



Date Filed in Probate Court
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**Amended Ohio Estate Tax Resident Return**  
 For Dates of Death after June 30, 1983

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

Check one:       Refund                       Supplemental Tax                       NonTaxable Disclosure  
**Pay supplemental tax through County Auditor's Office.**

Estate of: Decedent's last name	Decedent's first name & 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 Probate Court located, where will probated or estate administered		Case number
Date Estate Tax Return filed _____ Was it (check one): <input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable		

**If an Estate Tax Form 10, Certificate of Determination of Final Ohio Estate Tax Liability has been received, attach a copy thereof to this return.**

Net taxable estate as previously reported .....	1	\$
Plus additional or increase (or less a decrease) in value of assets (describe on reverse side) .....	2	\$
<b>Total</b> .....	3	\$
Less additional or increase (or plus a reduction) in amount of deductions (describe on reverse side) .....	4	\$
<b>New net taxable estate</b> .....	5	\$
Tentative tax due on new net taxable estate (use table on reverse side) .....	6	\$
Less estate tax credit (see reverse side) .....	7	\$
Tax due .....	8	\$
Less tax previously assessed or paid (exclude any interest paid) .....	9	(                      )
If line 9 is less than line 8, subtract line 9 from line 8 and enter the amount of <b>supplemental tax</b> now due .....	10	\$
If line 9 is greater than line 8, subtract line 8 from line 9 and enter the amount of <b>refund</b> now due .....	11	(                      )

Distribution of Tax	
Percentage	City, Village or Township

**Tax Rates**

Taxable estate equal to or more than (1)	Taxable estate less than (2)	Tax on amount in column (1)	Rate of tax on excess over amount in column (1)
0	\$ 40,000	0	2%
\$ 40,000	\$100,000	\$ 800	3%
\$100,000	\$200,000	\$ 2,500	4%
\$200,000	\$300,000	\$ 6,500	5%
\$300,000	\$500,000	\$ 11,600	6%
\$500,000	—	\$ 23,600	7%

**Explanation of Changes**

Print or Type to Expedite Audit and Finalization

**DECLARATION**

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 decedent'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

Name of Executor/Administrator(s)                      Address (number and street, city, state and zip code)                      Telephone number

Signature of Executor/Administrator(s)                      Date                      Signature Preparer                      Date

**File in Duplicate in Probate Court.**