

Do not staple or paper clip.



2020 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



20000106

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 an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased School district # (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 (federal 1040 and 1040-SR, line 11). Include page 1 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 39 (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 (INCLUDE SCHEDULE J if claiming dependents)
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)

Grid of boxes for entering numbers, with some boxes containing '00'.

MM-DD-YY Code

2020 Ohio IT 1040

Individual Income Tax Return



20000206 Sequence No. **2**

SSN

7a. Amount from line 7 on page 1	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	00
8c. Income tax liability before credits (line 8a plus line 8b)	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	00
17. Amended return only – amount previously paid with original and/or amended return	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	00
if line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	00
22. Interest due on late payment of tax (see instructions)	00
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 ▶	00
24. Overpayment (line 20 minus line 13)	00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability.....	00
26. Original return only – amount of line 24 to be donated:	
a. Ohio History Fund	00
b. State nature preserves	00
c. Breast/Cervical Cancer	00
d. Wishes for Sick Children	00
e. Wildlife species	00
f. Military injury relief	00
Total	26g. 00
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 00

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) **P**

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