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...................................................................................1.

2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)...........................................................................2a.


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...................................................................................3.

4. Exemption amount (INCLUDE SCHEDULE J if claiming dependents).................................................................4.

Number of exemptions including you and your spouse/dependents, if applicable:.................................................................4.

5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero).................................................................5.


7. Line 5 minus line 6 (if less than zero, enter zero) ..............................................................................................................7.
2020 Ohio IT 1040
Individual Income Tax Return

7a. Amount from line 7 on page 1........................................................................................................ 7a.

8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)................................. 8a.

8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE) .............. 8b.

8c. Income tax liability before credits (line 8a plus line 8b).................................................................. 8c.


10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)......... 10.

11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......................... 11.

12. Use tax due on internet, mail order or other out-of-state purchases (see instructions) ............ 12.

13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..................... 13.


15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year’s return .......................................................................................................................... 15.

16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)......................... 16.

17. Amended return only – amount previously paid with original and/or amended return................... 17.

18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..................................................................... 18.

19. Amended return only – overpayment previously requested on original and/or amended return........ 19.

20. Line 18 minus line 19. Place a "*" in the box at the right if the amount is less than zero...................... 20.

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......... 21.

22. Interest due on late payment of tax (see instructions)....................................................................... 22.

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.

24. Overpayment (line 20 minus line 13).............................................................................................. 24.

25. Original return only – amount of line 24 to be credited toward next year’s income tax liability........ 25.

26. Original return only – amount of line 24 to be donated:
   a. Ohio History Fund
   b. State nature preserves
c. Breast/Cervical Cancer

   d. Wishes for Sick Children
   e. Wildlife species
   f. Military injury relief

   Total .... 26g.

27. REFUND (line 24 minus lines 25 and 26g).................................................................................. YOUR REFUND ▶ 27.

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
### Additions

(Add the following if not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends

2. Certain Ohio pass-through entity taxes paid

3. Ohio 529 plan funds used for non-qualified expenses

4. Losses from sale or disposition of Ohio public obligations

5. Nonmedical withdrawals from a medical savings account

6. Reimbursement of expenses previously deducted on an Ohio income tax return

### Federal

7. Internal Revenue Code 168(k) and 179 depreciation expense addback

8. Exempt federal interest and dividends subject to state taxation

9. Federal conformity additions

10. **Total additions** (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a

### Deductions

(Deduct the following if included on Ohio IT 1040, line 1)

11. Business income deduction – Ohio Schedule IT BUS, line 11

12. Employee compensation earned in Ohio by residents of neighboring states

13. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1)

14. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)

15. Certain railroad retirement benefits

16. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement

17. Amounts contributed to an Ohio county’s individual development account program

18. Amounts contributed to STABLE account: Ohio’s ABLE plan

19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period

### Federal

20. Federal interest and dividends exempt from state taxation

21. Deduction of prior year 168(k) and 179 depreciation addbacks

22. Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal itemized deductions claimed on a prior year return
23. Repayment of income reported in a prior year

24. Wage expense not deducted based on the federal work opportunity tax credit

25. Federal conformity deductions

Uniformed Services
26. Military pay received by Ohio residents while stationed outside Ohio

27. Compensation earned by nonresident military servicemembers and their civilian spouses

28. Uniformed services retirement income

29. Military injury relief fund grants and veteran’s disability severance payments

30. Certain Ohio National Guard reimbursements and benefits

Education
31. Amounts contributed to Ohio CollegeAdvantage: Ohio’s 529 Plan

32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board

33. Ohio educator expenses in excess of federal deduction

Medical
34. Disability benefits

35. Survivor benefits

36. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy)

37. Medical savings account contributions/earnings (see instructions for worksheet; include a copy)

38. Qualified organ donor expenses

39. Total deductions (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b.
Enter all business income that you (and your spouse, if filing jointly) received during the tax year on this schedule. Enter only those amounts that are included in your federal adjusted gross income. **Only one IT BUS should be used for each return filed.** See R.C. 5747.01(B).

### Part 1 – Business Income From IRS Schedules

**Note:** Do not include amounts listed on the IRS schedules below that are nonbusiness income. See R.C. 5747.01(C). If the amount on a line is negative, place a “-” in the box provided.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Schedule B – Interest and Ordinary Dividends</td>
<td><img src="image" alt="Box" /></td>
</tr>
<tr>
<td>2.</td>
<td>Schedule C – Profit or Loss From Business (Sole Proprietorship)</td>
<td><img src="image" alt="Box" /></td>
</tr>
<tr>
<td>3.</td>
<td>Schedule D – Capital Gains and Losses</td>
<td><img src="image" alt="Box" /></td>
</tr>
<tr>
<td>4.</td>
<td>Schedule E – Supplemental Income and Loss</td>
<td><img src="image" alt="Box" /></td>
</tr>
<tr>
<td>5.</td>
<td>Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner</td>
<td><img src="image" alt="Box" /></td>
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<tr>
<td>6.</td>
<td>Schedule F – Profit or Loss From Farming</td>
<td><img src="image" alt="Box" /></td>
</tr>
<tr>
<td>7.</td>
<td>Other business income or loss not reported above (e.g. form 4797 amounts)</td>
<td><img src="image" alt="Box" /></td>
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<tr>
<td>8.</td>
<td>Total business income (add lines 1 through 7)</td>
<td><img src="image" alt="Box" /></td>
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</tbody>
</table>

### Part 2 – Business Income Deduction

9. Enter the lesser of line 8 above or Ohio IT 1040, line 1. If less than zero, enter zero; stop here and do not complete Part 3.
10. Enter $250,000 if filing status is single or married filing jointly; OR Enter $125,000 if filing status is married filing separately.
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.

