

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

<input type="checkbox"/> Check here if <b><u>amended</u></b> return <input type="checkbox"/> Check here if <b>federal extension</b> filed	<input type="checkbox"/> Check here if <b><u>final</u></b> return <input type="checkbox"/> Check here if <b>income distributed to a beneficiary</b>	Reporting Period Start Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">YY</div> </div>
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FEIN	SSN of decedent (estates only)	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>

  

Name of trust or estate
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Name of trust or estate (second line)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Fiduciary name and title
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

  

Address	<input type="checkbox"/>	Check here if address changed
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
City	State	ZIP code
<div style="border: 1px solid black; width: 400px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>

  

Foreign State Code	Country Code	Foreign country (if the mailing address is outside the U.S.)	Foreign postal code
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>

  

<b>Trust Must Select One</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Simple trust</div> <div><input type="checkbox"/> Complex trust</div> </div>	<b>Trusts Select All That Apply</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Irrevocable trust</div> <div><input type="checkbox"/> Testamentary trust</div> </div>	<input type="checkbox"/> Check here if "qualifying pre-income tax trust" (Attach letter of exemption)
<b>Trust Must Select One</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Resident trust</div> <div><input type="checkbox"/> Nonresident trust</div> </div>	<b>Estate Must Select One</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Bankruptcy estate</div> <div><input type="checkbox"/> Decedent's estate</div> </div>	

**Schedule I – Taxable Income, Tax, Payments and Net Amount Due** (If the amount on a line is negative, place a “-” in the box provided.)

1.	Federal taxable income (federal 1041, line 23). <b>Include page 1 of the federal 1041</b>	<input type="checkbox"/>	.....1.	<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"/>
2.	Net Schedule II adjustments from line 42	<input type="checkbox"/>	.....2.	<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"/>
3.	Ohio taxable income (line 1 plus or minus line 2). Estates should skip to line 8	<input type="checkbox"/>	.....3.	<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"/>
4.	Trusts - Qualifying Trust Amount (from line 61)	<input type="checkbox"/>	.....4.	<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"/>
5.	Trusts - Apportioned Income (from line 64)	<input type="checkbox"/>	.....5.	<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"/>
6.	Trusts - Modified nonbusiness income (from line 67)	<input type="checkbox"/>	.....6.	<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"/>
7.	Trusts - Modified Ohio Taxable Income (sum of lines 4 through 6, if negative, enter zero)		.....7.	<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"/>
8.	Tax liability on line 3 (estates) or line 7 (trusts). See instructions for tax tables		.....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"/>
9.	Estates - Credits from line 50		.....9.	<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"/>
10.	Credits from Schedules IV, V, IX and E		.....10.	<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"/>

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Postmark date      Code



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11. Tax liability after nonrefundable credits (line 8 minus lines 9 and 10) .....11.
12. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) .....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 (include documentation / certificates) .....15.
16. Total payments and refundable business credits (add lines 14 and 15) .....16.
17. Overpayment (if line 16 is more than 13, subtract 13 from 16, if negative,  
enter zero and skip to line 20) .....17.
18. Amount of line 17 to be credited toward next year's liability. (if this is an  
amended return, enter zero)..... **CREDIT CARRYFORWARD ▶ 18.**
19. Amount of line 17 to be refunded (subtract line 18 from line 17)..... **REFUND ▶ 19.**
20. Tax due, if any (if line 13 is more than line 16, subtract line 16 from line 13,  
if negative, enter zero).....20.
21. Interest due on late payment of tax (see instructions) .....21.
22. Total amount due (add lines 20 and 21). Make check payable to Ohio Treasurer of State,  
include Ohio IT 1041 UPC and write FEIN on check..... **AMOUNT DUE ▶ 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 declare under penalties of perjury that this return or claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

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

Signature of fiduciary or trust officer	Preparer's name (print)
Title	Date (MM/DD/YY)
Fiduciary's or trust officer's phone number	Preparer's address (include ZIP code)
Preparer's e-mail address	Preparer's phone number
PTIN	P

**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](https://tax.ohio.gov).

Check here to authorize your preparer to discuss this return with the Department ☐

**Schedule II – Adjustments to Federal Taxable Income**

**Additions** (See IT 1041 instructions for line item explanations at [tax.ohio.gov/forms](https://tax.ohio.gov/forms) along with FAQs.)

