

# 2024 Ohio IT 1140 Pass-Through Entity and Trust Withholding Tax Return



24170102

| Check here if amended return   | Check here if final return Check here if federal                              | extension filed Reporting Period Start Dat |
|--|---|--|
|  |   | MM DD YY                                   |
| FEIN   | Entity Type: S corporation Partne   | rship Reporting Period End Dat             |
|  | (check only one) Limited liability company Trust                              | MM DD VV                                   |
| Name of pass-through entity  |   |  |
|  |   |  |
| Address Check here if address  | changed   |  |
| City.  | State ZIP code  |  |
| City   | State ZIF Code  |  |
| Foreign State Code Country Code  | Foreign country (if the mailing address is outside the U.S.)                  | Foreign postal code                        |
| Total number of investors / Number of in   | vestors / Ownership percentage of investors                                   |  |
| Total Harrison of Hittooloro /   | g   | portionment ratio, line 24                 |
|  |   |  |
| Schedule I – Reconciliation Tax  |   |  |
| If the amount on a line i  | s negative, place a "-" in the box provided. Note: No credits                 |  |
|  | Column (A) – Withholding Tax  | Column (B) – Entity Tax                    |
| Tax Liability from line 20, columns A ar     B or line 30  |   |  |
| 2. Interest Penalty (see instructions)   |   |  |
| <ul> <li>2a. Add lines 1 and 2</li></ul>   |   |  |
| 3b. Ohio IT 1140 estimated (UPC/electroni payments claimed on an IT 4708 instead of this return (see instructions) | c)<br>d   |  |
| 3c. Net payments (sum of lines 3 and 3 minus line 3b) if negative, enter zero                                      | a   |  |
| 4. For each column, subtract line 3c from line 2a  |   |  |
| 5. If the sum of line 4, columns A and B is  | an overpayment, enter that sum here OVERPAYMENT ▶                             |  |
|  | ard next year's liability (if this is an amended return,CREDIT CARRYFORWARD > |  |
| 5b. Amount of line 5 to be <b>REFUNDED</b> (line   | e 5 minus line 5a)REFUND >  |  |
| 6. If the sum of line 4, columns A and B is  | a balance due or zero, enter here   |  |
|  | instructions)   |  |
|  | ake check payable to Ohio Treasurer of State. IN on checkAMOUNT DUE ▶         |  |
| If refund is \$1.00 or   | less, no refund will be issued. If Amount Due \$1.00 or less, no              | payment is necessary.                      |
|  |   | For Department Use Only                    |
|  |   |  |

2024 IT 1140 – pg. 1 of 7

Postmark date

Code





| FEIN  |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
|---|------------------------|--------|---------|--------|--------|-------------|--------|-----------------|------|--------|-------|-------|-------|----------------|------|-------|-----------------|----|---|
| Sign Here (required): I declare under per any accompanying schedules and statements) knowledge and belief is a true, correct, and con   | ) has been e           | examin | ed by   | me a   | n or o | laim<br>the | i (inc | luding<br>of my | ·    |        | e any | sup   | port  | _              | locu | men   | clip.<br>ts, in |    | _ |
| Pass-through entity officer or agent (print)  |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
| Title of officer or agent (print)   | Phone i                | numbe  | r       |        |        |             |        |                 |      |        |       | nio.  |       | lail           |      | ovo   | ition           |    |   |
| Signature of pass-through officer or agent  | Date (N                | M/DD/  | YY)     |        |        |             |        |                 |      |        | Oi    |       |       | ot. c          |      |       |                 | I  |   |
| Preparer's name (print)   | Phone i                | numbe  | r       |        |        |             |        |                 |      | (      | Colu  | ımb   | us,   | , OF           | 1 43 | 3218  | 8-11            | 40 |   |
| Preparer's e-mail address   | –<br>PTIN              | Р      |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
| ·   |                        |        | 4h - D- |        |        |             |        |                 |      |        |       |       |       | s for<br>at ta |      |       | n are           |    |   |
| Check here to authorize your preparer to discus   |                        |        |         |        |        | 0.0.5       | . ";   | n tha           | hov  | o rovi |       |       |       |                |      |       |                 |    |   |
| Schedule II – Qualifying Pass-Through   | amount on<br>ugh Entit |        |         |        | , piac | e a         | - 1    | n the           | DOX  | provi  | aea.  |       |       |                |      |       |                 |    |   |
| Use this schedule to calculate the pass-through See instructions for all line item explanations fo  |                        |        |         |        |        |             | usin   | ess in          | come | and    | tax d | ue be | efore | payn           | nent | S.    |                 |    |   |
| 9. Qualifying investors' distributive shares of income, gain, expense and loss  | Colu                   | mn (A  | () – W  | /ithhc | oldin  | g Ta        | ax     |                 |      |        | -     | Colu  | ımn   | (B) -          | - En | itity | Tax             |    |   |
| IRC §168(k) bonus depreciation and §179 expense and Ohio authorized federal conformity add-back   |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
| 10a. 2/3, 5/6 or 6/6<br>(check applicable box)  |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
| 11. IRC §168(k) bonus depreciation and §179 expense deductions from Schedule V and Ohio authorized federal conformity deductions (see instructions if filing as investment pass-through entity) |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
| 12. Sum of lines 9 and 10 minus line 11   |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
| Related members add-back     (see instructions for complete list     of related members)  |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
| 14. Guaranteed payments add-back (20% or greater investors only)  |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |
| 15. Compensation add-back (20% or greater investors only)   |                        |        |         |        |        |             |        |                 |      |        |       |       |       |                |      |       |                 |    |   |

