



Note: FEDERAL ACTIVE/PASSIVE RULES AND LIMITATIONS MUST BE FOLLOWED.

**SCHEDULE C Profit (Loss) from Business or Profession** *Support information required.*

Name ..... Address ..... Type of Business .....
1. Total Receipts, less Allowances, Rebates and Returns ..... \$ .....
2. Less (a) Cost of Labor \$ ..... Materials and Supplies .....
3. Gross Profits from Sales, etc., (line 1 less line 2) .....
4. Dividends \$ ..... Interest \$ ..... Royalties \$ .....
5. Rents Received. If Connected with Trade or Business \$ ..... Other \$ .....
6. Total Business Income Before Deductions ..... \$ .....
BUSINESS DEDUCTIONS
7. Salaries and Wages ..... 14. Subcontracts (Attach Forms 1099 or List) .....
8. Rents ..... 15. Other .....
9. Landlord's Name and Address ..... 16. ....
10. Interest on Business Indebtedness..... 17. ....
11. Car and Truck Expenses ..... 18. ....
12. Other Business Taxes ..... 19. ....
13. Depreciation, Amortization, Depletion ..... 20. ....
21. Total Business Deduction (total of lines 7-20) ..... \$ .....
22. Net Profit (Loss) ..... \$ .....

**SCHEDULE D Form 4797 Ordinary Income.** *Support information required.*

\$ .....

**SCHEDULE E Rental and Other Income.** *Support information required.*

\$ .....

**MISCELLANEOUS INCOME-Commissions, Fees, Tips, Etc.** *Support information required.*

\$ .....

Received From	For (Describe)		
.....	.....	\$ .....	
.....	.....	\$ .....	
.....	.....	\$ .....	\$ .....

**SCHEDULE F Farm income from Schedule F or 4835.** *Support information required.*

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	Items Not Taxable
a. Capital Loss ..... \$ .....	n. Capital Gain ..... \$ .....
b. Expenses applicable to non-taxable income .....	o. Interest earned or accrued .....
c. All Income Taxes paid or accrued .....	p. Dividends .....
d. Net operating loss deduction per Federal Return .....	q. Income from Patents and Copyrights .....
e. Payments to partners (from Federal Form 1065) .....	r. Other .....
f. Sick pay not included in line 1, page 1 .....	.....
g. Other .....	.....
m. Total Additions (enter as line 4a, page 1) ..... \$ .....	z. Total Deductions (enter as line 4b, page 1) ..... \$ .....

**SCHEDULE Y Business Allocation Formula**

	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	.....	.....	.....%
4. Total Percentages	.....	.....	.....%
5. Average Percentage (Divide Total Percentages by Number of Percentages Used)	.....	.....	.....%
		Carry to Line 5b, Page 1	.....%