

Department of Taxation

# 2010 Corporation Franchise Tax Report

	Based upon calendar year 2009	or other taxable year beginning		, and ending	_, 2009.
	Ohio franchise tax I.D. number	Federal employer I.D. number		Caution: Most corporations are <u>not</u> subject to the 201	er is described in
	This field MUST he completed	This field MUST be completed		Ohio Revised Code section (R.C.) 5751.01(E)(5), (6)	), (7), (8) or (10).
<u> </u>	This field MUST be completed. Ohio charter or license number	This field MUST be completed.		Check the appropriate box(es) below and see the instructions on	bage 6 of this form if:
	Onio charter of itemse number	NAICS code		This report is an amended report.	
	rporation name			The taxpayer is a member of an Ohio combined report. Please Ohio franchise tax I.D. #	list "lead" taxpayer's
				This report is an income-based exit report (see general instru	ction #7).
Ad	dress (if address change, check box)			This taxpayer is a qualifying holding company (see general in	struction #22).
				This corporation is <b>not subject to the tax</b> and is claiming (	i) refundable historic
Cit	y, state, ZIP code			preservation credit, (ii) refundable motion picture credit, (iii)	
	y, state, 211 code			tax withheld by the Ohio Lottery Commission and/or (iv) error franchise tax payments.	oneously made 2010
	Check the box if both the statutor	y agent and address reported below are the	Ś	Check the box if all the corporate officers reported below a	re the same as were
Agent	same as were reported on last yea		icer	reported on last year's franchise tax report.	
	Name		<b>Corporate Officers</b>	President	
Statutory			rate		
atu	Address		rpo	Secretary	
s.	City, state, ZIP code		ပိ	Treasurer	
Sc	hedule A – Net Income	Instructions for this form are on our	Neb	o site at <b>tax.ohio.gov. Whol</b> e	Dollars Only
1.	Federal taxable income (from IF	RS form 1120, line 28). Consolidated	fec	deral filers, see instructions1.	00
				nchise filers, skip to line 62.	00
		-			00
4.	Allocable income everywhere (f	rom Schedule C, line 3)		4	
5.	Apportionable income (line 3 mi	inus line 4)		5	00
6.	Ohio separate company apporti	onment ratio from Schedule D, line 4	e (e	ven if a member of a combined report)6.	•
7.	Apportioned income (line 5 mult	tiplied by line 6 or from Ohio form FT	11	20C, Schedule B (Combined), line 7)7.	00
				8	
				9	
	-			Schedule B-3 (Combined)10	
				3, 9 and 10)	00
				on). R.C. 5733.04(I)(1)12	00
	Worth		•••••		100
		ulo E line E)		15	00
		(a) = 100000000000000000000000000000000000	150	),00010	
	nputation of Total Tax	vente (greater of lines 14 or 16, but no	+ 10	$a_{1}$ then the minimum for any norm $(b)$ 17	00
				ess than the minimum fee, see page 6)17	
				line 19," but not less than minimum fee)20.	
				ach grant request form)	
	÷ .	÷ .		an minimum fee (line 20 minus line 21)22.	00
				_ EX	00
					00
25.	Total payments and refundable	credits (add lines 23 and 24)			00
26.	Tax due (line 22 minus line 25).				00
	Interest			interest and penalty27	
		•		ded report, enter -0-)	
31.				rm FT REF)	00
	N	Mail with remittance to: Ohio Department of	Таха	ation, P.O. Box 27, Columbus, Ohio 43216-0027	

