

Do not staple or paper clip.



Department of
Taxation

Rev. 11/08/21

2021 Ohio IT 1041 Fiduciary Income Tax Return



21180106

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

| | |
|---|---|
| <p><input type="checkbox"/> Check here if <u>amended</u> return</p> <p><input type="checkbox"/> Check here if federal extension filed</p> <p>FEIN _____</p> <p>SSN of decedent (estates only) _____</p> <p>Name of trust or estate _____</p> <p>Name of trust or estate (second line) _____</p> <p>Fiduciary name and title _____</p> <p>Address _____</p> <p>City _____ State _____ ZIP code _____</p> <p>Foreign State Code _____ Country Code _____ Foreign country (if the mailing address is outside the U.S.) _____ Foreign postal code _____</p> | <p><input type="checkbox"/> Check here if <u>final</u> return</p> <p><input type="checkbox"/> Check here if income distributed to a beneficiary</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Reporting Period Start Date</div> <div style="border: 1px solid black; padding: 5px;">Reporting Period End Date</div> |
|---|---|

| | | |
|---|---|--|
| Trust Must Select One Simple trust OR Complex trust | Trusts Select All That Apply Irrevocable trust Testamentary trust | Check here if "qualifying pre-income tax trust" (Attach letter of exemption) |
| Trust Must Select One Resident trust OR Nonresident trust | Estate Must Select One Bankruptcy estate OR Decedent's estate | |

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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). Include page 1 of the federal 1041..... | 1. | |
| 2. Net Schedule II adjustments from line 42 | 2. | |
| 3. Ohio taxable income (line 1 plus or minus line 2). Estates 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)..... | 6. | |
| 7. Trusts - Modified Ohio Taxable Income (sum of lines 4 through 6, if negative, enter zero)..... | 7. | |
| 8. Tax liability on line 3 (estates) or line 7 (trusts). See instructions for tax tables..... | 8. | |
| 9. Estates - Credits from line 50..... | 9. | |
| 10. Credits from Schedules IV, V, IX and E..... | 10. | |

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| | | | |
|---------------|--|--|------|
| | | | |
| Postmark date | | | Code |



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 2017.
18. Amount of line 17 to be credited toward next year's liability..... **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 zero20.
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.....**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 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-1s, after the last page of this return.

Signature of fiduciary or trust officer _____ Preparer's name (print) _____

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 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**.

Do you authorize your preparer to contact us regarding this return? Yes No

Schedule II – Adjustments to Federal Taxable Income

Additions (Add the following if not included on the Ohio IT 1041, line 1)

23. Federal and/or non-Ohio state or local government interest and dividends not distributed23.
24. Pass-through entity taxes paid.....24.
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 obligations26.
27. Reimbursement of expenses previously deducted on an Ohio IT 1041 tax return27.
28. Internal Revenue Code 168(k) and 179 depreciation expense addback.
2/3, 5/6 or 6/6 (check applicable box and complete Schedule XIII).....28.
29. Federal personal exemption (estates only) and federal conformity additions29.
30. Expenses claimed on Ohio estate return (estates only)30.
31. Total additions (add lines 23 through 30).....31.

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

| | |
|---|-----|
| 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; 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 conformity deductions | 37. |
| 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 | 53. |
| 54. 2021 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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Schedule V – Estate Nonresident Credit

56. Nonresident portion of Ohio taxable income- Ohio IT NRCE,
Section X, line Y (include a copy)56.
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.....58.

Schedule VI – Qualifying Trust Amounts

59. Certain capital gains/ losses included in the Ohio taxable income (line 3) of a trust
(see instructions).....59.
60. Ratio of the qualifying investees’ physical assets in Ohio to its total physical assets.....60.
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 income62.
63. Ohio apportionment ratio from line 78.....63.
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.....65.
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).....66.
67. Modified Nonbusiness Income (line 65 plus line 66). Enter here and on line 667.

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.....68.
69. Tax liability on modified taxable income (from line 8).....69.
70. Modified Ohio taxable income from line 770.
71. Effective Tax Rate (line 69 divided by line 70)71.
72. Line 68 times line 7172.
73. Taxes paid on the trust’s modified nonbusiness income to another state or the
District of Columbia.....73.
74. Trust’s resident credit (lesser of line 72 or 73)74.

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

Check the box if partial or full depreciation adjustment has been waived

88. Current year §168(k) and 179 depreciation expense add-back 88.

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

Column (A) – Amount

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 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

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

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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 |
|---------------------|----------------|--------------------|
| 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 |



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| 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 | | |
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