

Do not staple or paper clip.

2021 Ohio IT 1041 Fiduciary Income Tax Return



Rev. 11/08/21

Use only black ink and UPPERCASE letters. Use whole dollars only.

_						
	Check here if <u>amended</u> return	Check here if <u>final</u> re		<u>l</u> return	Reporting Period Start Date	
FEIN SSN of decedent (estat						
		ates only)	distributed to a be	neficiary	Reporting Period End Date	
Na	ame of trust or estate					
Na	ame of trust or estate (second line)					
Fic	duciary name and title					
Ad	dress Check here if address changed					
Cit	у	St	ate ZIP code			
Fc	oreign State Code Country Code Foreign country	(if the mailing addre	ss is outside the U.S.)		Foreign postal code	
_	Trust Must Select One	Trusts	Select All That Apply			
	Simple trust OR Complex trust	Irrevocable to		amentary trust	Check here if "qualify	
	Trust Must Select One	Est	ate Must Select One		ing pre-income ta trust" (Attach letter o	
_	Resident trust OR Nonresident trust	Bankruptcy e	estate OR Dec	edent's estate	exemption)	
	hedule I – Taxable Income, Tax, Payments and Net Amount Federal taxable income (federal 1041, line 23). Include page 1 of the federal 1041			ace a "–" in the l	box provided.)	
2.	Net Schedule II adjustments from line 42		2.			
3.	Ohio taxable income (line 1 plus or minus line 2). Estates s	should skip to line 8.	3.			
4.	Trusts - Qualifying Trust Amount (from line 61)		4.			
5.	Trusts - Apportioned Income (from line 64)		5.			
6. Trusts - Modified nonbusiness income (from line 67)						
8.	Tax liability on line 3 (estates) or line 7 (trusts). See instruc	ctions for tax tables.	8.			
9.	Estates - Credits from line 50		9.			
10	. Credits from Schedules IV, V, IX and E		10.			
				For Depa	artment Use Only	
	Do not write in this area; for depart	rtment use only	<u>/-</u>	Postn	nark date Code _	

Ohio Department of Taxation

2021 Ohio IT 1041



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11. Tax liability after nonrefundable credits (line	11.	
12. Interest penalty on underpayment of estima	12.	
13. Total Ohio tax liability (add lines 11 and 12)	13.	
14. Net payments from line 80	14.	
15. Refundable business credits from line 87 (i	15.	
16. Total payments and refundable business cr	16.	
17. Overpayment (if line 16 is more than 13, su enter zero and skip to line 20	17.	
18. Amount of line 17 to be credited toward ne	18.	
•	line 18 from line 17)REFUND ▶	19.
20. Tax due, if any (if line 13 is more than line if negative, enter zero	16, subtract line 16 from line 13,	20.
21. Interest due on late payment of tax (see ins	structions)	21.
22. Total amount due (add lines 20 and 21). Mainclude Ohio IT 1041 UPC and place FEIN	ake check payable to Ohio Treasurer of State, on check	22.
·	less, no refund will be issued. If you owe \$1.00 o	
	eturn. Under penalties of perjury, I declare that, to	Do not staple or paper clip.
oigh fiele (required). Thave read this i	Place any supporting documents, including	
the best of my knowledge and belief, the return	rand all enclosures are true, correct and complete.	Ohio IT K-1s, after the last page of this return.
Signature of fiduciary or trust officer	Preparer's name (print)	, , , ,
	_	Ohio IT K-1s, after the last page of this return. Mail to: Ohio Department of Taxation
Signature of fiduciary or trust officer	Preparer's name (print)	Ohio IT K-1s, after the last page of this return. Mail to:
Signature of fiduciary or trust officer Title Date (MM/DD/YY)	Preparer's name (print) Preparer's address (include ZIP code)	Ohio IT K-1s, after the last page of this return. Mail to: Ohio Department of Taxation P.O. Box 2619 Columbus, OH 43216-2619
Signature of fiduciary or trust officer Title Date (MM/DD/YY) Fiduciary's or trust officer's phone number Preparer's e-mail address	Preparer's name (print) Preparer's address (include ZIP code) Preparer's phone number PTIN P	Ohio IT K-1s, after the last page of this return. Mail to: Ohio Department of Taxation P.O. Box 2619
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31. Total additions (add lines 23 through 30)......31.





