

Rev. 12/11/20

2020 Ohio IT 1041 Fiduciary Income Tax Return Use only black ink and UPPERCASE letters. Amount fields use only whole dollar amounts, no cents.

		Chec	k here if a	mended return	Check here i	f <u>final</u>	return	Reporting Period Start Date
			_	e federal extension		С	heck here if any funds were	MM DD YY
F	FEIN		SS	SN of decedent (esta	ates only)	di	stributed	Reporting Period End Date
								MM DD YY
1	Name of trust or	estate						
1	Name of trust or	estate (secon	d line)					
ı	Fiduciary name a	nd title						
/	Address (if addr	ess change, o	check box)					
	Oit.				C+	ate	ZIP code	
Ì	City					ale	ZIF code	
	Foreign State Co	de Coun	itry Code	Foreign country	(if the mailing addre	ss is ou	utside the U.S.)	Foreign postal code
-	Check Applicab	le Box(es)	Select C	One	Se	ect Al	I That Apply	
	Simple to	ust OR		Complex trust	Irrevocable to	ust	Testamentary trust	Qualified pre income
	Residen	trust OR	Select (One Nonresident trust	Bankruptcy e	Select	One Decedent's estate	trust – Attach copy of letter of exemption from Ohio Income
i			Tay Paym				amount on a line is negative, pl	ace a "-" in the box provided)
diio iodad	Federal taxal	ole income (fro	om the fede	ral 1041, line 23).			amount on a line is negative, pr	add a male box provided.
	Include page	1 of the feder	al 1041				1.	
2	2. Net adjustme	nts from Sche	dule II, line	42			2.	
,	3. Ohio taxable	income (line 1	plus or mir	nus line 2). Estates s	should skip lines 4-7		3.	
	Allocated qua	llifying trust ar	mount from	Schedule VI, line 61	(trusts only)		4.	
_	5. Apportioned	rust income fr	om Schedu	le VII, line 64 (trusts	only)		5.	
				/III, line 67 (trusts o			6	
	7. Modified Ohio	taxable inco	me (trusts a	dd lines 4, 5 and 6;				
8	3. Tax on Ohio	axable income	e (estates, I	ine 3) or tax on mod	ified			
	Ohio taxable	income (trusts	s, line 7). Se	e tax table in the ins	structions		8.	
Ś	9. Credits from	Schedule III, li	ine 50 (esta	tes only)			9.	
1				tes); nonresident cr				
				n Schedule IX (resid			10.	
							For Do	nartment Hee Only
							<u>For De</u>	partment Use Only
		Do not wri	<u>te in this</u>	area; for depa	rtment use only	<u>'.</u>		
							Pos	tmark date Code

