

2019 Ohio IT 1041 Fiduciary Income Tax Return
Use only black ink and UPPERCASE letters.
Amount fields use only whole dollar amounts, no cents.



		k here if <u>amended</u> return	Check here if <u>final</u> return	Reporting Period Start Date
	Check	k here if the <u>federal extension</u>	distributed	
F	EIN	SSN of decedent (esta	ates only)	Reporting Period End Date
Ν	Name of trust or estate			
Ν	Name of trust or estate (second	line)		
F	Fiduciary name and title			
Δ	Address (if address change, ch	heck box)		
ļ				
	City		State ZIP code	
	Tamaiam Otata Oada — Oawat	True Control		
Ī	Foreign State Code Countr	ry Code Foreign country	(if the mailing address is outside the U.S.)	Foreign postal code
ŀ				
C	Check Applicable Box(es) Simple trust OR	Select One	Select All That Apply	Ouglified pro income
ė	Simple trust OR	Complex trust Select One	Irrevocable trust Testamentary Select One	trust – Attach copy o
	Resident trust OR	Nonresident trust	Bankruptcy estate Decedent's es	letter of exemption from Ohio Income
_	Schedule I - Taxable Income,	ve, place a "-" in the box provided.)		
1		m the federal 1041, line 23). Il 1041	1	
1 2 3	Net adjustments from Sched	dule II, line 40	2.	
	6. Ohio taxable income (line 1 p	plus or minus line 2). Estates s	should skip lines 4-7	
4	. Allocated qualifying trust am	nount from Schedule VI, line 59) (trusts only)4.	
i 5		om Schedule VII, line 62 (trusts		
	Allocated trust income from \$ Modified Ohio taxable incom		nly)6.	
	if less than zero, enter zero).		7.	
8	6. Tax on Ohio taxable income Ohio taxable income (trusts,		structions8.	
9	. Credits from Schedule III, lin			
	Resident credit from Schedu			
'	Schedule V (estates); busine	ess credit from Schedule E (inc	clude Schedule E)	
	(estates and trusts); and tax	credit from Schedule IX (resid	lent trusts)10.	
			For	Department Use Only
	Do not write	e in this area; for depar	rtment use only.	
	_			Postmark 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)	12.
13. Total Ohio tax (add lines 11 and 12)	13.
14. Net payments from line 78	14.
15. Refundable business credits from line 85 (include documentation / certificates)	15.
16. Total (add lines 14 and 15)	16.
 17. Overpayment, if any (line 16 minus line 13, if less than zero, enter zero)Your Refund ▶ 18. 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)	18.
include Ohio UPC and place FEIN on check	
If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 o	r 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-1(s), <u>after the last page</u> of this return.
Signature of fiduciary or trust officer Preparer's name (print)	Mail to:
Signature of fiduciary or trust officer Preparer's name (print) Title Date (MM/DD/YY) Preparer's address (include ZIP code)	Ohio Department of Taxation
Title Date (MM/DD/YY) Preparer's address (include ZIP code)	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	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	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 Schedule II – Adjustments to Federal Taxable Income Net of Related Expenses Additions	Ohio Department of Taxation P.O. Box 2619 Columbus, OH 43216-2619 Instructions for this form are on our website at tax.ohio.gov.
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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. 30. Federal interest and dividends exempt from state taxation net of related expenses.......30. 32. Losses from an ESBT not shown in federal taxable income (include documentation)......32. 33. Wage and salary expense not previously deducted due to the federal targeted jobs 34. Interest income from Ohio public obligations and Ohio purchase obligations and gains 35. Refunds or reimbursements of prior year federal itemized deductions and any applicable conformity adjustments.......35. 37. Adjustment for Internal Revenue Code section 168(k) depreciation expense. 38. Repayment of income reported in a prior year and not otherwise deducted38. 40. Net adjustments (subtract line 39 from line 29). Enter here and on line 2..........40. Schedule III - Estate Credits 41. Retirement income credit (see instructions for credit table) (limit – \$200)......41. 44. Lump sum distribution credit (must be 65 or older to claim this credit: see instructions to calculate this credit).......44. 45. Child and dependent care credit (see instructions and worksheet in Ohio IT 1040 booklet).........45. 48. Total Schedule III credits (add lines 41 through 47) – enter here and on line 948. Schedule IV - Estate Ohio Resident Credit 49. Enter the portion of Ohio taxable income (line 3) subjected to tax by other states or the District of Columbia while an Ohio resident...... 50. Enter Ohio taxable income (line 3) 51. Divide line 49 by line 50 and enter percentage here %. Multiply this percentage by the amount shown on line 8 reduced by any amount shown on line 951. 52. Enter the 2019 income tax, less all related credits other than withholding and estimated tax payments and carryforwards from previous years, paid to other states or the 53. Enter the smaller of line 51 or line 52. This is your Ohio resident tax credit. Enter here



