

Please do not use staples.



Taxable year beginning in

2009

IT 1040 Rev. 9/09 Individual Income Tax Return

Please use only black ink.

Taxpayer Social Security no. (required) 0 0 3 If deceased 310r Spouse's Social Security no. (only if joint return) 0 5 5 If deceased 310s

Use UPPERCASE letters.

Place Label Here

Your first name 0 7 0 a M.I. Last name 070b 0 6 0 a

Spouse's first name (only if joint return) 0 7 0 c M.I. Last name 070d 0 6 5 a

Mailing address (for faster processing, please use a street address) 0 7 5 / DOMESTIC (0 7 7 / FOREIGN)

City 0 8 5 / DOMESTIC (0 8 7 / FOREIGN) State ZIP code 095 1 0 0 County (first four letters) 1 0 5

Home address (if different from mailing address) - please do NOT show city or state ZIP code 3 1 5 b County (first four letters) 3 1 5 c

Foreign country (please provide this information if the mailing address is outside the U.S.) 0 9 8 Foreign postal code 3 1 0 g

Ohio Residency Status - Check applicable box Full-year resident Part-year resident Nonresident Indicate state 3 1 0

Check applicable box for spouse (only if married filing jointly) Full-year resident Part-year resident Nonresident Indicate state 3 1 0

Filing Status - Check one (as reported on federal income tax return) Single or head of household or qualifying widow(er) Married filing jointly Married filing separately Enter spouse's SS# 0 5 5

Please do not use staples, tape or glue. Place your W-2(s), check (payable to Ohio Treasurer of State) and Ohio form IT 40P on top of your return. Place any other supporting documents or statements after the last page of your return. Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov. Most electronic filers receive their refunds in 5-7 business days by direct deposit!

Ohio Political Party Fund Do you want \$1 to go to this fund? Yes No If joint return, does your spouse want \$1 to go to this fund? ... Note: Checking "Yes" will not increase your tax or decrease your refund.

Ohio School District Number for 2009 (see pages 38-42 in the instructions) 1 1 0

INCOME AND TAX INFORMATION - If amount is negative, shade the negative sign ("-") in the box provided.

Table with 10 rows of income and tax information, including Federal adjusted gross income, adjustments, Ohio adjusted gross income, personal exemption, Ohio taxable income, tax, credits, and exemption credit.

3 1 0 f 3 1 0 e 3 1 0 d 3 1 0 c 3 1 0 b 3 1 0 a

If line 2 (on page 1) is -0- or blank, do not mail page 3.



Department of Taxation



09000300

Taxable year beginning in

2009

IT 1040 Rev. 9/09 Individual Income Tax Return

SS#

SCHEDULE A – Income Adjustments (Additions and Deductions)

Additions (add income items only to the extent not included on page 1, line 1).

Table with 7 columns for digits and 10 rows of addition items (31-33g) with numerical values in the rightmost columns.

34. Total additions (add lines 31 through 33g and enter here). You must complete the applicable line items above

Digit entry box for line 34 total additions, showing 6 0 0 0 0 0.

Deductions (deduct income items only to the extent included on page 1, line 1).

Important: See caution on page 19 of the instructions.

Table with 7 columns for digits and 13 rows of deduction items (35-45g) with numerical values in the rightmost columns.

46. Total deductions (add lines 35 through 45g). You must complete the applicable line items above

Digit entry box for line 46 total deductions, showing 6 9 0 0 0 0.

47. Net adjustments – If line 34 is GREATER than line 46, enter the difference here and on line 2 as a positive amount. If line 34 is LESS than line 46, enter the difference here and on line 2 as a negative amount. Include this page when you file your return

Digit entry box for line 47 net adjustments, showing 6 9 5 0 0 0.

If line 7 (page 1) and line 14 (page 2) are both -0- or blank, do not mail page 4.