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11. Tax after nonrefundable credits (line 8 minus the amount on lines 9 and 10)	11.
12. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	2.
13. Total Ohio tax (add lines 11 and 12)	
14. Net payments from line 80	
15. Refundable business credits from line 87 (include documentation / certificates)	5.
16. Total (add lines 14 and 15)	6.
17. If line 16 is more than line 13, subtract line 13 from line 16. This is your overpayment	17.
18. Amount of line 17 to be credited to 2021 estimated tax liabilityCREDIT TO 2021 ▶	18.
19. Amount of line 17 to be refunded (subtract line 18 from line 17)	19.
20. Net amount due, if any (if line 13 is more than line 16, subtract line 16 from line 13, if less than zero, enter zero)	
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 place FEIN on check	22.
If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or	less no navment is necessary
	Do not staple or paper clip.
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.	Place any supporting documents, including Ohio IT K-1(s), after the last page of this return.
	Office IT It I(3), after the last page of this retain.
Signature of fiduciany or trust officer. Droporor's name (print)	
Signature of fiduciary or trust officer Preparer's name (print)	Mail to:
	Mail to:
	Mail to: Ohio Department of Taxation
Title Date (MM/DD/YY) Preparer's address (include ZIP code)	Mail to: Ohio Department of Taxation P.O. Box 2619
Title Date (MM/DD/YY) Preparer's address (include ZIP code) Fiduciary's or trust officer's phone number Preparer's phone number	Mail to: Ohio Department of Taxation P.O. Box 2619
Title Date (MM/DD/YY) Preparer's address (include ZIP code) Fiduciary's or trust officer's phone number Preparer's e-mail address PTIN	Mail to: Ohio Department of Taxation P.O. Box 2619 Columbus, OH 43216-2619 Instructions for this form are on
Title Date (MM/DD/YY) Preparer's address (include ZIP code) Fiduciary's or trust officer's phone number Preparer's phone number Preparer's e-mail address PTIN Do you authorize your preparer to contact us regarding this return? Yes No	Mail to: Ohio Department of Taxation P.O. Box 2619 Columbus, OH 43216-2619 Instructions for this form are on
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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 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. 34. Losses from an ESBT not shown in federal taxable income (include documentation)......34. 35. Wage and salary expense not previously deducted due to the federal targeted jobs 36. Interest income from Ohio public obligations and Ohio purchase obligations and gains 37. Refunds or reimbursements of prior year federal itemized deductions and any applicable 40. Repayment of income reported in a prior year and not otherwise deducted40. 41. Total deductions (add lines 32 through 40)......41. Schedule III - Estate Credits 43. Retirement income credit (see instructions for credit table) (limit – \$200).......43. 46. Lump sum distribution credit (must be 65 or older to claim this credit: see instructions to calculate this credit).......46. 47. Child and dependent care credit (see instructions and worksheet in Ohio IT 1040 booklet).........47. 48. Campaign contribution credit for Ohio statewide office or General Assembly48. 50. Total Schedule III credits (add lines 43 through 49) – enter here and on line 950. Schedule IV - Estate Ohio Resident Credit 51. Enter the portion of Ohio taxable income (line 3) subjected to tax by other states or the District of Columbia while an Ohio resident..... 51 52. Enter Ohio taxable income (line 3) 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 953. 54. Enter the 2020 income tax, less all related credits other than withholding and estimated tax payments and carryforwards from previous years, paid to other states or the District of Columbia54. 55. Enter the smaller of line 53 or line 54. This is your Ohio resident tax credit. Enter here and on line 1055.



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If the execute on a lin	o io nogotivo place o " "i	n the her previded	
Schedule V – Estate Nonresident Credit	e is negative, place a "-" i	n the box provided.	
56. Portion of Ohio taxable income (line 3) not earned or receive (include Ohio IT NRCE)		56.	
57. Ohio taxable income (line 3)		57.	
58. Divide line 56 by line 57 and enter percentage here the amount shown on line 8 reduced by the amount shown or	%. Multiply this percentage		
Schedule VI - Allocated Qualifying Trust Amounts			
59. Trust's portion of capital gains/losses recognized to the external Ohio taxable income (line 3) if the location of the physical ass held investee is available	ets of the closely	59.	
60. Percentage of the closely held investee's physical assets loc	cated within Ohio	60.	
61. Multiply amount on line 59 by percentage on line 60. Enter h	ere and on line 4	61.	
Schedule VII - Apportioned Income for Trusts			
62. Enter (i) the trust's business income not included in line 59 a qualifying investment income not otherwise a part of busines included in line 59	ss income and not	62	
63. Enter the Ohio apportionment ratio from line 78 of the apport worksheet on page 5	tionment		
64. Multiply the amount on line 62 by the apportionment ratio on Enter here and on line 5			
Schedule VIII – Allocated Nonbusiness Income for Trusts If distributive share is business income/loss from a pass-through			
65. Resident trusts: Trust's portion of Ohio taxable income (line on lines 59 or 62	· · · · · · · · · · · · · · · · · · ·	65.	
on lines 59 or 62 to extent such income (i) was derived from property located in or based in Ohio or (ii) was sitused to Oh (see instructions for line 66)	real or tangible	66.	
67. Add lines 65 and 66 and enter here and on line 6		67.	
Schedule IX – Tax Credit for Resident Trusts		07.	
68. Enter the amount of allocated resident trust nonbusiness inc subject to tax in one or more states or in the District of Colur	, ,	68.	
69. Enter the amount from line 8		69.	
70. Enter the amount of modified Ohio taxable income from line			
71. Divide line 69 by line 70 and enter the percentage here. This			
72. Multiply the amount on line 68 by the percentage reported or 73. Enter the amount of tax actually paid by the resident trust to District of Columbia on the trust's allocated nonbusiness income.	another state or the	72.	
74. Enter the smaller of the amount on lines 72 and 73. This is the Enter here and on line 10	he resident trust's Ohio tax o	credit.	