For Department Use Only	Date Received	Check Amount	Processing Code

# Schedule B – Adjustments to Federal Taxable Income – R.C. 5733.04(I)

1. A	dditions:				
a)	Valuation limitation on losses from capital or 1231 assets (Ohio form FT 1120VL)	.1a.			00
b)	Losses from sale of Ohio public obligations	.1b.			00
c)	Amount claimed as a credit for taxes paid by a qualifying pass-through entity	.1c.			00
d)	Net loss from an "exempted investment" in a public utility	.1d.			00
e)	Depreciation expense adjustment from Schedule B-4, line 1 and miscellaneous federal tax adjustments	.1e.			00
f)	Distributive or proportionate share of pass-through entity expenses paid to, losses incurred from				
	transactions with, and excess inventory costs paid to related members	1f.			00
g)	Total additions (add lines 1a through 1f)	.1g.			00
2. D	eductions:				
a)	Net income from foreign sources (Schedule B-2, line 5)	.2a.			00
b)	Valuation limitation on gains from capital or 1231 assets (Ohio form FT 1120VL)	.2b.			00
c)	Dividends received (Internal Revenue Code section [I.R.C.] 243 and R.C. 5733.04(I)(7) and (I)(8))	.2c.			00
d)	Adjustment for targeted jobs tax credit or work opportunity tax credit	.2d.			00
,	Net interest income from exempt U.S. obligations				00
	Interest on Ohio public and purchase obligations and gain from the sale of Ohio public obligations				00
	Contributions to an individual development account program				00
	Net income from an "exempted investment" in a public utility	-			00
	Depreciation expense adjustment from Schedule B-4, line 19 and miscellaneous federal tax adjustments				00
	Total deductions (add lines 2a through 2i)				00
3. N	et adjustments:				
	ne 1g minus line 2j. If negative, put in parentheses. Enter here and on Schedule A, line 2	3.			00
	edule B-2 – Foreign Source Income Deduction – R.C. 5733.04(I)(2)				
1.	I.R.C. section 78 and 951 income	1.			00
2	. Foreign dividends x 100% =	2.			00
3	. Foreign royalties x 90% =	3.			00
4	. (a) Income from technical and other services				
	(b) Reimbursed expenses for personal services performed for subsidiaries				
	(c) Line 4a minus line 4b X 90% =	4c.			00
5	Foreign source income deduction (add lines 1, 2, 3 and 4c). Enter here and on Schedule B, line 2a	5.			00
Sche	edule B-3 – Related Entity and Related Member Adjustments				
Note:	f the taxpayer is a member of a combined franchise group, complete Schedule B-3 (combined) on Ohio form FT 1120C.				
1.	. Related entity gains (losses) from sale of investments in stock or debt. R.C. 5733.04(I)(12)(a)	1.			00
2	. Related entity gains (losses) from sale of other intangible property. R.C. 5733.04(I)(12)(b)	2.			00
3	. Total related entity gains (losses; add lines 1 and 2)	3.			00
4	Allocable portion of line 3	4.			00
5	. Apportionable related entity gains (losses). (Subtract line 4 from line 3.)	5.			00
6	Interest expense and intangible expense paid to related members. R.C. 5733.04(I)(13) and 5733.042	6.			00
7	Add lines 5 and 6	7.			00
8	. Ohio apportionment ratio (Schedule D, line 4)	8.		•	
9	. Apportioned income (multiply line 7 by line 8)	9.			00
10	. Related entity gains (losses) allocable to Ohio	.10.			00
11.	Add excess related entity loss (if loss deducted in all states exceeds total loss). R.C. 5733.054(B)	. 11.			00
12	. Excess related entity gain (if gain taxed by all states exceeds total gain). R.C. 5733.054(A)	.12.	(	)	00
13	Related members' net interest income and net intangible income taxed by other states. R.C. 5733.055. (Enter the lesser of (i) such income taxed by other states or (ii) the product of line 6	40	(	)	00
	times line 8.)			,	
14	. Related entity and related member adjustment (add lines 9, 10, 11, 12 and 13). Enter here and on Schedule A. line 10				00

