Address \_\_\_\_\_ 2. \_\_\_\_\_  
 Address \_\_\_\_\_ 3. \_\_\_\_\_  
 Address \_\_\_\_\_ 4. \_\_\_\_\_  
 Address \_\_\_\_\_ 5. \_\_\_\_\_  
 Address \_\_\_\_\_ 6. \_\_\_\_\_  
 Address \_\_\_\_\_ 7. \_\_\_\_\_  
 Address \_\_\_\_\_ 8. \_\_\_\_\_  
 Address \_\_\_\_\_ 9. \_\_\_\_\_  
 Address \_\_\_\_\_ 10. \_\_\_\_\_

**MISCELLANEOUS INCOME – Commissions, Fees, Tips, Etc.** *SUPPORT INFORMATION REQUIRED.*

Received From \_\_\_\_\_ For (describe) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**SCHEDULE F – Farm income from Schedule F or 4835.** *COPY OF SCHEDULE F OR FORM 4835 REQUIRED.*

Location of Farm \_\_\_\_\_ Total Income (or loss) Schedule F \$ \_\_\_\_\_  
 Location of Farm \_\_\_\_\_ Total Income (or loss) Schedule F \$ \_\_\_\_\_

**ADD ALL PROFITS; Enter here and on Line 2, Page 1** ..... \$ \_\_\_\_\_

**NOTE: ALL LOSSES MUST BE REPORTED BUT CARRIED FORWARD AGAINST FUTURE PROFITS OF THE SAME ACTIVITY FOR THE SAME OWNER (Limited to 5 years)**

**SCHEDULE X – Adjustments**

- Items Not Deductible**
- A. Federally deducted losses from IRC 1221 or 1231 property dispositions..... \$ \_\_\_\_\_
  - B. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions .....
  - C. Federally deducted taxes based on income.....
  - D. Guaranteed payments or accruals to or for current or former partners or members .....
  - E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors .....
  - F. Federally deducted amounts paid or accrued to or for qualified self employed retirement plans, health insurance plans, and life insurance plans for owners or owner employees of non C corporation entities .....
  - G. Other .....
  - H. Other .....
  - M. Total lines A through H (enter as line 4a, page 1)..... \$ \_\_\_\_\_

- Items Not Taxable**
- N. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gain apply to those described in IRC 1245 or 1250 ..... \$ \_\_\_\_\_
  - O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income.....
  - P. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses .....
  - Q. Partnership, S corp., LLC IRC 179 Expense not already deducted.....
  - R. Partnership, S corp., LLC charitable contributions not already deducted to the extent they would be deducted by a C corp .....
  - S. Other.....
  - Z. Total lines N through S (enter as line 4b, page 1)..... \$ \_\_\_\_\_

**SCHEDULE Y – Business Allocation Formula**

**FOR BUSINESS USE 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 .....       | _____                 | _____                           | _____ %               |
| 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 5b, Page 1