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Schedule X - Apportionment Worksheet					
Use this worksheet to calculate the apportion income. Note: All ratios are to be carried to		dified business in	come and q	ualifying investme	ent income included in Ohio taxabl
75. Property	Within Ohio				Total Everywhere
a) Owned (average cost)					
	Within Ohio				Total Everywhere
b) Rented (annual rental X 8)					
b) Refited (affidal ferital X 0)	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
	=		х	□.□ =	
	Within Ohio				Total Eventurbore
	Within Ohio				Total Everywhere
77. Sales			· ·		
		Ratio		Weight	Weighted Ratio
	=		X	=	
					Weighted Ratio
 Total weighted apportionment ratio (add Schedule VII, line 63 (carry to six decim 	· ·	. ,			
Note: If the denominator of any factor is zer combined number of factors used is 100%, i.					
Schedule XI - Net Payment Worksheet -	Include 1099(s) and W-2(s)	1			
79a. Estimated payments	79b. 1099 withholdings	3	-	79c. W-2 withhold	lings
79d. Reserved	79e. Refunds previous	ly claimed	8	30. Net payments Enter here an	(add lines 79a-d minus line 79e). Id on page 2, line 14.
Schedule XII – Refundable Business Cre	dita				
Note: Certificates from the Ohio Developme		Ohio IT K-1(s) mu	st be includ	ded to verify each	refundable credit claimed
81. Motion picture / Broadway credit	82. JCTC / JRTC			33. Pass-through	
84. Venture capital credit	85. Historic preservat	tion credit	\$	36. Reserved	
	555.55 p. 6661 val		·		
87. Total refundable business credits (add	lines 91 96) Enter have an	d on line 45			



Department of Taxation

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Schedule XIII – 168K Bonus De Check the box if the deprecia	•	-		<u>edule</u>				
88. Total current year sections 16 89. Prior years add-back amount	68K bonus depreciation and applicable add-b	on and 179 e back ratio	expense add- Col u	back ımn (A)		Column (B)	- Ratio	
89a. Year Prior		89a.				2/3	5/6	6/6
89b. 2 Years Prior		89b.				2/3	5/6	6/6
89c. 3 Years Prior		89c.				2/3	5/6	6/6
89d. 4 Years Prior		89d.				2/3	5/6	6/6
89e. 5 Years Prior		89e.				2/3	5/6	6/6
Schedule XIV - Beneficiary Sc	<u>hedule</u>							
Provide beneficiary information for	r <u>all</u> (resident and nonr	resident) ben	eficiaries in th	ne estate	or trust. Use an additio	onal sheet, if necessary	<i>1</i> .	
SSN	FEIN			Amoun	t distributed			
First name / entity		M.I.	Last name					
Address								
City				State	ZIP code			
SSN	FEIN			Amoun	t distributed			
First name / entity		M.I.	Last name					
Address								
City				State	ZIP code			
SSN	FEIN			Amoun	t distributed			
	TEIN			Amoun	t distributed			
First name / entity		M.I.	Last name					
Address								
City				State	ZIP code			



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Schedule XIV - Beneficiary Schedule XIV - Benefi	chedule				
		esident) ber	neficiaries in th	ne estate	or trust. Use an additional sheet, if necessary.
SSN	FEIN	soldonity bol	ionolarioo iii u		at distributed
First name / antity		MI	Lostnama		
First name / entity		M.I.	Last name		
Address					
City				State	ZIP code
				Ciaio	
SSN	FEIN			Amoun	nt distributed
First name / antity		MI	Lastnama		
First name / entity		M.I.	Last name		
Address					
City				State	ZIP code
only .				Ciaio	2.1 0000
SSN	FEIN			Amoun	nt distributed
First name / entity		M.I.	Last name		
r iist name / entity		IVI.I.	Last Hallie		
Address					
City				State	ZIP code
SSN	FEIN			Amoun	nt distributed
3314	FEIN			Amoun	it distributed
First name / entity		M.I.	Last name		
Address					
nuuless					
City				State	ZIP code
Address City		IVI.I.		State	ZIP code