



2020 Ohio IT 1041
Fiduciary Income Tax Return



20180202

FEIN Rev. 08/13/20

Grid for FEIN entry

Table with 2 columns: Line number and Description. Includes lines 11 through 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 have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Do not staple or paper clip. Place any supporting documents, including Ohio IT K-1(s), after the last page of this return.

Form for preparer information including signature, name, title, date, address, phone number, e-mail address, and PTIN.

Mail to: Ohio Department of Taxation, P.O. Box 2619, Columbus, OH 43216-2619

Instructions for this form are on our website at tax.ohio.gov.

Schedule II - Adjustments to Federal Taxable Income Net of Related Expenses

Additions

Table with 2 columns: Line number and Description. Includes lines 23 through 31.

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20180302

FEIN

Grid for FEIN entry

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

Schedule II - Adjustments to Federal Taxable Income Net of Related Expenses...continued

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.

Table with 4 columns for amounts and 14 rows of deduction items (32-42) with corresponding grid boxes.

Schedule III - Estate Credits

Table with 4 columns for amounts and 7 rows of credit items (43-49) with corresponding grid boxes.

Schedule IV - Estate Ohio Resident Credit

Table with 4 columns for amounts and 5 rows of credit items (51-55) with corresponding grid boxes.

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FEIN

Schedule X – Apportionment Worksheet

Use this worksheet to calculate the apportionment ratio for the trust's modified business income and qualifying investment income included in Ohio taxable income. **Note:** All ratios are to be carried to six decimal places.

75. Property

	Within Ohio		Total Everywhere
a) Owned (average cost)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Within Ohio		Total Everywhere
b) Rented (annual rental X 8)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Within Ohio		Total Everywhere
c) Total (lines 75a and 75b)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	÷	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

= . **Ratio** X . **Weight** = . **Weighted Ratio**

76. Payroll

	Within Ohio		Total Everywhere
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Within Ohio		Total Everywhere
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Within Ohio		Total Everywhere
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	÷	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

= . **Ratio** X . **Weight** = . **Weighted Ratio**

77. Sales

	Within Ohio		Total Everywhere
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Within Ohio		Total Everywhere
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Within Ohio		Total Everywhere
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	÷	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

= . **Ratio** X . **Weight** = . **Weighted Ratio**

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

Note: If the denominator 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	79b. 1099 withholdings <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	79c. W-2 withholdings <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
79d. Reserved <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	79e. Refunds previously claimed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	80. Net payments (add lines 79a-d minus line 79e). Enter here and on page 2, line 14. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Schedule XII – Refundable Business Credits

Note: Certificates from the Ohio Development Services Agency and/or Ohio IT K-1(s) **must** be included to verify each refundable credit claimed.

81. Motion picture / Broadway credit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	82. JCTC / JRTC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	83. Pass-through entity credit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
84. Venture capital credit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	85. Historic preservation credit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	86. Reserved <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
87. Total refundable business credits (add lines 81-86). Enter here and on line 15. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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20180602

FEIN

Input boxes for FEIN

Schedule XIII - 168K Bonus Depreciation and 179 Expense Add-back Schedule

Check the box if the depreciation adjustment has been waived

88. Total current year sections 168K bonus depreciation and 179 expense add-back

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

Column (A) - Amount

Column (B) - Ratio

89a. Year Prior

Input boxes for 89a amount

2/3 5/6 6/6

89b. 2 Years Prior

Input boxes for 89b amount

2/3 5/6 6/6

89c. 3 Years Prior

Input boxes for 89c amount

2/3 5/6 6/6

89d. 4 Years Prior

Input boxes for 89d amount

2/3 5/6 6/6

89e. 5 Years Prior

Input boxes for 89e amount

2/3 5/6 6/6

Schedule XIV - Beneficiary Schedule

Provide beneficiary information for all (resident and nonresident) beneficiaries in the estate or trust. Use an additional sheet, if necessary.

SSN

FEIN

Amount distributed

Input boxes for SSN, FEIN, and Amount distributed

First name / entity

M.I.

Last name

Input boxes for name fields

Address

Input boxes for address

City

State

ZIP code

Input boxes for city, state, and zip code

SSN

FEIN

Amount distributed

Input boxes for SSN, FEIN, and Amount distributed

First name / entity

M.I.

Last name

Input boxes for name fields

Address

Input boxes for address

City

State

ZIP code

Input boxes for city, state, and zip code

SSN

FEIN

Amount distributed

Input boxes for SSN, FEIN, and Amount distributed

First name / entity

M.I.

Last name

Input boxes for name fields

Address

Input boxes for address

City

State

ZIP code

Input boxes for city, state, and zip code

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20180702

FEIN

Schedule XIV – Beneficiary Schedule

Provide beneficiary information for **all** (resident and nonresident) beneficiaries in the estate or trust. **Use an additional sheet, if necessary.**

SSN	FEIN	Amount distributed
<input type="text"/>	<input type="text"/>	<input type="text"/>
First name / entity	M.I.	Last name
<input type="text"/>		
Address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

SSN	FEIN	Amount distributed
<input type="text"/>	<input type="text"/>	<input type="text"/>
First name / entity	M.I.	Last name
<input type="text"/>		
Address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

SSN	FEIN	Amount distributed
<input type="text"/>	<input type="text"/>	<input type="text"/>
First name / entity	M.I.	Last name
<input type="text"/>		
Address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

SSN	FEIN	Amount distributed
<input type="text"/>	<input type="text"/>	<input type="text"/>
First name / entity	M.I.	Last name
<input type="text"/>		
Address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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