## Schedule B-4 – Bonus Depreciation and Section 179 Adjustment

da	C. 5733.04(I)(17) and (I)(18). See the department's information releases ted Nov. 7, 2002 and July 31, 2002 – revised June 2004, available on our eb site at tax.ohio. gov.	(a) Schedule B	(b) To Schedule C Allocable to Ohio	(c) To Schedule C Allocable Everywhere
1.	Enter in column (a) of this schedule and include on Schedule B, line 1(e) the sum of (i) 5/6 of the I.R.C. section 168(k) bonus depreciation amount deductible in determining federal taxable income for the taxable year <sup>1</sup> and (ii) 5/6 of the "qualifying section 179 depreciation expense" <sup>2</sup> deductible in determining federal taxable income for the taxable year. However, if the taxpayer is a member of a combined report, enter here and include the sum on Ohio form FT 1120C, Schedule B (Combined), line 2(e).			
2.	Enter in column (b) the portion of the amount on line 1 that is related to Schedule C nonbusiness income allocable to <b>Ohio</b> .			
3.	Enter in column (c) the portion of the amount on line 1 that is related to Schedule C nonbusiness income allocable <b>everywhere</b> .			
4.	Enter in column (a) 1/5 of the amount entered on Schedule B-4, line 1 of the <b>2009</b> franchise tax report. That is, enter 1/5 the sum of (i) the I.R.C. section 168(k) bonus depreciation amount included on Schedule B-4, line 1 of the 2009 franchise tax report and (ii) the "qualifying section 179 depreciation expense" amount included on Schedule B-4, line 1 of the 2009 franchise tax report.			
5.	If on the <b>2009</b> report the taxpayer entered an amount in Schedule B-4, line 2, enter in column (b) 1/5 of that amount.			
6.	If on the <b>2009</b> report the taxpayer entered an amount in Schedule B-4, line 3, enter in column (c) 1/5 of that amount.			
7.	Enter in column (a) 1/5 of the amount entered on Schedule B-4, line 1 of the <b>2008</b> franchise tax report. That is, enter 1/5 the sum of (i) the I.R.C. section 168(k) bonus depreciation amount included on Schedule B-4, line 1 of the 2008 franchise tax report and (ii) the "qualifying section 179 depreciation expense" amount included on Schedule B-4, line 1 of the 2008 franchise tax report.			
8.	If on the <b>2008</b> report the taxpayer entered an amount in Schedule B-4, line 2, enter in column (b) 1/5 of that amount.			
9.	If on the <b>2008</b> report the taxpayer entered an amount in Schedule B-4, line 3, enter in column (c) 1/5 of that amount.			
10.	Enter in column (a) 1/5 of the amount entered on Schedule B-4, line 1 of the <b>2007</b> franchise tax report. That is, enter 1/5 the sum of (i) the I.R.C. section 168(k) bonus depreciation amount included on Schedule B-4, line 1 of the 2007 franchise tax report and (ii) the "qualifying section 179 depreciation expense" amount included on Schedule B-4, line 1 of the 2007 franchise tax report.			
11.	If on the <b>2007</b> report the taxpayer entered an amount in Schedule B-4, line 2, enter in column (b) 1/5 of that amount.			
12.	If on the <b>2007</b> report the taxpayer entered an amount in Schedule B-4, line 3, enter in column (c) 1/5 of that amount.			
13.	Enter in column (a) 1/5 the amount entered on Schedule B-4, line 1 of the <b>2006</b> franchise tax report. That is, enter 1/5 the sum of (i) the I.R.C. section 168(k) bonus depreciation amount included on Schedule B-4, line 1 of the 2006 franchise tax report and (ii) the "qualifying section 179 depreciation expense" amount included on Schedule B-4, line 1 of the 2006 franchise tax report.			
14.	If on the <b>2006</b> report the taxpayer entered an amount in Schedule B-4, line 2, enter in column (b) 1/5 of that amount.			
15.	If on the <b>2006</b> report the taxpayer entered an amount in Schedule B-4, line 3, enter in column (c) 1/5 of that amount.			

