Amended Ohio Estate Tax Resident Return

File in duplicate with the Probate Court.

For estates with a date of death of July 1, 1983 – Dec. 31, 2012

This form is to be used to report an increase in tax liability, claim a refund or disclose a change with no tax consequences.

| | Refund ay suppleme | | mental Tax | | | e Disclosure e. |
|--|--------------------|---------------------|---|---------|-----------------------------------|---|
| Estate of: Decedent's last nam | е | Decedent's first na | ame and initial | | Date | of death |
| Address of decedent at time of death (number and street, city, state and ZIP code) | | | | | Decedent's Social Security number | |
| County in Ohio, in which Proba | ate Court located, | where will probate | d or estate administere | d | Case | number |
| Date estate tax return filed | | Was | s it (check one): | Гахаblе | · 🗆 | Nontaxable |
| If an estate t | • | | rmination of Final C copy thereof to thi | | | Tax Liability, |
| Net taxable estate as prev | iously reporte | ed | | 1 | \$ | |
| Plus additional or increase (or less a decrease) in value of assets (describe on reverse side) | | | | 2 | \$ | |
| , | | | | ١ | \$ | |
| Less additional or increase (or plus a reduction) in amount of deductions (describe on reverse side) | | | 4 | \$ | | |
| , | | | | 5 | \$ | |
| Tentative tax due on new new | et taxable estat | e (use table on re | verse side) | 6 | \$ | |
| Less estate tax credit (see reverse side) | | | | | \$ | |
| Tax due (subtract line 7 from line 6; if line 7 is more than line 6, enter 0) | | | | | \$ | |
| Less tax previously assessed or paid (exclude any interest and penalty paid) | | | | | (|) |
| If line 9 is less than line 8, subtract line 9 from line 8 and enter the amount of supplemental tax now due | | | | | \$ | |
| If line 9 is greater than line of refund now due | | | | 11 | (|) |
| Date Filed with Probate Court Distribution of Subdivisions' Share of Tax (Ohio Revised Code Section 5731.48 and 5731. | | | | | | Date Received by Ohio Department of Taxation |
| | Perc | centage | City, Village or Township | | | |
| | | | | | | |

| Explanation of Changes If addtional space is needed, please use attachments. | | | | | |
|--|--|--|--|--|--|
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| Line 6 – Tax Rates | | | | | | |
|--|--|--|--|--|--|--|
| If the net taxable estate is: | The tax shall be: | | | | | |
| Not more than \$40,000 | 2% of the net taxable estate | | | | | |
| More than \$40,000, but not more than \$100,000 | \$800 plus 3% of the excess more than \$40,000 | | | | | |
| More than \$100,000, but not more than \$200,000 | \$2,600 plus 4% of the excess more than \$100,000 | | | | | |
| More than \$200,000, but not more than \$300,000 | \$6,600 plus 5% of the excess more than \$200,000 | | | | | |
| More than \$300,000, but not more than \$500,000 | \$11,600 plus 6% of the excess more than \$300,000 | | | | | |
| More than \$500,000 | \$23,600 plus 7% of the excess more than \$500,000 | | | | | |

| Line 7 – Credits | | | | |
|--|---------------------------------|--|--|--|
| Date of Death | Applicable Estate Tax Credit | | | |
| Dates of death on or before 06/30/83 | 0 | | | |
| Dates of death 07/01/83, but before 01/01/01 | \$500 | | | |
| Dates of death 01/01/01, but before 01/01/02 | \$6,600 | | | |
| Dates of death 01/01/02, but before 01/01/13 | \$13,900 | | | |

Print or type to expedite audit and finalization

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer other than the deceased's personal representative or person in possession of property is based on all information of which preparer has any knowledge. Name of attorney representing the estate Address (number and street, city, state and ZIP code) Telephone number Address (number and street, city, state and ZIP code) Telephone number Signature of executor/administrator(s) Date Signature of preparer Date