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If the amount on a line is negative, place a "-" in the box provided.

Schedule II - Adjustments to Federal Taxable Income...continued.

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Deductions – Note: Deduct income items described below only to the extent that those amounts are not already deducted or excluded from federal taxable income after distributions.

32. Federal interest and dividends exempt from state taxation	32.
33. Certain municipal and state income tax overpayments	33.
34. Losses from an ESBT not shown in federal taxable income (include documentation)	34.
35. Wages and expense not deducted based on the federal work opportunity tax credit	
37. Refunds or reimbursements of prior year federal itemized deductions and any federal conformity deductions	
38. Farm income from a farm of at least 10 acres (trusts only)	38.
39. Deductions for prior year § 168(k) and 179 depreciation add-backs	39.
40. Repayment of income reported in a prior year	40.
41. Total deductions (add lines 32 through 40)	41.
42. Net adjustments (line 31 minus line 41). Enter here and on line 2	42.
Schedule III – Estate Credits	
43. Retirement income credit (see instructions for credit table) (limit – \$200)	43.
44. Lump sum retirement credit (see instructions for worksheet; include a copy)	44.
45. Senior citizen credit (limit – \$50 per return)	45.
46. Lump sum distribution credit (see instructions for worksheet; include a copy)	46.
47. Child and dependent care credit (see instructions and worksheet in Ohio IT 1041 booklet)	47.
48. Campaign contribution credit for Ohio statewide office or General Assembly	48.
48a. Scholarship donations credit	48a.
49. Ohio adoption credit (limit \$10,000)	49.
50. Total estate credits (add lines 43 through 49) – enter here and on line 9	50.
Schedule IV – Estate Resident Credit	
51. Portion of Ohio taxable income (line 3) subjected to tax by another state or the District of Columbia while you were an Ohio resident (include Ohio IT RCTE)	51.
52. Ohio taxable income (line 3)	52.
53. Divide line 51 by line 52 and enter percentage here %. Multiply this percentage by the amount shown on line 8 reduced by any amount shown on line 9	
54. 2021 income tax liability after credits paid to another state or the District of Columbia	54.

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If the amount on a line is negative, place a "-" in the box provided.

Schedule V – Estate Nonresident Credit
56. Nonresident portion of Ohio taxable income- Ohio IT NRCE, Section X, line Y (include a copy)
57. Ohio taxable income (line 3)57.
58. Divide line 56 by line 57 and enter percentage here %. Multiply this percentage by the amount shown on line 8 less line 9 and total Ohio Schedule E nonrefundable credits. Enter here and on line 10
Schedule VI – Qualifying Trust Amounts
59. Certain capital gains/ losses included in the Ohio taxable income (line 3) of a trust (see instructions)
60. Ratio of the qualifying investees' physical assets in Ohio to its total physical assets60.
61. Qualifying Trust Amount (line 59 times line 60). Enter here and on line 461.
Schedule VII - Trust Apportioned Income
62. Portion of Ohio taxable income (line 3) less amounts included on line 59, that is business income or qualifying investment income
63. Ohio apportionment ratio from line 7863.
64. Trust's Apportioned Income (line 62 times line 63). Enter here and on line 564.
Schedule VIII – Modified Nonbusiness Income for Trusts Income/ Loss from a pass-through entity should generally be reported on Schedule VII.
65. Resident trusts: Trust's portion of Ohio taxable income (line 3) not reported on lines 59 or 62
66. Nonresident trusts: Portion of Ohio taxable income (line 3) not reported on lines 59 or 62 that was derived from Ohio real or tangible property or is apportioned to Ohio under R.C. 5747.212 (see instructions)
67. Modified Nonbusiness Income (line 65 plus line 66). Enter here and on line 6
Schedule IX - Trust Resident Credit (include the Ohio IT RCTE)
68. Portion of line 65 subject to tax in another state or the District of Columbia
69. Tax liability on modified taxable income (from line 8)
70. Modified Ohio taxable income from line 770.
71. Effective Tax Rate (line 69 divided by line 70)71.
72. Line 68 times line 71
73. Taxes paid on the trust's modified nonbusiness income to another state or the District of Columbia
74. Trust's resident credit (lesser of line 72 or 73)

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Schedule X - Apportionment Worksheet

Use this schedule to calculate the apportionment ratio for the trust's modified business income and qualifying investment income. **Note:** Carry all ratios to six decimal places.