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Sc	hedule B-4 – Cont.	(a) Schedule B	(b) To Schedule C Allocable to Ohio	(c) To Schedule C Allocable Everywhere
16.	Enter in column (a) 1/5 the amount entered on Schedule B-4, line 1 of the <b>2005</b> franchise tax report. That is, enter 1/5 of the sum of (i) the I.R.C. section 168(k) bonus depreciation amount included on Schedule B-4, line 1 of the 2005 franchise tax report and (ii) the "qualifying section 179 depreciation expense" amount included on Schedule B-4, line 1 of the 2005 franchise tax report.			
17.	If on the <b>2005</b> report the taxpayer entered an amount on Schedule B-4, line 2, enter in column (b) 1/5 of that amount.			
18.	If on the <b>2005</b> report the taxpayer entered an amount on Schedule B-4, line 3, enter in column (c) 1/5 of that amount.			
19.	Add lines 4, 7, 10, 13 and 16. Enter the sum here and include the sum on Schedule B, line $2(i)$ . However, if the taxpayer is a member of a combined report, enter here and include the sum on Schedule B (Combined), line $2(q)$ .			
20.	Add lines 5, 8, 11, 14 and 17.			
21.	Subtract line 20 from line 2. If the result is negative, put in parentheses. Enter here and in the <b>Ohio</b> column of Schedule C, line 1.			
22.	Add lines 6, 9, 12, 15 and 18.			
23.	Subtract line 22 from line 3. If the result is negative, put in parentheses. Enter here and in the <b>everywhere</b> column of Schedule C, line 1. However, if the taxpayer is a member of a combined report, enter here and on Schedule C (Combined), line 1.			

## Endnotes for Schedule B-4 – Bonus Depreciation and Section 179 Adjustment

<sup>1</sup> For purposes of the 5/6 add-back for bonus depreciation and section 179 expenses, the taxpayer's bonus depreciation and section 179 expense amounts "deductible in determining federal taxable income for the taxable year" are the taxpayer's amounts expensed for federal income tax purposes adjusted by any "miscellaneous federal adjustments" (if applicable) with respect to (i) I.R.C section 168(k) bonus depreciation expense and (ii) I.R.C. section 179 depreciation expense. See the instructions for Schedule B, lines 1(e) and 2(i). <sup>2</sup> "Qualifying section 179 depreciation expense" means the difference between (i) the amount of depreciation expense directly or indirectly allowed the taxpayer under I.R.C. section 179 adjusted by any "miscellaneous federal adjustments" (if applicable) with respect to I.R.C. section 179 depreciation expense, and (ii) the amount of depreciation expense directly or indirectly allowed the taxpayer under I.R.C. section 179 as that section existed on Dec. 31, 2002. See the instructions for Schedule B, lines 1(e) and 2(i) and R.C. section 5733.04(I)(17)(a)(ii).

Addback Year	Franc	Franchise tax report years in each of which the taxpayer deducts 1/5 of the I.R.C. section 168(k) and qualifying section 179 amounts added back on a previous year's tax report.									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total Deduction
2005	1/5	1/5	1/5	1/5	1/5						5/5
2006		1/5	1/5	1/5	1/5	1/5					5/5
2007			1/5	1/5	1/5	1/5	1/5				5/5
2008				1/5	1/5	1/5	1/5	1/5			5/5
2009					1/5	1/5	1/5	1/5	1/5		5/5
2010						1/5	1/5	1/5	1/5	1/5	5/5

# Bonus Depreciation and Section 179 Adjustment

Corporation name	Franchise tax I.D.#	Tax vear <b>2010</b>	FT 1120
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#### Schedule C – Allocable Income – R.C. 5733.051

Note: All income, gain, loss and expense is presumed to be apportionable business income. See instructions.

- 1. Amounts from Schedule B-4. lines 21 and 23.....
- 2. Nonbusiness income (attach explanation).....
- 3. Total everywhere (if negative, put in parentheses; enter here and on
- 4. Total Ohio (if negative, put in parentheses; enter here and on Schedule A, line 8).....

Within Ohio	<b>Total Everywhere</b>
1	1
2.	2
3.	3
	0.
4.	4.

1.	
2.	
3.	
0.	
4.	

#### Schedule D – Net Income Apportionment Ratio – R.C. 5733.05(B)(2)

Note: Any request for deviation from the statutory allocation and apportionment provisions must be in writing. If the denominator of any factor is zero, the weight given to the other factors must be proportionately increased so that the total weight given to the combined number of factors used is 100%. In computing the property, payroll and sales factors do not include the portion of property, payroll and sales to the extent such portion relates to, or is used in connection with, the production of nonbusiness income.

