



22180202

FEIN Rev. 08/04/22

FEIN input boxes

Table with 22 rows of tax liability and payment items, including 'CREDIT CARRYFORWARD' and 'AMOUNT DUE'.

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.

Signature and preparer information fields: 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.

Do not staple or paper clip. Place any supporting documents, including Ohio IT K-1s, after the last page of this return.

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.

Check here if you authorize your preparer to contact us regarding this return. []

Schedule II - Adjustments to Federal Taxable Income

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

Table with 7 rows of adjustments to federal taxable income, including federal interest/dividends, pass-through taxes, ESBT income, losses, reimbursements, and federal personal exemption.

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



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Input boxes for FEIN

If the amount on a line is negative, place a "-" in the box provided.

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.

Table with 4 columns for amounts and 14 rows for deductions (lines 32-42).

Schedule III - Estate Credits

Table with 4 columns for amounts and 8 rows for estate credits (lines 43-50).

Schedule IV - Estate Resident Credit

Table with 4 columns for amounts and 5 rows for estate resident credit (lines 51-55).

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



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If the amount on a line is negative, place a "-" in the box provided.

Schedule V - Estate Nonresident Credit

Lines 56-58: Nonresident portion of Ohio taxable income, Ohio taxable income, and percentage calculation.

Schedule VI - Qualifying Trust Amounts

Lines 59-61: Capital gains/losses, ratio of physical assets, and Qualifying Trust Amount.

Schedule VII - Trust Apportioned Income

Lines 62-64: Portion of Ohio taxable income, apportionment ratio, and Trust's Apportioned Income.

Schedule VIII - Modified Nonbusiness Income for Trusts

Income/ Loss from a pass-through entity should generally be reported on Schedule VII.

Lines 65-67: Resident trusts, nonresident trusts, and Modified Nonbusiness Income.

Schedule IX - Trust Resident Credit (include the Ohio IT RCETE)

Lines 68-74: Portion of line 65 subject to tax, tax liability, effective tax rate, taxes paid, and Trust's resident credit.

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



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22180702

Schedule XIV – Beneficiary Schedule

Provide beneficiary information for all (resident and nonresident) beneficiaries in the estate or trust. Use an additional sheet, if necessary.

Form section 1: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code

Form section 2: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code

Form section 3: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code

Form section 4: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code

Form section 5: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code



FEIN

FEIN input boxes



22180802

Schedule XIV – Beneficiary Schedule

Provide beneficiary information for all (resident and nonresident) beneficiaries in the estate or trust. Use an additional sheet, if necessary.

Form section 1: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code

Form section 2: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code

Form section 3: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code

Form section 4: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code

Form section 5: SSN, FEIN, Amount distributed, First name / entity, M.I., Last name, Address, City, State, ZIP code