75. Property	Within Ohio				Total Everywhere		
a) Owned (average cost)							
	Within Ohio				Total Everywhere		
b) Rented (annual rental X 8)							
	Within Ohio				Total Everywhere		
c) Total (lines 75a and 75b)			÷				
		Ratio		Weight	Weighted Ratio		
	=		X		=		
	Within Ohio				Total Everywhere		
76. Payroll			÷				
		Ratio		Weight	Weighted Ratio		
	=		X		=		
	Within Ohio				Total Everywhere		
77. Sales			÷				
		Ratio		Weight	Weighted Ratio		
	=		X		=		
78. Ohio apportionment ratio (add weighted ratio from lines 75c, 76 and 77). Enter ratio here and							

 Ohio apportionment ratio (add weighted ratio from lines 75c, 76 and 77). Enter ratio here and on line 63 (carry to six decimal places)......78.

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 XI - Net Payment Worksheet - Include 1099(s) and W-2(s)

79a. Estimated payments 79b. 1099 withholdings 79c. W-2 withholdings

79d. Prior year credit carryover 79e. Refunds previously claimed 80. Net payments (add lines 79a-d minus line 79e). Enter here and on page 2, line 14.

Schedule XII - Refundable Business Credits

Note: Certificates from the Ohio Department of Development and/or Ohio K-1s must be included to verify each refundable credit claimed.

81. Motion picture / Broadway credit 82. JCTC / JRTC 83. Pass-through entity credit

84. Venture capital credit 85. Ohio historic preservation credit 86. Reserved

87. Total refundable business credits (add lines 81-86). Enter here and on line 15.

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FEIN

SSN

Address

City

First name / entity

Schedule XIII - 168K Bonus Depreciation and 179 Expense Add-back Schedule Check the box if partial or full depreciation adjustment has been waived 89. Prior years add-back amount and applicable add-back ratio Column (A) - Amount Column (B) - Ratio 2/3 5/6 6/6 89a. Year Prior......89a. 2/3 5/6 6/6 2/3 5/6 6/6 89c. 3 Years Prior 89c. 5/6 2/3 6/6 2/3 5/6 6/6 Schedule XIV - Beneficiary Schedule Provide beneficiary information for all beneficiaries of the estate or trust. Use an additional sheet, if necessary. SSN **FEIN** Amount distributed First name / entity Last name Address City State ZIP code SSN Amount distributed **FEIN** First name / entity M.I. Last name Address State ZIP code City

Last name

Amount distributed

ZIP code

State

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Rev. 11/08/21 Schedule XIV - Beneficiary Schedule

Provide beneficiary information for <u>all</u> (resident and nonresident) beneficiaries in the estate or trust. **Use an additional sheet, if necessary.** SSN Amount distributed

First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
SSN						
SSIN	FEIN			Amount	distributed	
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
SSN	FEIN			Amount	distributed	
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
SSN	FEIN			Amount	distributed	
First name / entity		M.I.	Last name			
Address						
Dity				State	ZIP code	
SSN	FEIN			Amount	distributed	
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	



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Rev. 11/08/21 Schedule XIV – Beneficiary Schedule

Provide beneficiary information for <u>all</u> (resident and nonresident) beneficiaries in the estate or trust. **Use an additional sheet, if necessary.**SSN FEIN Amount distributed

First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
SSN	FEIN			Amount	distributed	
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
SSN	FEIN			Amount	distributed	
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
SSN	FEIN			Amount	distributed	
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	
SSN	FEIN			Amount	distributed	
First name / entity		M.I.	Last name			
Address						
City				State	ZIP code	