

SECTION A		Profit (or Loss) from Business or Profession	
1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS	\$	_____
2. LESS Cost of Labor \$	_____	Material, supplies and other costs	\$ _____ \$ _____
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	_____
10. SALARIES AND WAGES	\$ _____	OR PROFESSION (LINE 5 LESS LINE 14)	\$ _____

SECTION B	Total from Federal Schedule D, Form 4797.	\$ _____
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SECTION C		Income from Rents—from Federal Schedule E.			
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)
NET INCOME SECTION C					\$ _____

SECTION D		All other Taxable Income	
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS			
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT	
NET INCOME SECTION D			\$ _____

TOTAL	From Sections A, B, C & D. Enter on Page 1, Line 1	\$
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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 (State)	\$ _____	_____	p. Dividends	\$ _____
d. Taxes based on income (City)	\$ _____	_____	q. Other (Explain)	\$ _____
e. Net operating loss deduction per Federal Return	\$ _____	_____	z. Enter Line 2b Other Side	Total \$
f. Payments to partners	\$ _____	_____		
g. Contributions	\$ _____	_____		
h. Other expenses not deductible (Explain)	\$ _____	_____		
m. (Enter Line 2a Other Side)	Total \$ _____			

SCHEDULE Y		Business Allocation Formula		
		a. LOCATED EVERYWHERE	b. LOCATED IN THIS CITY	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 3b, Page 1 %

SCHEDULE Z		PARTNER'S 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 and D Above			100	\$			