Compute Schedule D on a separate company basis even if the taxpayer	(a)	(b) Total	(c)		(d) Weighted
is a member of a combined report.	Within Ohio	Everywhere	Ratio	Weight	Factor
1. Property					
(a) Owned (average cost)			_ (carry to six		
(b) Rented (annual rental x 8)	·		decimal places)		
(c) Total property	·	÷	_ =	_ x .20 = 10	•
2. Payroll		÷	=	_ x .20 = 2	<u> </u>
3. Sales		÷	=	_ x .60 = 3	3
4. Total apportionment ratio (add weight					
line 6 and, if applicable, Schedule F, li	ine 6 (see note in S	Schedule F)		4	ł

## Schedule D-2 – Net Worth Apportionment Ratio – R.C. 5733.05(C)(2)

Note: Complete Schedule D-2 only if the taxpayer has nonbusiness income. In apportioning net worth, adjust the numerator and denominator of the apportionment ratio from Schedule D, above, to include the portion of any real and tangible personal property, payroll and sales related to, or used in connection with, the production of nonbusiness income allocated under R.C. 5733.051.

Compute Schedule D-2 on a separate company basis even if the taxpayer is a member of a combined report.	(a) Within Ohio	(b) Total Everywhere	(c) Ratio	Weight	(d) Weighted Factor
1. Property					
a) Owned (from Sched. D, line 1a)			-		
b) Adjustments			-		
c) Rented (from Sched. D, line 1b)			- (carry to six		
d) Adjustments			decimal places)		
e) Total adjusted property		÷	=	x .20 =	1e
2. Payroll					
a) From Schedule D, line 2					
b) Adjustments					
c) Total adjusted payroll		÷	=	x .20 =	2c
3. Sales					
a) From Schedule D, line 3					
b) Adjustments					
c) Total adjusted sales		÷	=	_ x .60 =	3c
4. Total apportionment ratio (add weighte Schedule F, line 6, even if the taxpaye			3c). Enter here and	on	4

Corporation name	Franchise tax I.D.#	Tax year <b>2010</b>	FT 1120 Rev. 3/10
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#### Schedule E — Balance Sheet

Attach to this franchise tax report a balance sheet (e.g., IRS form 1120, Schedule L) that reflects the books of the taxpayer on a separate company basis as of the beginning and the end of the taxable year.

#### Schedule F – Computation of Taxable Value – R.C. 5733.05(C)

**Note:** Taxable value is determined on a separate company basis even if the taxpayer is a member of a combined report. Multiply the taxpayer's separate company net value of stock by the taxpayer's separate company apportionment ratio.

1. Net worth (assets minus liabilities)	1.	00
2. Qualifying amount (if the taxpayer is a related member to a qualifying holding company) R.C. 5733.05(C)(2)	2	00
3. Adjusted net worth (add lines 1 and 2)	3	00
4. Exempted assets (net book value)		
(a) Civil defense shelters4a.	00	
(b) Land in Ohio devoted exclusively to agriculture4b.	00	
(c) Total exempted assets	4c	00
5. Net value of stock (line 3 minus line 4c). Enter here and on Schedule A, line 15	5	00
6. Ohio apportionment ratio (from Schedule D or D-2, line 4, see note above)	6	
7. Taxable value (multiply line 5 by line 6). Enter here and on Schedule G. lines (d). (i) and (l)	7.	00

	Minimum Fee Requirements Caution: The taxpayer's nonrefundable credits and the grant for purchases of new manufacturing machinery and equipment <u>cannot</u> reduce the taxpayer's liability below the minimum fee.				
Minimum Fee	Thresholds				
\$1,000	<ol> <li>If the sum of the taxpayer's gross receipts from activities within and without Ohio during the taxable year equals or exceeds \$5 million; or</li> <li>If the total number of the taxpayer's employees within and without Ohio during the taxable year equals or exceeds 300.</li> </ol>				
	<b>Note:</b> In determining these thresholds, the taxpayer must include its proportionate share of the gross receipts of any pass-through entity in which the taxpayer has a direct or indirect ownership interest <b>and</b> its proportionate share of the number of employees of the pass-through entity. Gross receipts include receipts that generate business income and receipts that generate nonbusiness income.				
\$50	If both the taxpayer's gross receipts and number of employees are less than the thresholds above.				

