Do not staple or paper clip.

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2023 Ohio IT 1041 Fiduciary Income Tax Return



23180102

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

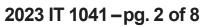
							Reporting P	eriod Start Date
		amended return federal extension filed	-d		Check here if <u>final</u> re Check here if income	turn	MM	DYY
FEIN		SSN of decedent (esta			listributed to a benef	iciary	Reporting F	Period End Date
		CON OF GEOGRAPH (CS)	ates orny)				MM E	D YY
Name of trust or e	state							
Name of trust or e	state (second line)							
Fiduciary name ar	nd title							
Address	Check here if addre	ess changed						
City				State	ZIP code			
Foreign State Coo	le Country Code	Foreign country	(if the mailing	g address is c	outside the U.S.)		Foreign pos	tal code
	Truck Musek Salasek O			Tweete Cala	of All That Ample			
Simple tru	Trust Must Select O	Complex trust	Irrevo	ocable trust	ct All That Apply Testame	entary trust	Chec	ck here if "qualify-
	Trust Must Select O	<u> </u>		Estate M	ust Select One		ing	pre-income tax ' (Attach letter of
Resident	trust	Nonresident trust	Bankı	ruptcy estate	Decede	nt's estate		nption)
	_	ents and Net Amount	Due (If the a	amount on a l	ine is negative, place	a "-" in the	box provided.)	
	e income (federal 104 1 of the federal 1041	1, line 23).			1.			
2. Net Schedule	II adjustments from lin	e 42			2.			
3 Ohio taxable ir	ncome (line 1 plus or r	ninus line 2). Estates s	should skip to	n line 8	3.			
	,	m line 61)						
	,	ne 64)						
	ed nonbusiness incom ed Ohio Taxable Incor	ne (from line 67)ne			6.			
(sum of lines 4	through 6, if negative	, enter zero)			7.			
8. Tax liability on	line 3 (estates) or line	7 (trusts). See instruc	tions for tax	tables	8.			
9. Estates - Cred	its from line 50				9.			
10. Credits from S	chedules IV, V, IX and	E			10.			
						For Dep	<u>artment Us</u>	<u>e Only</u>
<u>D</u>	o not write in th	is area; for depa	rtment us	e only.				
						Post	mark 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 / certificate	s)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)	
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 Treasu include Ohio IT 1041 UPC and write FEIN on check	rer of State,
If your refund is \$1.00 or less, no refund will be issued. It	f you owe \$1.00 or less, no payment is necessary.
Sign Here (required): I have read this return. Under penalties of perjury, the best of my knowledge and belief, the return and all enclosures are true, corre	Do not staple or paper clip.
Signature of fiduciary or trust officer Preparer's name (print)	Mail to
g (p)	I Wall to:
	Mail to: Ohio Department of Taxation
Title Date (MM/DD/YY) Preparer's address (include Z	Ohio Department of Taxation P.O. Box 2619
Title Date (MM/DD/YY) Preparer's address (include Z	Ohio Department of Taxation
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Title Date (MM/DD/YY) Preparer's address (include Z	Ohio Department of Taxation P.O. Box 2619 Columbus, OH 43216-2619 Instructions for this form are on
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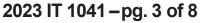
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If the amount on a line is negative, place a "-" in the box provided.

<u>Schedule II – Adjustments to Federal Taxable Income...continued.</u> 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. Wages and expense not deducted based on the federal work opportunity tax credit35. 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 39. Deductions for prior year IRC §168(k) bonus depreciation and §179 expense add-backs39. 40. Repayment of income reported in a prior year40. 41. Total deductions (add lines 32 through 40)......41. 42. Net adjustments (line 31 minus line 41). Enter here and on line 2..... 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 Assembly48. 49. Credit for work-based learning experiences (include a copy of the credit certificate) and/or Ohio adoption credit carryforward49. 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 the51. District of Columbia while you were an Ohio resident (include Ohio IT RCTE)..... 52. Ohio taxable income (line 3)..... 52 %. Multiply this percentage 53. Divide line 51 by line 52 and enter percentage here by the amount shown on line 8 reduced by any amount shown on line 953. 54. 2023 income tax liability after credits paid to another state or the District of Columbia54. 55. Enter the smaller of line 53 or line 54. This is your Ohio resident tax credit. Enter here

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and on line 1055.