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





|      | Cylus. | Taxation<br>Rev. 08/12/24 | <b>                                    </b> |
|------|--------|---------------------------|---|
| FEIN |        |                           | 24110002                                    |
|      |        |                           |   |

| Schedule II - Qualifying Pass-Thre   | ough Entities - Tax Duecontinued                     | <u>.</u>        |                    |                             |
|--|--|-----------------|--------------------|-----------------------------|
|  | Column (A) - Withholding Tax                         |                 | Column (B          | ) – Entity Tax              |
| 16. Sum of lines 12, 13, 14 and 15 (if negative, enter "0")  |  |                 |                    |                             |
| 17. Apportionment ratio from line 24   |  |                 |                    |                             |
| Adjusted qualifying amount     (multiply lines 16 and 17). If the sum     of line 18 exceeds \$1,000 continue     to line 20 |  |                 |                    |                             |
| 19. Tax rate   | ). X   | 03              |                    | X .03                       |
| Tax due (multiply lines 18 and 19).     Enter here and on the corresponding column of line 1                                 |  |                 |                    |                             |
| Schedule III - Qualifying Pass-Thi   | rough Entities – Apportionment Wor                   | ksheet          |                    |                             |
| Calculate the apportionment ratio for a pass-<br><b>Note:</b> ratios must carry to six decimal places                        | -through entity. See instructions for different aps. | oportionment ca | lculation for fina | ncial institutions.         |
| 21. Property   | Within Ohio  |                 | Total E            | verywhere                   |
| a) Owned (original cost)   |  |                 |                    |                             |
|  | Within Ohio  |                 | Total E            | verywhere                   |
| b) Rented (annual rental X 8)  |  |                 |                    |                             |
|  | Within Ohio  |                 | Total E            | verywhere                   |
| c) Total (lines 21a and 21b)   |  | ÷               |                    |                             |
|  | Ratio  |                 | Weight             | Weighted Ratio              |
|  | =  | X               | =                  |                             |
|  | Within Ohio  |                 | Total E            | verywhere                   |
| 22. Payroll  |  | ÷               |                    |                             |
|  | Ratio  | '               | Weight             | Weighted Ratio              |
|  |  |                 |                    |                             |
|  | =  | Х               | -  = _             |                             |
|  | = Within Ohio  | X               |                    | verywhere                   |
| 23. Sales  |  | ÷               |                    | verywhere                   |
| 23. Sales  |  | ÷               |                    | verywhere<br>Weighted Ratio |

**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%.

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24. Ohio apportionment ratio (add lines 21c, 22 and 23). Enter ratio here and on line 17 above (both columns) ......