#### Instructions for Check Boxes on Page 1

- Amended report If the amended report reflects an overpayment, attach Ohio form FT REF and see general instruction #26, "application for refund."
- Combined report Attach Ohio forms FT 1120C and FT OTAS to the Ohio franchise tax report of the "lead" taxpayer shown in column 2 of the FT 1120C and show the lead taxpayer's Ohio franchise tax I.D. number on the line next to the check box.
- Qualifying holding company Attach Ohio form FT QHC.
- If the corporation is no longer subject to the franchise tax because of the phase-out and the corporation is entitled to the refundable historic building preservation credit, the refundable motion picture credit, the refundable credit for tax withheld by the Ohio Lottery Commission and/or erroneously made 2010 franchise tax payments, the corporation can obtain a refund of the credit amount by (i) completing the taxpayer identification information and checking the appropriate box on page 1, (ii) completing the declaration on page 8 and (iii) filing this form with a copy of the appropriate tax credit certificate. Please do not check the box if the corporation remains subject to the franchise tax after the phase-out and the taxpayer is claiming any of these refundable credits.

# Schedule G – Tax Computation Worksheet

# Section 1: Franchise Tax Computation

## Net Income Basis

as members of a combined report must share one \$0 to \$50,000 the net income basis tax bracket to which the 5.1% rate applies. Such related taxpayers must share one \$0 to \$50,000 tax bracket re-	e a combined report. See R.C. 5733 xable income that exceeds the pr e higher franchise tax and litter to ust prorate the \$0 to \$50,000 brac nio Taxpayer Affiliation Schedule. To pplies to both the franchise tax and	orated amount is taxable at ax rates. Related taxpayers cket on Ohio form FT OTAS, he proration, however made,
		_  00
<ul><li>a) First \$50,000 of Ohio taxable income (see note above)</li><li>b) Ohio taxable income greater than \$50,000 (see note above)</li></ul>		a
c) Tax on net income basis. (Add lines (a) and (b). Enter here and on Sch		
<u>Net Worth Basis</u> (The tax on net worth basis is not to exceed \$150,00	00.)	
d) Taxable value (from Schedule F, line 7). (Enter product here and on Schedule A, line 16.)	x .004 =	d 00
Tax Due		
e) Greater of lines (c) or (d), but not less than the minimum fee. (Enter her	e and on Sched. A, line 17.)	e   00
Section 2: Litter Tax Computation		
Tier One Litter Tax (Complete tier one if the amount on line (e) is greated	r than the minimum fee.)	
Net Income Basis		
f) First \$50,000 of Ohio taxable income (see note above)	x .0011 =	f00
g) Ohio taxable income greater than \$50,000 (see note above)		g 00
h) Add lines (f) and (g)		h00
Net Worth Basis		
i) Taxable value (from Schedule F, line 7)	x .00014 =	i 00
	x .00014 =	i 00
i) Taxable value (from Schedule F, line 7)	a member of a combined report,	