Department of Taxation



09000400

Taxable year beginning in

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IT 1040 Rev. 9/09
Individual
Income Tax Return

SS#

SCHEDULE B – Nonbusiness Credits

| | | | | | | | | | | |
|---|-----|----------------------|----------------------|----------------------|----------------------|---|---|---|---|---|
| 48. Retirement income credit (see table on page 24 of the instructions) (limit \$200 per return)..... | 48. | | | | | 7 | 0 | 0 | 0 | 0 |
| 49. Senior citizen credit (limit \$50 per return). You must be 65 or older to claim this credit | 49. | | | | | 7 | 0 | 5 | 0 | 0 |
| 50. Lump sum distribution credit (you must be 65 or older to claim this credit)..... | 50. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 1 | 0 | 0 | 0 |
| 51. Child care and dependent care credit (see worksheet on page 25 of the instructions)..... | 51. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 1 | 5 | 0 | 0 |
| 52. Lump sum retirement credit | 52. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 2 | 0 | 0 | 0 |
| 53. If line 5 on page 1 is \$10,000 or less, enter \$88; otherwise, enter -0- or leave blank | 53. | | | | | 7 | 2 | 5 | 0 | 0 |
| 54. Displaced worker training credit (see the instructions and worksheet on page 25) (limit \$500 per taxpayer) | 54. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 3 | 0 | 0 | 0 |
| 55. Ohio political contributions credit (limit \$50 per taxpayer) | 55. | | | | | 7 | 3 | 5 | 0 | 0 |
| 56. Ohio adoption credit (\$1,500 per child adopted during the year) | 56. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 4 | 0 | 0 | 0 |
| 57. Total Schedule B credits (add lines 48 through 56). Enter here and on page 1, line 7 | 57. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 4 | 5 | 0 | 0 |

SCHEDULE C – Ohio Resident Credit

| | | | | | | | | | | |
|---|-----|----------------------|----------------------|----------------------|----------------------|---|---|---|---|---|
| 58. Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident (limits apply – see page 26 of the instructions) | 58. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 5 | 0 | 0 | 0 |
| 59. Enter Ohio adjusted gross income (line 3 on page 1)..... | 59. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 5 | 5 | 0 | 0 |
| 60. Divide line 58 by line 59 and enter the result here. <input type="text"/> Multiply this factor by the amount on line 13 on page 2 and enter the result here | 60. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 6 | 0 | 0 | 0 |
| 61. Enter the 2009 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see page 26 of the instructions)..... | 61. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 6 | 5 | 0 | 0 |
| 62. Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67 below. If you filed a return for 2009 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below..... | 62. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 7 | 0 | 0 | 0 |

SCHEDULE D – Nonresident / Part-Year Resident Credit (date of part-year residency 3 1 0 h to 3 1 0 i)

| | | | | | | | | | | |
|--|-----|----------------------|----------------------|----------------------|----------------------|---|---|---|---|---|
| 63. Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required (see page 26 of the instructions)..... | 63. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 7 | 5 | 0 | 0 |
| 64. Enter the Ohio adjusted gross income (line 3)..... | 64. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 8 | 0 | 0 | 0 |
| 65. Divide line 63 by line 64 and enter the result here. <input type="text"/> Multiply this factor by the amount on line 13. Enter here and on line 68 below..... | 65. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 8 | 5 | 0 | 0 |

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

| | | | | | | | | | | |
|---|-----|----------------------|----------------------|----------------------|----------------------|---|---|---|---|---|
| 66. Enter the amount from line 11 of Schedule E, Nonrefundable Business Credits. This form is available on our Web site at tax.ohio.gov | 66. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 9 | 0 | 0 | 0 |
| 67. Enter the amount from line 62 above..... | 67. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 | 9 | 5 | 0 | 0 |
| 68. Enter the amount from line 65 above..... | 68. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8 | 0 | 0 | 0 | 0 |
| 69. Add lines 66, 67 and 68. Enter here and on line 14 on page 2 | 69. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8 | 0 | 5 | 0 | 0 |

MAILING INFORMATION

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

Do not enclose your federal income tax return unless line 1 on page 1 of this return is -0- or negative.

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