

**SCHEDULE C – PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION**

If copy of Federal Return and schedules are attached, omit this page (except schedule Y when Line 5b, page 1, is used).

IF DIFFERENT Business Name & Address \_\_\_\_\_

FROM PAGE 1 Nature of Business \_\_\_\_\_

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS .....\$ \_\_\_\_\_

2. LESS: (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable - (indicate labor charges included \$ \_\_\_\_\_)

3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2).....\$ \_\_\_\_\_

4. DIVIDENDS \$ \_\_\_\_\_; INTEREST \$ \_\_\_\_\_; ROYALTIES \$ \_\_\_\_\_

5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS.....\$ \_\_\_\_\_

6. OTHER BUSINESS INCOME (Specify).....\$ \_\_\_\_\_

7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS.....\$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

8. ADVERTISING AND PROMOTION.....\$ \_\_\_\_\_

9. AUTO, TRUCK AND TRAVEL.....\$ \_\_\_\_\_

10. BAD DEBTS.....\$ \_\_\_\_\_

11. REPAIRS.....\$ \_\_\_\_\_

12. INTEREST ON BUSINESS INDEBTEDNESS.....\$ \_\_\_\_\_

13. a. INCOME TAXES ON BUSINESS.....\$ \_\_\_\_\_  
b. OTHER BUSINESS TAXES.....\$ \_\_\_\_\_

14. a. COMPENSATION OF OFFICERS.....\$ \_\_\_\_\_  
b. Salaries & Wages-not deducted elsewhere.....\$ \_\_\_\_\_

c. PAYMENTS TO PARTNERS.....\$ \_\_\_\_\_

d. COMMISSION - FEES.....\$ \_\_\_\_\_

15. DEPRECIATION, AMORTIZATION.....\$ \_\_\_\_\_

16. RENTS (Paid to.....\$ \_\_\_\_\_)

17. OTHER (List if over 10% Line 18).....\$ \_\_\_\_\_  
a. Insurance.....\$ \_\_\_\_\_

18. TOTAL BUSINESS DEDUCTIONS (Total of Lines 8 thru 17a).....\$ \_\_\_\_\_

19. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 7 less Line 18).....\$ \_\_\_\_\_

**20. SCHEDULE G – INCOME FROM RENTS (If not included in Schedule C.)**

Kind & location of property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or loss)

NET INCOME (or loss) SCHEDULE G \$ \_\_\_\_\_

**21. SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULES C or G**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, ETC.

Received From	For (describe)	Amount

TOTAL INCOME SCHEDULE H \$ \_\_\_\_\_

**22. TOTAL SCHEDULES C, G, & H. ENTER AS LINE 2, PAGE 1.**

\$ \_\_\_\_\_

**SCHEDULE Y – BUSINESS ALLOCATION FORMULA**

	a. Located Everywhere	b. Located in Kalida	c. Percentage (b ÷ a)
STEP 1. Average Value of Real & Tangible 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, Etc. Paid	_____	_____	_____ %
4. Total Percentages	_____	_____	_____ %
5. Average Percentage (Divide Total Percentages by Number of Percentages Used - Carry to Line 5b, Page 1)	_____	_____	_____ %

**SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME**

1. Name of each partner	2. Address	3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)			\$ _____	\$ _____		\$ _____
(b)						
(c)						
(d)						
7. TOTALS from Schedule C above.		100	\$ _____		xxxxxxx	

Has your Federal Tax Liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, has an amended Kalida Return been filed for such year or years? YES \_\_\_\_\_ NO \_\_\_\_\_