<ul> <li>i) Taxable value (from Schedule F, line 7)</li> <li>Tier One Litter Tax</li> <li>j) Greater of lines (h) or (i) but not greater than \$5,000. If the taxpayer is</li> </ul>	a member of a combined report,	.j 00
<ul> <li>i) Taxable value (from Schedule F, line 7)</li> <li>Tier One Litter Tax</li> <li>j) Greater of lines (h) or (i) but not greater than \$5,000. If the taxpayer is see Ohio form FT 1120C for limitation</li> </ul>	a member of a combined report,	.j 00
<ul> <li>i) Taxable value (from Schedule F, line 7)</li> <li>Tier One Litter Tax</li> <li>j) Greater of lines (h) or (i) but not greater than \$5,000. If the taxpayer is see Ohio form FT 1120C for limitation</li> <li>Tier Two Litter Tax (Complete tier two only if the taxpayer manufactures</li> </ul>	a member of a combined report, or sells litter stream products. Se	.j  00 e instructions.)
<ul> <li>i) Taxable value (from Schedule F, line 7)</li> <li>Tier One Litter Tax</li> <li>j) Greater of lines (h) or (i) but not greater than \$5,000. If the taxpayer is see Ohio form FT 1120C for limitation</li> <li>Tier Two Litter Tax (Complete tier two only if the taxpayer manufactures Net Income Basis</li> </ul>	a member of a combined report, or sells litter stream products. Se	.j  00 e instructions.)
<ul> <li>i) Taxable value (from Schedule F, line 7)</li> <li>Tier One Litter Tax</li> <li>j) Greater of lines (h) or (i) but not greater than \$5,000. If the taxpayer is see Ohio form FT 1120C for limitation</li> <li>Tier Two Litter Tax (Complete tier two only if the taxpayer manufactures Net Income Basis</li> <li>k) Ohio taxable income greater than \$50,000 (see note above)</li></ul>	a member of a combined report, or sells litter stream products. Se x .0022 =	.j 00 e instructions.) k00
<ul> <li>i) Taxable value (from Schedule F, line 7)</li> <li>Tier One Litter Tax</li> <li>j) Greater of lines (h) or (i) but not greater than \$5,000. If the taxpayer is see Ohio form FT 1120C for limitation</li> <li>Tier Two Litter Tax (Complete tier two only if the taxpayer manufactures Net Income Basis</li> <li>k) Ohio taxable income greater than \$50,000 (see note above)</li></ul>	a member of a combined report, or sells litter stream products. Se x .0022 =	.j 00 e instructions.) k00
<ul> <li>i) Taxable value (from Schedule F, line 7)</li> <li>Tier One Litter Tax</li> <li>j) Greater of lines (h) or (i) but not greater than \$5,000. If the taxpayer is see Ohio form FT 1120C for limitation</li> <li>Tier Two Litter Tax (Complete tier two only if the taxpayer manufactures Net Income Basis</li> <li>k) Ohio taxable income greater than \$50,000 (see note above)</li></ul>	a member of a combined report, or sells litter stream products. Se x .0022 = x .00014 =	.j  00 e instructions.) k  00 I  00
<ul> <li>i) Taxable value (from Schedule F, line 7)</li> <li>Tier One Litter Tax</li> <li>j) Greater of lines (h) or (i) but not greater than \$5,000. If the taxpayer is see Ohio form FT 1120C for limitation</li></ul>	a member of a combined report, or sells litter stream products. Se 	.j  00 e instructions.) k  00 I  00