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If the amount on a line is negative, place a "-" in the	box provided.
Schedule V – Estate Nonresident Credit	
54. Portion of Ohio taxable income (line 3) not earned or received in Ohio (include Ohio IT 2023)	54.
55. Ohio taxable income (line 3)	55.
56. Divide line 54 by line 55 and enter percentage here %. Multiply this percentage by the amount shown on line 8 reduced by the amount shown on line 9. Enter here and on line 10	56.
Schedule VI – Allocated Qualifying Trust Amounts	
57. Trust's portion of capital gains/losses recognized to the extent included in Ohio taxable income (line 3) if the location of the physical assets of the closely	.,
held investee is available	01.
58. Percentage of the closely held investee's physical assets located within Ohio	58.
59. Multiply amount on line 57 by percentage on line 58. Enter here and on line 4	59.
Schedule VII - Apportioned Income for Trusts	
60. Enter (i) the trust's business income not included in line 57 and (ii) the trust's qualifying investment income not otherwise a part of business income and not	
included in line 57	60.
61. Enter the Ohio apportionment ratio from line 76 of the apportionment worksheet on page 5	61.
62. Multiply the amount on line 60 by the apportionment ratio on line 61. Enter here and on line 5	62.
Schedule VIII - Allocated Nonbusiness Income for Trusts	
If distributive share is business income/loss from a pass-through entity, use Schedule VII.	
63. Resident trusts: Trust's portion of Ohio taxable income (line 3) not reported on lines 57 or 60	63.
64. Nonresident trusts: Trust's portion of Ohio taxable income (line 3) not reported on lines 57 or 60 to extent such income (i) was derived from real or tangible property located in or based in Ohio or (ii) was sitused to Ohio	
(see instructions for line 64)	64.
65. Add lines 63 and 64 and enter here and on line 6	65.
Schedule IX – Tax Credit for Resident Trusts	
66. Enter the amount of allocated resident trust nonbusiness income (line 63, above) subject to tax in one or more states or in the District of Columbia	66.
67. Enter the amount from line 8	67.
68. Enter the amount of modified Ohio taxable income from line 7	68.
69. Divide line 67 by line 68 and enter the percentage here. This is the average effective tax rate	69.
70. Multiply the amount on line 66 by the percentage reported on line 69	70.
71. Enter the amount of tax actually paid by the resident trust to another state or the District of Columbia on the trust's allocated nonbusiness income	71.
72. Enter the smaller of the amount on lines 70 and 71. This is the resident trust's Ohio tax credit.	72



