



**Business Name:** \_\_\_\_\_ **FEIN/FEID:** \_\_\_\_\_

**GENERAL TAX INFORMATION - MUST BE COMPLETED**

Date Business or Trust created: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Did you file a return last year?  Yes  No  
 Did you have any employees during 2025?  Yes  No  
 On which basis are your records kept?  Cash  Accrual  
 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 renting, name landlord: \_\_\_\_\_  
 If Business either terminated, was sold, or is not required to file Lakewood tax returns, please complete the following:  
 Date of transaction: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you sold your business or report your business activity under another EIN/FID number, complete the following:  
 Name of purchaser or new business: \_\_\_\_\_  
 EIN/FID number of purchaser or new business: \_\_\_\_\_  
 Address of purchaser or new business: \_\_\_\_\_  
 Are any employees leased in the year covered by this return?  Yes  No  
 If YES, provide the name, address, and FID number of the leasing company: \_\_\_\_\_  
 Were 1099-MISC or 1099-NEC Forms issued?  Yes  No  
 If YES, attach copies at the end of this return.

**SCHEDULE W - RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER O.R.C. 718**

<u>Items Not Deductible</u>	<u>Add</u>	<u>Items Not Taxable</u>	<u>Deduct</u>
<b>A.</b> Capital/Ordinary IRS Section 1231 losses deducted _____		<b>J.</b> Capital/Ordinary IRS Section 1231 gains, etc. _____	
<b>B.</b> 5% of Intangible Income not attributable to sale, exchange, or other disposition of IRS Section 1221 property _____		(do not deduct Section 1245 and 1250 gains)	
<b>C.</b> Taxes based on income _____		<b>K.</b> Interest income _____	
<b>D.</b> Guaranteed Payments to Partners (not included within net profits) _____		<b>L.</b> Dividends _____	
<b>E.</b> Charitable contributions deducted above corporate limitations _____		<b>M.</b> Income from patents, etc. _____	
<b>F.</b> IRS Section 179 expense deducted above corporate limitations including O.R.C. 718.01 (E)(10) _____		<b>N.</b> Other Exempt Income _____	
<b>G.</b> Qualified retirement, health insurance, and life insurance plans on the behalf of the owners/owner employees _____		(attach documentation or explanation)	
<b>H.</b> Other expenses not deductible (attach documentation or explanation) _____		<b>O.</b> TOTAL DEDUCTIONS _____	
<b>I.</b> TOTAL ADDITIONS _____			
		<b>P.</b> Subtract Line O from Line I and enter net amount on Page 1, Line 2 _____	

**SCHEDULE X - BUSINESS ALLOCATION FORMULA**

	<u>a. Located Everywhere</u>	<u>b. Located in Lakewood</u>	<u>c. Percentage (b/a)</u>
1. Average Value of Real & Tangible Personal Property	_____	_____	
2. Gross Amount Rentals Paid Multiplied by 8	_____	_____	
3. Subtotal	_____	_____	_____ %
4. Gross Receipts from Sales Made, Work Performed, and/or Services Rendered	_____	_____	_____ %
5. Wages, Salaries, etc. Paid	_____	_____	_____ %
6. Total Percentages			_____ %
7. Average Percentage (Divide total percentage by number of percentages used - enter on Page 1, Line 4)			_____ %

**SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME**

(From Federal Schedules 1065 K-1 and 1099)

1. Name of Each Partner	Resident Y/N	Distributive Shares of Partner		Other Payments	Taxable Percentage	Amount Taxable
		Percent	Amount			
a.		%	\$	\$	%	\$
b.		%	\$	\$	%	\$
c.		%	\$	\$	%	\$
d.		%	\$	\$	%	\$
2. Totals		100%	\$	\$		\$