**FEIN** If the amount on a line is negative, place a "-" in the box provided. Schedule IV – Trusts – Tax Due Use this schedule to calculate the adjusted qualifying amount and tax due before payments for nonresident individual beneficiaries of a trust. See instructions for all line-item explanations found at tax.ohio.gov along with FAQs. 25. Sum of all distributions to nonresident individuals of income or gain attributable to the trust's ownership of or disposition of either tangible personal property located in Ohio or real property located in Ohio ..... 26. IRC §168(k) bonus depreciation and §179 expense and Ohio authorized federal conformity add-back..... 26a. 2/3 5/6 27. IRC §168(k) bonus depreciation and §179 expense deductions from Schedule V and Ohio authorized federal conformity deductions ..... 28. Adjusted qualifying amount (sum of line 25 and 26 minus line 27)..... X .03 29. Tax rate ..... 30. Tax due: multiply lines 28 and 29. Enter here and on line 1, column A...... Schedule V – IRC §168(k) Bonus Depreciation and §179 Expense Add-Back Schedule Use this schedule to report current year IRC §168K Bonus Depreciation and IRC §179 Expense add-back and add-backs reflected on prior year Ohio PTE returns filed by this taxpayer. See instructions for calculation tables. Check the box if partial or full depreciation add-back has been waived. 31. Current year IRC §168(k) bonus depreciation and IRC §179 expense add-back..... 32. Prior years Ohio add-back amount and applicable add-back ratio from Ohio filed returns Column (B) - Ratio Column (A) - Amount 6/6 5/6 32a. Year Prior..... 5/6 6/6 32b. 2 Years Prior..... 5/6 6/6 2/3 32c. 3 Years Prior..... 6/6 32d. 4 Years Prior..... 5/6 6/6 32e. 5 Years Prior..... Schedule VI - Investor Information First list the investors whose income is included on the return in order from highest to lowest ownership percentage. Then list all remaining investors from highest to lowest ownership percentage. Use additional sheet, if necessary. Check here if the investor is included on the return. SSN Percent of ownership 1140 Share of PTE tax credit First name / entity Last name Address City State ZIP code



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#### Schedule VI - Investor Information...continued.

| SSN   | FEIN                               |      |           | Percent of ownership                 | 1140 Share of PTE tax credit                               |
|---|------------------------------------|------|-----------|--------------------------------------|--|
|   |                                    |      |           |                                      |  |
| First name / entity   |                                    | M.I. | Last name |                                      |  |
|   |                                    |      |           |                                      |  |
| Address   |                                    |      |           |                                      |  |
|   |                                    |      |           |                                      |  |
| City  |                                    |      |           | State ZIP code                       |  |
|   |                                    |      |           |                                      |  |
|   |                                    |      |           |                                      |  |
| Check here if the investor  | is included on the return.         |      |           |                                      |  |
| SSN   | FEIN                               |      |           | Percent of ownership                 | 1140 Share of PTE tax credit                               |
|   |                                    |      |           |                                      |  |
| First name / entity   |                                    | M.I. | Last name |                                      |  |
|   |                                    |      |           |                                      |  |
| Address   |                                    |      |           |                                      |  |
| 214   |                                    |      |           | Otata ZID and                        |  |
| City  |                                    |      |           | State ZIP code                       |  |
|   |                                    |      |           |                                      |  |
|   |                                    |      |           |                                      |  |
|   |                                    |      |           |                                      |  |
| Check here if the investor  |                                    |      |           |                                      |  |
|   | is included on the return.<br>FEIN |      |           | Percent of ownership                 | 1140 Share of PTE tax credit                               |
| Check here if the investor  |                                    |      |           | Percent of ownership                 | 1140 Share of PTE tax credit                               |
| Check here if the investor  |                                    | M.I. | Last name | Percent of ownership                 | 1140 Share of PTE tax credit                               |
| Check here if the investor<br>SSN<br>First name / entity  |                                    | M.I. | Last name | Percent of ownership                 | 1140 Share of PTE tax credit                               |
| Check here if the investor  |                                    | M.I. | Last name | Percent of ownership                 | 1140 Share of PTE tax credit                               |
| Check here if the investor SSN  First name / entity  Address  |                                    | M.1. |           |                                      | 1140 Share of PTE tax credit                               |
| Check here if the investor<br>SSN<br>First name / entity  |                                    | M.I. |           | Percent of ownership  State ZIP code | 1140 Share of PTE tax credit                               |
| Check here if the investor SSN  First name / entity  Address  |                                    | M.I. |           |                                      | 1140 Share of PTE tax credit                               |
| Check here if the investor SSN  First name / entity  Address  City  | FEIN                               | M.I. |           |                                      | 1140 Share of PTE tax credit                               |
| Check here if the investor SSN  First name / entity  Address  City  Check here if the investor                          | FEIN                               | M.I. |           | State ZIP code                       |  |
| Check here if the investor SSN  First name / entity  Address  City  | FEIN                               | M.I. |           |                                      | 1140 Share of PTE tax credit  1140 Share of PTE tax credit |
| Check here if the investor SSN  First name / entity  Address  City  Check here if the investor SSN                      | FEIN                               |      |           | State ZIP code                       |  |
| Check here if the investor SSN  First name / entity  Address  City  Check here if the investor                          | FEIN                               | M.I. |           | State ZIP code                       |  |
| Check here if the investor SSN  First name / entity  Address  City  Check here if the investor SSN  First name / entity | FEIN                               |      |           | State ZIP code                       |  |
| Check here if the investor SSN  First name / entity  Address  City  Check here if the investor SSN                      | FEIN                               |      |           | State ZIP code                       |  |
| Check here if the investor SSN  First name / entity  Address  City  Check here if the investor SSN  First name / entity | FEIN                               |      | Last name | State ZIP code                       |  |



