

Do not staple or paper clip.



Department of Taxation

Rev. 08/13/20

2020 Ohio IT 1140 Pass-Through Entity and Trust Withholding Tax Return



20170102

Use only black ink and UPPERCASE letters. Amount fields use only whole dollar amounts, no cents.

- Check here if amended return
Check here if final return
Check here if the federal extension was granted

Reporting Period Start Date
Reporting Period End Date

FEIN

Entity Type: S corporation Partnership
Limited liability company Trust

Name of pass-through entity

Address (if address change, check box)

City State ZIP code

Foreign State Code Country Code Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Total number of investors Number of investors included on return Ownership percentage of investors on return Apportionment ratio, line 24

Schedule I - Reconciliation Tax and Payments

If the amount on a line is negative, place a "-" in the box provided. Note: No credits allowed to be claimed in schedule I.

Column (A) - Withholding Tax

Column (B) - Entity Tax

Table with 7 columns: Description, Column (A) - Withholding Tax, Column (B) - Entity Tax, and 4 sub-columns for amounts.

If refund is \$1.00 or less, no refund will be issued. If Amount Due \$1.00 or less, no payment is necessary.

For Department Use Only

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Postmark date Code



2020 Ohio IT 1140 Pass-Through Entity and Trust Withholding Tax Return



20170402

FEIN

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Schedule IV – Trusts – Tax Due

Use this schedule to calculate the adjusted qualifying amounts and withholding tax due for nonresident individuals who are beneficiaries of trusts that made distributions of either income or gain attributable to the trust's ownership of or disposition of either tangible personal property located in Ohio or real property located in Ohio.

25. Sum of all distributions to nonresident individuals of income or gain attributable to the trust's ownership of or disposition of either tangible personal property located in Ohio or real property located in Ohio

26. Add I.R.C 168(k) depreciation expense for current year and any applicable federal conformity adjustments. Complete Schedule V.....

26a. 2/3 5/6 6/6

27. Deduct I.R.C. 168(k) depreciation expense added back in a previous year and any applicable federal conformity adjustments. Complete Schedule V.....

28. Sum of line 25 and 26 minus line 27.....

29. Tax rate X .05

30. Tax due: Line 28 times line 29. Enter here and on line 1, column A.....

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

Check the box if the depreciation add-back has been waived

31. Total current year sections 168K bonus depreciation and 179 expense adjustment.....

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

	Column (A) – Amount	Column (B) – Ratio
32a. Year Prior.....	<input type="text"/>	<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6
32b. 2 Years Prior.....	<input type="text"/>	<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6
32c. 3 Years Prior.....	<input type="text"/>	<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6
32d. 4 Years Prior.....	<input type="text"/>	<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6
32e. 5 Years Prior.....	<input type="text"/>	<input type="checkbox"/> 2/3 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/6

Schedule VI – Investor Information

First list the investors whose income is included on the return in order from highest to lowest ownership percentage. Then list all remaining investors from highest to lowest ownership percentage. Use additional sheet, if necessary.

Check the box if the investor is included on the return.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name / entity		M.I.	Last name
<input type="text"/>			
Address			
<input type="text"/>			
City		State	ZIP code
<input type="text"/>		<input type="text"/>	<input type="text"/>

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20170502

FEIN

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Schedule VI – Investor Information...continued.

Provide investor information for **all** (resident and nonresident) investors in the pass-through entity or trust. List investors by highest to lowest ownership percentage. Use an additional sheet, if necessary.

Check the box if the investor is included on the return.

SSN
 FEIN
 Percent of ownership
 Amount of PTE tax credit

First name / entity
 M.I.
 Last name

Address

City
 State
 ZIP code

Check the box if the investor is included on the return.

SSN
 FEIN
 Percent of ownership
 Amount of PTE tax credit

First name / entity
 M.I.
 Last name

Address

City
 State
 ZIP code

Check the box if the investor is included on the return.

SSN
 FEIN
 Percent of ownership
 Amount of PTE tax credit

First name / entity
 M.I.
 Last name

Address

City
 State
 ZIP code

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