

Do not staple or paper clip.



Department of Taxation

2019 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



19000106

Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if claiming a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions).

First name check box M.I. Last name check box SD#

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City State ZIP code Ohio county (first four letters)

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

Residency Status - Check only one for primary
Filing Status - Check one (as reported on federal income tax return)
Ohio Nonresident Statement - See instructions for required criteria

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1. Federal adjusted gross income (from the federal 1040, line 8b). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero.
2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE)
2b. Deductions - Ohio Schedule A, line 38 (INCLUDE SCHEDULE)
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero.
4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J)
5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)
6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE)
7. Line 5 minus line 6 (if less than zero, enter zero)

MM-DD-YY Code

2019 Ohio IT 1040

Individual Income Tax Return



19000206 Sequence No. **2**

SSN

7a. Amount from line 7 on page 1	7a.	0 0
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	0 0
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.	0 0
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	0 0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.	0 0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	0 0
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	0 0
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due	12.	0 0
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	0 0
14. Ohio income tax withheld (include copies of W-2, box 17; W-2G, box 15; 1099-R, box 12)	14.	0 0
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	0 0
16. Refundable credits – Ohio Schedule of Credits, line 41 (INCLUDE SCHEDULE)	16.	0 0
17. Amended return only – amount previously paid with original and/or amended return	17.	0 0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	0 0
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.	0 0
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero..... _____ If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	20.	0 0
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.	0 0
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.	0 0
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶	23.	0 0
24. Overpayment (line 20 minus line 13)	24.	0 0
25. Original return only – amount of line 24 to be credited toward 2020 income tax liability.....	25.	0 0
26. Original return only – amount of line 24 to be donated:		
a. State nature preserves	b. Breast/Cervical Cancer	c. Wishes for Sick Children
0 0	0 0	0 0
d. Wildlife species	e. Military injury relief	f. Ohio History Fund
0 0	0 0	0 0
		Total26g.
		0 0
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶	27.
		0 0

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.

▶ Primary signature _____ Phone number _____

▶ Spouse's signature _____ Date (MM/DD/YY) _____

Check here to authorize your preparer to discuss this return with the Department
Preparer's printed name _____ Phone number _____

Preparer's TIN (PTIN)

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057