	Taxation Rev. 08/08/23	
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If the amount on a line is negative, place a "-" in the	e box provided.
Schedule V – Estate Nonresident Credit	
56. Nonresident portion of Ohio taxable income- Ohio IT NRCE, Section B, line 15 (include a copy)	56.
57. Ohio taxable income (line 3)	57.
58. Divide line 56 by line 57 and enter percentage here	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 4	61.
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	62.
63. Ohio apportionment ratio from line 78.	63.
64. Trust's Apportioned Income (line 62 times line 63). Enter here and on line 5	64.
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 6	67.
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 7	70.
71. Effective Tax Rate (line 69 divided by line 70)	71.
72. Line 68 times line 71	72.
73. Taxes paid on the trust's modified nonbusiness income to another state or the District of Columbia	
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				То	tal Everywhere
a) Owned (original cost)						
	Within Ohio				То	tal Everywhere
b) Rented (annual rental X 8)						
	Within Ohio				То	tal Everywhere
c) Total (lines 75a and 75b)			÷			
o) rotal (inter rota and rota)		Ratio		Weight		Weighted Ratio
	=		x] = [
	Within Ohio					tal Everywhere
	Within Onlo		÷			tar Everywhere
76. Payroll		Detie	-	M/a i mlaé		Welshie d Beds
	= 🗆	Ratio		Weight	7 6	Weighted Ratio
			X		_ = _	
	Within Ohio				То	tal Everywhere
77. Sales			÷			
		Ratio		Weight		Weighted Ratio
	=		х]=[
78. Ohio apportionment ratio (add weighted on line 63 (carry to six decimal places). Note: If the "Total Everywhere" of any factor is combined number of factors used is 100%, i.e.	s zero, the weight given to the	other factors must	78. t be proporti			
Schedule XI - Net Payment Worksheet -	Include 1099(s) and W-2(s)					
79a. Estimated payments	79b. 1099 withholdings	;	7	9c. W-2 wit	hholding	S
79d. Prior year credit carryover	79e. Refunds previous	ly claimed	8	0. Net paym Enter he	nents (ad re and d	dd lines 79a-d minus line 79e). on page 2, line 14.
Schedule XII – Refundable Business Cre	dits					
Note: Certificates from the Ohio Departmen		o K-1s must be in	cluded to v	erify each re	efundabl	e credit claimed.
81. Motion picture / Broadway credit	82. JCTC / JRTC		8	3. Pass-thr	ough en	tity credit
84. Venture capital credit	85. Ohio historic pres	ervation credit	8	6. Reserve	d	
87. Total refundable business credits (add	l lines 81-86). Enter here and	d on line 15.				





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Schedule XIII - IRC §168(k) B	onus Depreciation and §179 Ex	oense Add-back Schedule	
00 B			
88. Reserved 89. Prior years add-back amou	nt and applicable add-back ratio	88. Column (A) – Amount	Column (B) – Ratio
,		Goldinii (A) – Amount	Column (B) – Rado
89a. Year Prior	89a.		2/3 5/6 6/6
89b. 2 Years Prior	89b.		2/3 5/6 6/6
00 01/ 5	00		2/2 5/6 0/6
89c. 3 Years Prior	89c.		2/3 5/6 6/6
80d 4 Vears Prior	89d.		2/3 5/6 6/6
00d. 4 Todio i noi			
89e. 5 Years Prior	89e.		2/3 5/6 6/6
Oakadala VIV. Danafialana O	ala adada		
Schedule XIV – Beneficiary S Provide beneficiary information f		rust. Use an additional sheet, if necess	early
SSN		Amount distributed	oury.
3311	FEIN	Amount distributed	
First name / entity	M.I.	Last name	
Address			
City		State ZIP code	
Oity		State Zii code	
SSN	FEIN	Amount distributed	
	12.11		
First name / entity	M.I.	Last name	
Address			
City		State ZIP code	
SSN	FEIN	Amount distributed	
First name / entity	M.I.	Last name	
The name / shary			
Address			
Address			
City		State ZIP code	





Schedule XIV – Beneficiary Provide beneficiary information		esident) hen	eficiaries in the estate	or trust. Use an additional sheet, if necessary.
SSN	FEIN	esiderit) beri		t distributed
First name / entity		M.I.	Last name	
Address				
City			State	ZIP code
SSN	FEIN		Amoun	nt distributed
First name / entity		M.I.	Last name	
Address				
City			State	ZIP code
CON				
SSN	FEIN		Amoun	nt 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
First name / entity		M.I.	Last name	
Address				
City			State	ZIP code
			5.6.5	





Schedule XIV – Beneficiary Provide beneficiary information		esident) hen	eficiaries in the estate	or trust. Use an additional sheet, if necessary.
SSN	FEIN	esiderit) beri		t distributed
First name / entity		M.I.	Last name	
Address				
City			State	ZIP code
SSN	FEIN		Amoun	nt distributed
First name / entity		M.I.	Last name	
Address				
City			State	ZIP code
CON				
SSN	FEIN		Amoun	nt 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
First name / entity		M.I.	Last name	
Address				
City			State	ZIP code
			5.6.5	