abadula A. 1. Nanzafundabla Cradita			
chedule A-1 – Nonrefundable Credits	Ohio Revised Code (R.C.)		
redits must be claimed in the order listed. R.C. 5733.98	Section		
<ol> <li>Credit for qualifying affiliated groups (due to related entity and related member adjustments)</li> </ol>	5733 068	1	00
2. Credit for recycling and litter prevention donations		2	00
<ol> <li>Credit for maintaining railroad crossing warning devices</li> </ol>		3	00
4. Job retention credit (attach credit certificate)		4	00
5. Job training credit (carryforward amount only)		5	00
6. Credit for qualified research expenses		6	00
7. Credit for eligible new employees in an enterprise zone		7	00
3. Ethanol plant investment credit		8	00
9. Credit for grape production property		9	
<ol> <li>Technology investment credit (attach credit certificate from Technology and Ent Advisory Reard)</li> </ol>		10	00
Advisory Board) 1. Enterprise zone day care and training credits			
<ol> <li>2. Research and development loan repayment credit (attach credit certificate)</li> </ol>			
3. Credit for taxes paid by a qualifying pass-through entity			00
4. Total nonrefundable credits; enter here and on Schedule A, line 19			
Questionnaire (you must complete this schedule)			
Corporation tax records are in care of (name, please print)			
Telephone numberE-mail addre			
2. Is this corporation a member of a consolidated U.S. 1120?  Yes No. If "ye			
Name FEIN			-
and the number of corporations that are included in the consolidated U.S. group			
3. Is the corporation currently under audit by the IRS? $\Box$ Yes $\Box$ No If yes, what			
Does the corporation currently have IRS audits under appeal? Yes No	-		
What was the last year the IRS redetermined the corporation's federal taxable i			
4. During the taxable year, did this corporation make payments to, or receive pa			
	iymeniis nom, a Telai	eu member as	s defined in K.C
5733.042? 🗌 Yes 🗌 No		uhia at ta tha Ok	
. During 2000 or 2000 was this some ration the sum inter of a management the sectors			ala franchian taw
5. During 2008 or 2009 was this corporation the survivor of a merger with another c	corporation that was su	ubject to the Or	nio franchise tax'
	-	-	
Yes No 6. If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(s	-	-	
<ul> <li>Yes No</li> <li>S. If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(s come)</li> </ul>	) to which you reporte	ed such income	e as <u>business</u> in
<ul> <li>Yes No</li> <li>If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(s) come</li></ul>	) to which you reporte a REIT a related me	ed such income	e as <u>business</u> in
<ul> <li>Yes No</li> <li>If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(state)</li> <li>come</li> <li>Is the taxpayer a "related member" to a real estate investment trust (REIT) or is</li> <li>Yes No If "yes," please identify the REIT by name, address and FEIN</li> </ul>	) to which you reporte a REIT a related me	ed such income mber to the tax	e as <u>business</u> in xpayer?
<ul> <li>Yes No</li> <li>If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(s) come</li></ul>	) to which you reporte a REIT a related me	ed such income mber to the tax	e as <u>business</u> in xpayer?
<ul> <li>☐ Yes ☐ No</li> <li>6. If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(s come</li></ul>	) to which you reporte a REIT a related ments at of 20% or more in an	ed such income mber to the tax ny pass-throug	e as <u>business</u> in payer? h entity?
<ul> <li>Yes No</li> <li>If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(state)</li> <li>Is the taxpayer a "related member" to a real estate investment trust (REIT) or is</li> <li>Yes No If "yes," please identify the REIT by name, address and FEIN -</li> <li>During the taxable year, did the taxpayer have a direct or indirect equity interes</li> <li>Yes No</li> <li>During the taxable year or any of the three preceding taxable years, did the taxpayer</li> </ul>	) to which you reporte a REIT a related men at of 20% or more in an ayer, directly or indirect	ed such income mber to the tax ny pass-throug	e as <u>business</u> in payer? h entity?
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<ul> <li>Yes □ No</li> <li>If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(state come</li></ul>	) to which you reporte a REIT a related men t of 20% or more in an ayer, directly or indirects [] No [] <b>poration must sigr</b>	ed such income mber to the tax ny pass-throug otly, participate <b>a this declara</b> prination to public or organization that	e as <u>business</u> in cpayer? Ih entity? in any tax shelte <b>ation)</b> : office, or a political supports or opposes
<ul> <li>Yes □ No</li> <li>If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(state come</li></ul>	) to which you reported a REIT a related men at of 20% or more in an ayer, directly or indirect s No <b>poration must sign</b> candidate for election or me e, legislation campaign fund d late or in any manner used a er, or for reimbursement or in	ed such income mber to the tax ny pass-throug etly, participate <b>a this declara</b> pomination to public or organization that ny of its money for	e as <u>business</u> in cpayer? h entity? in any tax shelte ation) c office, or a political supports or opposes any partisan political
<ul> <li>Yes □ No</li> <li>If you entered any <u>nonbusiness</u> income on page 1, line 4, indicate the state(s come</li></ul>	) to which you reported a REIT a related men at of 20% or more in an ayer, directly or indirect s No <b>poration must sign</b> candidate for election or me e, legislation campaign fund d late or in any manner used a er, or for reimbursement or in	ed such income mber to the tax ny pass-throug etly, participate <b>a this declara</b> pomination to public or organization that ny of its money for	e as <u>business</u> in cpayer? h entity? in any tax shelte ation) c office, or a political supports or opposes any partisan political
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