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Schedule X – Apportionment Worksheet						
Use this worksheet to calculate the apportion income. Note: All ratios are to be carried to s		ied business in	come and qı	ualifying inve	estment	income included in Ohio taxal
73. Property	Within Ohio				To	tal Everywhere
a) Owned (average cost)						
	Within Ohio				To	tal Everywhere
b) Rented (annual rental X 8)						
	Within Ohio				To	tal Everywhere
c) Total (lines 73a and 73b)			÷			
o) rotal (iiioo rota ana ros)		Ratio		Weight		Weighted Ratio
	= 🗆 🗆		х		1=[
	Within Ohio				To	tal Everywhere
	Within Onlo		÷			Lai Everywiiere
74. Payroll		Detie	-	Mainht		Weighted Bette
	- 🗆 🗆	Ratio		Weight		Weighted Ratio
			X]=[
	Within Ohio		Total Everywhere			
5. Sales			÷			
		Ratio		Weight		Weighted Ratio
	=		х		=	
						Weighted Ratio
Total weighted apportionment ratio (add Schedule VII, line 61 (carry to six decimal		,			70	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					that the state love in by airce as to
lote: If the denominator of any factor is zero ombined number of factors used is 100%, i.e.						
schedule XI – Net Payment Worksheet – I	nclude 1099(s) and W-2(s)					
77a. Estimated payments	77b. 1099 withholdi	nas		7	7c. W-2	withholdings
		Ť				
77d. Refunds previously claimed	78. Net payments (a	add lines 77a-c	minus line	77d) Enter	here an	d on line 14
7 d. Relating previously diamed	70. Not payments (t			rraj. Litto i	nore un	u on mio 14.
chedule XII - Refundable Business Cred		io IT K 1/0\	et ha inalud	ad to varify	oach ref	jundable credit alaimed
ote: Certificates from the Ohio Developme79. Motion picture / Broadway credit	nt Services Agency and/or On 80. JCTC / JRTC	10 11 K-1(S) ML		ed to verily 31. Pass-thr		
73. Motori pictare / Broadway Great	00. 0010 / 01(10		O	71. 1 433-411	oagii ell	ary order
82. Venture capital credit	83. Historic preservatio	n credit	0	4 Financia	l Inetituti	ions Tax (FIT) credit
UL. VOLITUIO GAPITAI GIOUIL	oo. Historio preservatio	ii olouli	O	, ⊤. i iilaii⊍la	. กางแนน	IONO TAX ITTI / OFFUIL

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

85. Total refundable business credits (add lines 79-84). Enter here and on line 15.



Department of Taxation

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Schedule XIII - 168K Bonus	Depreciation and 179	Expense Ac	ld-back Sch	edule				
Check the box if the depre								
86. Total current year sections	s 168K bonus depreciat	tion and 179 e		back	86.			
87. Prior years add-back amo	unt and applicable add	-back ratio			- Amount	Column (B)	- Ratio	
97a Voor Prior		970				2/3	5/6	6/6
ora. real i noi		01 a.						
87b 2 Years Prior		87b				2/3	5/6	6/6
87c. 3 Years Prior		87c.				2/3	5/6	6/6
						2/2	5/6	e le
87d. 4 Years Prior		87d.				2/3	3/6	6/6
97a 5 Vooro Drior		970				2/3	5/6	6/6
ore. 5 feats Phot		o/e.						
Schedule XIV - Beneficiary								
Provide beneficiary information	for <u>all</u> (resident and no	nresident) ber	eficiaries in t	he estate	or trust. Use an additio	nal sheet, if necessary	<i>[</i> -	
SSN	FEIN			Amoun	t distributed			
First name / entity		M.I.	Last name					
Address								
City				State	ZIP code			
City				State	Zii code			
SSN	FEIN			Amoun	nt 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			
					5520			



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Schedule XIV - Beneficiary	Schedule				
		esident) ber	eficiaries in th	ne estate	or trust. Use an additional sheet, if necessary.
SSN	FEIN	20.40.11, 20.			nt distributed
First name / entity		M.I.	Last name		
This hame / entity		101.1.	Last Hairie		
Address					
City				State	ZIP code
2011					
SSN	FEIN			Amour	nt distributed
First name / entity		M.I.	Last name		
A data a c					
Address					
City				State	ZIP code
SSN	FEIN			Amaiin	at distributed
JOIN	FEIN			Amour	nt 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		
A data as					
Address					
City				State	ZIP code