23. Federal and/or non-Ohio state or local government interest and dividends not distributed .....23.
24. Pass-through entity taxes paid/electing pass-through entity taxes paid .....24.
- 24a. Taxes paid to another state or District of Columbia related to IRS notice 2020-75 .....24a.
25. Income from an electing small business trust (ESBT) not shown in federal taxable  
income (include documentation) .....25.
26. Losses from sale or disposition of Ohio public obligations .....26.
27. Reimbursement of expenses previously deducted on an Ohio IT 1041 tax return .....27.
28. Reserved .....28.
29. Federal personal exemption (estates only) and federal conformity additions .....29.
30. Expenses claimed on Ohio estate return (estates only) .....30.
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.**

**Deductions** – (See IT 1041 instructions for line item explanations at [tax.ohio.gov/forms](http://tax.ohio.gov/forms) along with FAQs.)

- |                                                                                                                                                         |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 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 .....                                                               | 35. |
| 36. Interest income from Ohio public obligations and purchase obligations;<br>gains from the sale or other disposition of Ohio public obligations ..... | 36. |
| 37. Refunds or reimbursements of prior year federal itemized deductions and any federal<br>conformity deductions .....                                  | 37. |
| 38. Farm income from a farm of at least 10 acres (trusts only) .....                                                                                    | 38. |
| 39. Deductions for prior year IRC §168(k) bonus depreciation and §179 expense 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 donation credit.....                                                                                                       | 48a. |
| 49. Credit for work-based learning experiences (include a copy of the credit certificate)<br>and/or Ohio adoption credit carryforward ..... | 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 .....53

54. 2024 income tax liability after credits paid to another state or the District of Columbia .....54

55. Enter the smaller of line 53 or line 54. This is your Ohio resident tax credit. Enter here and on line 10 .....55

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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 B, line 15 (include a copy).....	<input type="checkbox"/>	56.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
57. Ohio taxable income (line 3) .....	<input type="checkbox"/>	57.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
58. Divide line 56 by line 57 and enter percentage here <input type="text"/> %. 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.....	<input type="checkbox"/>	58.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Schedule VI – Qualifying Trust Amounts**

59. Certain capital gains/ losses included in the Ohio taxable income (line 3) of a trust (see instructions).....	<input type="checkbox"/>	59.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
60. Ratio of the qualifying investees’ physical assets in Ohio to its total physical assets .....	<input type="checkbox"/>	60.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
61. Qualifying Trust Amount (line 59 times line 60). Enter here and on line 4 .....	<input type="checkbox"/>	61.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 .....	<input type="checkbox"/>	62.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
63. Ohio apportionment ratio from line 78 .....	<input type="checkbox"/>	63.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
64. Trust’s Apportioned Income (line 62 times line 63). Enter here and on line 5 .....	<input type="checkbox"/>	64.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.....	<input type="checkbox"/>	65.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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).....	<input type="checkbox"/>	66.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
67. Modified Nonbusiness Income (line 65 plus line 66). Enter here and on line 6 .....	<input type="checkbox"/>	67.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.....	<input type="checkbox"/>	68.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
69. Tax liability on modified taxable income (from line 8).....	<input type="checkbox"/>	69.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
70. Modified Ohio taxable income from line 7 .....	<input type="checkbox"/>	70.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
71. Effective Tax Rate (line 69 divided by line 70) .....	<input type="checkbox"/>	71.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
72. Line 68 times line 71 .....	<input type="checkbox"/>	72.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
73. Taxes paid on the trust’s modified nonbusiness income to another state or the District of Columbia.....	<input type="checkbox"/>	73.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
74. Trust’s resident credit (lesser of line 72 or 73) .....	<input type="checkbox"/>	74.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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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

a) Owned (original cost)

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

b) Rented (annual rental X 8)

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

c) Total (lines 75a and 75b)

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

$$= \frac{\text{Ratio}}{\text{Weight}} \times \text{Weighted Ratio}$$

76. Payroll

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

$$= \frac{\text{Ratio}}{\text{Weight}} \times \text{Weighted Ratio}$$

77. Sales

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

$$= \frac{\text{Ratio}}{\text{Weight}} \times \text{Weighted Ratio}$$

78. 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.

<input type="text"/>
----------------------

**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:** The tax credit certificate(s) and/or IT 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. Film and theater capital improvements credit

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

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





**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"/>	<input type="text"/>	<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"/>	<input type="text"/>	<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"/>	<input type="text"/>	<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"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>





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**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																														
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SSN	FEIN	Amount distributed																														
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