

ACCOUNT NO.
 TAXPAYER'S NAME, ADDRESS

TRADE NAME _____
 LOCAL ADDRESS _____
 TELEPHONE: BUSINESS _____
 FEDERAL ID # _____
 IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE
 GIVE DATE OF MOVE AND ADDRESS.

INCOME	1.	TOTAL INCOME FROM PAGE 2 _____	\$ _____
ADJUST- MENTS TO INCOME	2.a	ITEMS NOT DEDUCTIBLE (FROM LINE F SCHEDULE X (from page 1) _____ ADD \$ _____	
	b	ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X (from page 1) _____ DEDUCT \$ _____	
	c	DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 .(+ OR -) \$ _____	
	3.a	ADJUSTED NET INCOME (Line 1 plus or minus Line 2c If Schedule X is used) _____	\$ _____
	b	AMOUNT OF LINE 3a ALLOCABLE (1 % from line 5 Schedule Y) _____	\$ _____
TAX	4.	AMOUNT SUBJECT TO SOUTH CHARLESTON INCOME TAX (LINE 3a OR 3b) _____	\$ _____
	5.	TAX 1% OF LINE 4 _____	\$ _____
	6.	CREDITS:	
		(a) Payments and credits on 19-Declaration of Estimated Tax _____	\$ _____
		(b) 19-OVERPAYMENT _____	\$ _____
		(X) TOTAL CREDITS ALLOWABLE _____	\$ _____
	7.	BALANCE OF TAX DUE (Line 5 Less Line 6x): Make Remittance Payable to Tax Administrator and Attach when Filing _____	\$ _____
		A. PENALTY \$ _____ + INTEREST OF 1/2% PER MONTH \$ _____	TOTAL DUE \$ _____
		B. TOTAL AMOUNT DUE _____	\$ _____
	8.	OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____	

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN

	ITEMS NOT DEDUCTIBLE		ADD
a.	NET LOSS FROM SALE, EXCHANGE OR OTHER DISPOSITION OF CAPITAL OR OTHER ASSETS _____		\$ _____
b.	INTEREST AND/OR OTHER EXPENSE INCURRED IN THE PRODUCTION OF NON-TAXABLE INCOME _____		_____
c.	INCOME TAXES. CITY AND STATE _____		_____
d.	PAYMENTS TO PARTNERS PER FEDERAL FORM 1065.. _____		_____
e.	OTHER ITEMS NOT DEDUCTIBLE (EXPLAIN) _____		_____
f.	TOTAL ADDITIONS (ENTER ON LINE 2a ABOVE) _____		_____

	ITEMS NOT TAXABLE		DEDUCT
g.	NET GAIN FROM SALE, EXCHANGE OR OTHER DISPOSITION OF CAPITAL OR OTHER ASSETS _____		\$ _____
h.	INTEREST EARNED OR ACCRUED _____		_____
i.	DIVIDENDS (LESS FEDERAL EXCLUSION) _____		_____
j.	INCOME FROM PATENTS AND COPYRIGHTS _____		_____
k.	OTHER INCOME EXEMPT (EXPLAIN) _____		_____
l.	TOTAL DEDUCTIONS (ENTER ON LINE 2b ABOVE) _____		_____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature Of Person Preparing If Other Than Taxpayer _____ Date _____ Signature of Taxpayer Or Agent _____ Date _____
 Phone: _____

IN LIEU OF COMPLETING ANY OF THE FOLLOWING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULES OR FORMS

SECTION A	PROFIT [OR LOSS] FROM BUSINESS OR PROFESSION	FEDERAL I.D. NO..
1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS	\$ _____	\$ _____
2. LESS COST OF LABOR \$ _____ MATERIAL, SUPPLIES AND OTHER COSTS	_____	_____
3. GROSS PROFIT FROM SALES, ETC., (LINE 1 LESS LINE 2)	_____	_____
4. INTEREST \$ _____ OTHER BUSINESS INCOME (SPECIFY) \$ _____	_____	_____
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS _____	_____	\$ _____

BUSINESS DEDUCTIONS

6. COMPENSATION OF OFFICERS (CORP. ONLY) 3 _____	12. SALARIES & WAGES \$ _____
7. PAYMENTS TO PARTNERS _____	13. DEPRECIATION, AMORTIZATION \$ _____
8. ADVERTISING & PROMOTION _____	14. RENTS (PAID TO) _____
9. INT. ON BUSINESS INDEBTEDNESS _____	15. OTHER (SPECIFY) _____
10. a. TAXES BASED ON INCOME _____	
b. OTHER BUSINESS TAXES _____	
11. AUTO, TRUCK & TRAVEL _____	16. TOTAL BUSINESS DEDUCTIONS _____
17. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 16)	(TOTAL OF LINES 5 TO 15) \$ _____
	\$ _____

SECTION B	TOTAL FROM FEDERAL SCHEDULE D, FORM 4797	\$ _____
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SECTION C	INCOME FROM RENTS - FROM FEDERAL SCHEDULE E AND R	
KIND & LOCATION OF PROPERTY	AMOUNT OF RENT	DEPRECIATION
		REPAIRS
		OTHER EXPENSES
		NET INCOME (OF LOSS)
NET INCOME [OR LOSS] SECTION C		\$ _____

SECTION D	ALL OTHER TAXABLE INCOME NOT INCLUDED IN SECTIONS A & C	
1. OTHER INCOME (STATE NATURE, ATTACH SCHEDULE IF NECESSARY)		\$ _____
TOTAL	FROM SECTIONS A, B, C & D [ENTER ON PAGE 1, LINE 11]	\$ _____

SCHEDULE Y	BUSINESS ALLOCATION FORMULA		
	a. LOCATED EVERYWHERE	b. LOCATED IN SO. CHAS.	c. PERCENTAGE (b DIVIDE a)
Step 1. Avg. value of real & tang personal property	_____	_____	
Gross annual rentals paid multiplied by 8	_____	_____	
Total Step 1	_____	_____	%
Step 2. Gross Receipts from sales made and/ or work or work or services performed			%
Step 3. Wages, Salaries and other Comp. Paid			%
Step 4. Total Percentages			%
Step 5. Average Percentage (Divide total percentages by Number of Percentages used)			
			CARRY TO LINE 3b, PAGE 1 _____

SECTION E PARTNERS' SHARE OF INCOME							
NAME & ADDRESS OF EACH PARTNER	RESIDENT		DIST SHARES OF PARTNERS		OTHER PAYMENTS	TAXABLE %	AMOUNT TAXABLE
	YES	NO	PERCENT	AMOUNT			
							\$
TOTALS FROM SECTION A & D ABOVE			100	\$			