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#### <u>Schedule VI – Investor Information...continued.</u>

| Check here if the investor | is included on the return.      |      |           |         |              |                              |
|----------------------------|---------------------------------|------|-----------|---------|--------------|------------------------------|
| SSN                        | FEIN                            |      |           | Percent | of ownership | 1140 Share of PTE tax credit |
|                            |                                 |      |           |         |              |                              |
| First name / entity        |                                 | M.I. | Last name |         |              |                              |
|                            |                                 |      |           |         |              |                              |
| Address                    |                                 |      |           |         |              |                              |
| City                       |                                 |      |           | State   | ZIP code     |                              |
| Sity                       |                                 |      |           | State   | Zii code     |                              |
|                            |                                 |      |           |         |              |                              |
| Check here if the investor | is included on the return       |      |           |         |              |                              |
| SSN                        | FEIN                            |      |           | Percent | of ownership | 1140 Share of PTE tax credit |
|                            |                                 |      |           |         |              |                              |
| First name / entity        |                                 | M.I. | Last name |         |              |                              |
|                            |                                 |      |           |         |              |                              |
| Address                    |                                 |      |           |         |              |                              |
|                            |                                 |      |           |         |              |                              |
| City                       |                                 |      |           | State   | ZIP code     |                              |
|                            |                                 |      |           |         |              |                              |
| Check here if the investor | is included on the return. FEIN |      |           | Percent | of ownership | 1140 Share of PTE tax credit |
| First name / entity        |                                 | M.I. | Last name |         |              |                              |
|                            |                                 |      |           |         |              |                              |
| Address                    |                                 |      |           |         |              |                              |
|                            |                                 |      |           |         |              |                              |
| City                       |                                 |      |           | State   | ZIP code     |                              |
|                            |                                 |      |           |         |              |                              |
|                            |                                 |      |           |         |              |                              |
|                            |                                 |      |           |         |              |                              |
| Check here if the investor |                                 |      |           | Doroset | of ownership | 1140 Shara of DTE toy gradit |
| Check here if the investor | is included on the return. FEIN |      |           | Percent | of ownership | 1140 Share of PTE tax credit |
| SSN                        |                                 | MI   | Last name | Percent | of ownership | 1140 Share of PTE tax credit |
|                            |                                 | M.I. | Last name | Percent | of ownership | 1140 Share of PTE tax credit |
| SSN                        |                                 | M.I. | Last name | Percent | of ownership | 1140 Share of PTE tax credit |
| SSN<br>First name / entity |                                 | M.I. | Last name | Percent | of ownership | 1140 Share of PTE tax credit |
| SSN<br>First name / entity |                                 | M.I. | Last name | Percent | of ownership | 1140 Share of PTE tax credit |



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#### <u>Schedule VI – Investor Information...continued.</u>

| Check here if the investor is | s included on the return.  |      |           |                      |                              |
|-------------------------------|----------------------------|------|-----------|----------------------|------------------------------|
| SSN                           | FEIN                       |      |           | Percent of ownership | 1140 Share of PTE tax credit |
| First name / entity           |                            | M.I. | Last name |                      |                              |
| Address                       |                            |      |           |                      |                              |
| City                          |                            |      |           | State ZIP code       |                              |
| Check here if the investor i  | is included on the return. |      |           |                      |                              |
| SSN                           | FEIN                       |      |           | Percent of ownership | 1140 Share of PTE tax credit |
| First name / entity           |                            | M.I. | Last name |                      |                              |
| Address                       |                            |      |           |                      |                              |
| City                          |                            |      |           | State ZIP code       |                              |
| Check here if the investor i  | s included on the return.  |      |           |                      |                              |
| SSN                           | FEIN                       |      |           | Percent of ownership | 1140 Share of PTE tax credit |
| First name / entity           |                            | M.I. | Last name |                      |                              |
| Address                       |                            |      |           |                      |                              |
| City                          |                            |      |           | State ZIP code       |                              |