





Rev. 07/16/24

## 2024 IT 4738

FEIN

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24390206

**Schedule I – Taxable Income, Tax, Payments and Net Amount Due Calculations...cont.**

9. Tax liability (line 8 times tax rate, see instructions for tax rate).....9.
10. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....10.
11. Ohio IT 4738 estimated UPC/electronic payments for the taxable year .....11.
12. Ohio IT 1140 and IT 4708 estimated UPC/electronic payments and prior year IT 1140 or  
IT 4708 overpayment claimed on this return .....12.
13. Refunds previously issued on the original IT 4738 (amended returns only).....13.
14. Total net Ohio estimated tax payments for 2024 (sum of lines 11 and 12 minus line 13).....14.
15. Prior year IT 4738 overpayment credited to 2024 (see 2023 Ohio IT 4738, line 18).....15.
16. Total Ohio tax payments (sum of lines 14 and 15)  
(Note: No credits are allowed on the IT 4738) .....16.
17. Overpayment (line 16 minus sum of lines 9 and 10; if negative, enter zero).....17.  
**If line 17 is a positive amount, continue to line 18. OTHERWISE, continue to line 20.**
18. Amount of line 17 to be CREDITED toward next year's liability  
(if this is an amended return, enter zero) ..... CREDIT CARRYFORWARD ▶ 18.
19. Amount of line 17 to be REFUNDED (line 17 minus line 18)..... REFUND ▶ 19.
20. Net amount due (sum of lines 9 and 10 minus line 16, if negative, enter zero).....20.
21. Interest due on late payment of tax (see instructions) .....21.
22. Total amount due (add lines 20 and 21). Make check payable to Ohio Treasurer of State,  
include Ohio IT 4738 UPC and place FEIN on check .....AMOUNT DUE ▶ 22.

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

**Sign Here (required):** I represent and understand that the filing of this return is an **irrevocable election** to be subject to the tax levied under R.C. 5747.38 for the taxable year. I have read this return. I declare under penalties of perjury that this return or claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

Electing pass-through entity officer or agent (print)

Title of officer or agent (print)

Phone number

Signature of electing pass-through entity officer or agent

Date (MM/DD/YY)

Preparer's name (print)

Phone number

Preparer's e-mail address

PTIN

P

Check here to authorize your preparer to discuss this return with the Department

Do not staple or paper clip.

Place any supporting documents, including Ohio IT K-1s, after the last page of this return.

**Mail to:**  
**Ohio Dept. of Taxation**  
**P.O. Box 181140**  
**Columbus, OH 43218-1140**

Instructions for this form are  
available at [tax.ohio.gov](http://tax.ohio.gov)

**Do not write in this area; for department use only.**



**Schedule II – Income and Adjustments**

Amounts reflected in Schedule II and Schedule III are the combined amounts from the federal Schedule K-1s for the taxable year for **all** owners. **Include with this return a copy of the applicable federal 1120S/1065 and K-1s of all owners.**

|                                                                                                                                                                                                                                                                                               |      |                          |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|-------------|
| 23. Ordinary business income (loss).....                                                                                                                                                                                                                                                      | 23.  | <input type="checkbox"/> | <div></div> |
| 24. Related member adjustments for expenses or losses incurred by the electing pass-through entity .....                                                                                                                                                                                      | 24.  |                          | <div></div> |
| 25. Guaranteed payments that the electing pass-through entity made to each owner if such owner directly or indirectly owns at least 20% of the electing pass-through entity .....                                                                                                             | 25.  |                          | <div></div> |
| 26. Compensation that the electing pass-through entity paid to each owner if such owner directly or indirectly owns at least 20% of the electing pass-through entity. Reciprocity agreements do not apply.....                                                                                | 26.  |                          | <div></div> |
| 27. Net income (loss) from rental activities other than amount shown on line 23 .....                                                                                                                                                                                                         | 27.  | <input type="checkbox"/> | <div></div> |
| 28a Interest income.....                                                                                                                                                                                                                                                                      | 28a. |                          | <div></div> |
| 28b Dividends .....                                                                                                                                                                                                                                                                           | 28b. |                          | <div></div> |
| 28c Royalties .....                                                                                                                                                                                                                                                                           | 28c. |                          | <div></div> |
| 28d Net short-term capital gain (loss).....                                                                                                                                                                                                                                                   | 28d. | <input type="checkbox"/> | <div></div> |
| 28e Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. <b>Note:</b> If adding lines 28d and 28e results in a net loss, the net allowable loss for the sum of these two lines cannot exceed the product of \$3,000 and the number of owners ..... | 28e. | <input type="checkbox"/> | <div></div> |
| 29. Net gain (loss) under IRC § 1231.....                                                                                                                                                                                                                                                     | 29.  | <input type="checkbox"/> | <div></div> |
| 30. IRC §168(k) bonus depreciation and §179 expense add-back.<br>Complete Schedule VI .....                                                                                                                                                                                                   | 30.  | <input type="checkbox"/> | <div></div> |
| <input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6 (check applicable box)                                                                                                                                                                                 |      |                          |             |
| 31. Other income or deduction and federal conformity additions (include explanation and supporting schedule).....                                                                                                                                                                             | 31.  | <input type="checkbox"/> | <div></div> |
| 32. Reserved .....                                                                                                                                                                                                                                                                            | 32.  |                          |             |
| 33. Total business income (loss)(add lines 23-32; enter here and on line 1) .....                                                                                                                                                                                                             | 33.  | <input type="checkbox"/> | <div></div> |

