

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. COMPENSATION OF OFFICERS.....\$ _____	14. UTILITIES.....\$ _____
9. SALARIES & WAGES not deducted elsewhere.....\$ _____	15. INSURANCE.....\$ _____
10. PAYMENTS TO PARTNERS.....\$ _____	16. DEPRECIATION, Amortization, Depletion...\$ _____
11. RENTS (paid to _____).....\$ _____	17. REPAIRS.....\$ _____
12. INTEREST ON BUSINESS INDEBTEDNESS.....\$ _____	18. ADVERTISING & PROMOTION.....\$ _____
13. a. INCOME TAXES ON BUSINESS.....\$ _____	19. AUTO, TRUCK & TRAVEL.....\$ _____
b. OTHER BUSINESS TAXES.....\$ _____	20. OTHER (attach statement).....\$ _____
21. TOTAL BUSINESS DEDUCTIONS (total of lines 8 to 20)\$ _____	
22. NET PROFIT (or loss) FROM BUSINESS or PROFESSION (line 7 less line 21).....\$ _____	

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

Kind and location of property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or Loss)
TOTAL INCOME (or loss) SCHEDULE G					\$ _____

SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULE C or G

INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, FEES, ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H.....\$ _____

TOTAL SCHEDULES, C, G and H. ENTER AS LINE 2, PAGE 1.....\$ _____

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Spencerville	c. (b-a) Percentage
STEP 1 AVERAGE VALUE OF REAL AND TANGIBLE PERSONAL PROPERTY.....	_____	_____	
GROSS ANNUAL RENTAL 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.....			_____ %
AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used – Carry to Line 5b - Page 1)..... %			

SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES ON NET INCOME

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount \$			
(a) _____							
(b) _____							
(c) _____							
(d) _____							
6. Line 22, SCHEDULE C, PAGE 2			100	\$		XXXXXXXXXX	XXXXXXXXXXXXXX

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 Spencerville return been filed for such years? YES NO