**Schedule III – Deductions**

List only those deductions that have not already been used to reduce any income items included on Schedule II.

|                                                                                                                  |     |             |
|------------------------------------------------------------------------------------------------------------------|-----|-------------|
| 34. IRC § 179 expense not deducted in calculating line 23 .....                                                  | 34. | <div></div> |
| 35. Deduction of prior year IRC §168(k) bonus depreciation and §179 expense add-backs (complete Schedule V)..... | 35. | <div></div> |
| 36. Net federal interest/dividends exempt from state taxation & federal conformity adjustments.....              | 36. | <div></div> |
| 37. Exempt gains from the sale of Ohio state or local government bonds.....                                      | 37. | <div></div> |
| 38. Reserved .....                                                                                               | 38. |             |
| 39. Total business deductions (add lines 34-38; enter here and on line 2) .....                                  | 39. | <div></div> |

**Do not write in this area; for department use only.**

**Schedule IV – Apportionment Worksheet**

Use this schedule to calculate the apportionment ratio for an electing pass-through entity. **Note:** Carry all ratios to six decimal places.

**40. Property**

Within Ohio

Total Everywhere

a) Owned (original cost)



Within Ohio

Total Everywhere

b) Rented (annual rental X 8)



Within Ohio

Total Everywhere

c) Total (lines 40a and 40b)

÷

Ratio

Weight

Weighted Ratio

=

X

=

Within Ohio

Total Everywhere

**41. Payroll**

÷

Ratio

Weight

Weighted Ratio

=

X

=

Within Ohio

Total Everywhere

**42. Sales**

÷

Ratio

Weight

Weighted Ratio

=

X

=

43. Ohio apportionment ratio (add lines 40c, 41 and 42). Enter ratio here and on line 4 ..... 43.

**Note:** If the "Total Everywhere" 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%, i.e., if no property/payroll, use 25% and 75%; if no sales, use 50% property/payroll; if only one factor, use 100%.

**Schedule V – IRC § 168K Bonus Depreciation and §179 Expense Add-back Schedule**

☐ Check the box if partial or full depreciation add-back has been waived.

44. Current year IRC §168(k) bonus depreciation and §179 expense add-back ..... 44.

45. Prior years add-back amount and applicable add-back ratio

Column (A) – Amount

Column (B) – Ratio

45a. Year Prior.....

 2/3  5/6  6/6

45b. 2 Years Prior.....

 2/3  5/6  6/6

45c. 3 Years Prior.....

 2/3  5/6  6/6

45d. 4 Years Prior.....

 2/3  5/6  6/6

45e. 5 Years Prior.....

 2/3  5/6  6/6

**Do not write in this area; for department use only.**



**Schedule VI – Owner Information**

List all owners in order from highest to lowest ownership percentage. Use an additional sheet, if necessary.

| SSN                  | FEIN                 | Percent of ownership | Share of EPTE tax (tax credit) |
|----------------------|----------------------|----------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| First name/entity    | M.I.                 | Last name            |                                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                                |
| Address              |                      |                      |                                |
| <input type="text"/> |                      |                      |                                |
| City                 | State                | ZIP code             |                                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                                |
| SSN                  | FEIN                 | Percent of ownership | Share of EPTE tax (tax credit) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| First name/entity    | M.I.                 | Last name            |                                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                                |
| Address              |                      |                      |                                |
| <input type="text"/> |                      |                      |                                |
| City                 | State                | ZIP code             |                                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                                |
| SSN                  | FEIN                 | Percent of ownership | Share of EPTE tax (tax credit) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| First name/entity    | M.I.                 | Last name            |                                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                                |
| Address              |                      |                      |                                |
| <input type="text"/> |                      |                      |                                |
| City                 | State                | ZIP code             |                                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                                |
| SSN                  | FEIN                 | Percent of ownership | Share of EPTE tax (tax credit) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| First name/entity    | M.I.                 | Last name            |                                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                                |
| Address              |                      |                      |                                |
| <input type="text"/> |                      |                      |                                |
| City                 | State                | ZIP code             |                                |
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**Schedule VI – Owner Information...cont.**

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| SSN                                                                                                                           | FEIN | Percent of ownership | Share of EPTE tax (tax credit) |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
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| First name/entity                                                                                                                                                                                                       | M.I. | Last name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SSN                                                                                                                           | FEIN | Percent of ownership | Share of EPTE tax (tax credit) |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
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| First name/entity                                                                                                                                                                                                       | M.I. | Last name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City                                                                                                                                                                                                                    | State | ZIP code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| First name/entity                                                                                                                                                                                                       | M.I. | Last name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City                                                                                                                                                                                                                    | State | ZIP code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Do not write in this area; for department use only.**