### Part 3 – Taxable Business Income

**Note:** If Ohio IT 1040, line 5 is zero, do **not** complete Part 3.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Box</th>
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<tbody>
<tr>
<td>12.</td>
<td>Line 9 minus line 11</td>
<td><img src="image" alt="Box" /></td>
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<tr>
<td>13.</td>
<td>Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6</td>
<td><img src="image" alt="Box" /></td>
</tr>
<tr>
<td>14.</td>
<td>Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b</td>
<td><img src="image" alt="Box" /></td>
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</tbody>
</table>

**Do not write in this area; for department use only.**
### Part 4 – Business Sources

List all sources of business income, with Ohio sources listed first. Also separately list your, and your spouse’s if filing jointly, ownership percentage (if any) in the spaces provided. You **must** enter the 6-digit NAICS code of the business, found at [naics.com/search](http://naics.com/search). If necessary, complete additional copies of this page and include with your return.

<table>
<thead>
<tr>
<th>Sequence No.</th>
<th>FEIN / SSN</th>
<th>Primary ownership</th>
<th>Spouse’s ownership</th>
<th>6-digit NAICS code</th>
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<td>Business name</td>
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</table>
Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c) ...................................................................................... 1.
2. Retirement income credit (see instructions for table; include 1099-R forms) ......................................................... 2.
3. Lump sum retirement credit (see instructions for worksheet; include a copy) ............................................................ 3.
4. Senior citizen credit (must be 65 or older to claim this credit) .................................................................................. 4.
5. Lump sum distribution credit (see instructions for worksheet; include a copy) ......................................................... 5.
6. Child care & dependent care credit (see instructions for worksheet; include a copy) ................................................. 6.
7. Displaced worker training credit (see instructions for all required documentation; include copies) .............. 7.
7a. Campaign contribution credit for Ohio statewide office or General Assembly ....................................................... 7a.
8. Income-based exemption credit ($20 times the number of exemptions) ................................................................. 8.
9. Total (add lines 2 through 8) ...................................................................................................................................... 9.
10. Tax less credits (line 1 minus line 9; if less than zero, enter zero) ........................................................................... 10.
11. Joint filing credit (see instructions for table). % times line 10, up to $650................................................................. 11.
12. Earned income credit ............................................................................................................................................. 12.
14. Nonrefundable job retention credit (include a copy of the credit certificate) ......................................................... 14.
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ............. 15.
16. Credit for purchases of grape production property .................................................................................................. 16.
17. InvestOhio credit (include a copy of the credit certificate) .................................................................................... 17.
18. Lead abatement credit (include a copy of the credit certificate) ........................................................................... 18.
19. Opportunity zone investment credit (include a copy of the credit certificate) .................................................. 19.
20. Technology investment credit carryforward (include a copy of the credit certificate) .............................. 20.
21. Enterprise zone day care & training credits (include a copy of the credit certificate) .............................. 21.
22. Research & development credit (include a copy of the credit certificate) .............................................................. 22.
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) .................. 23.
24. Total (add lines 11 through 23) ............................................................................................................................... 24.
25. Tax less additional credits (line 10 minus line 24; if less than zero, enter zero) ................................................... 25.

Do not write in this area; for department use only.
2020 Ohio Schedule of Credits

Primary taxpayer’s SSN

Nonresident Credit

Date of nonresidency to State of residency

26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)........26.

27. Ohio adjusted gross income (Ohio IT 1040, line 3)........27.

28. Divide line 26 by line 27 and enter the result here (four digits; do not round).
   Multiply this factor by line 25 to calculate your nonresident credit............................................................28.

Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident-
   Ohio IT RC, line 1a (include a copy).........................29.

30. Ohio adjusted gross income (Ohio IT 1040, line 3)........30.

31. Divide line 29 by line 30 and enter the result here (four digits; do not round).
   Multiply this factor by line 25 and enter the result here..................................................................................31.

32. 2020 income tax liability after credits paid to another state or the District of Columbia
   Ohio IT RC, line 1b (include a copy).........................32.

33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax........33.

34. Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)....34.

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)........35.

36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)........36.

37. Pass-through entity credit (include a copy of the Ohio IT K-1s).................................................................37.

38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....38.

39. Venture capital credit (include a copy of the credit certificate).................................................................39.

40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16)........40.
**Ohio Schedule J**

**Dependents**

Use only black ink/UPPERCASE letters.

**Tax Year** 2020

**Primary taxpayer’s SSN**

---

**Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule.** Use this schedule to claim dependents. Complete all fields for each dependent you list. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the “Dependent’s relationship to you” if there are not enough boxes to spell it out completely.

<table>
<thead>
<tr>
<th>Sequence No.</th>
<th>Dependent’s SSN</th>
<th>Dependent’s date of birth (MM-DD-YYYY)</th>
<th>Dependent’s relationship to you</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Sequence No.</th>
<th>Primary taxpayer's SSN</th>
<th>Tax Year</th>
<th>Dependent's relationship to you</th>
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### Dependents

<table>
<thead>
<tr>
<th>Dependent's SSN</th>
<th>Dependent's date of birth (MM-DD-YYYY)</th>
<th>Dependent's relationship to you</th>
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</table>

### Ohio Schedule J

- **Dependent's date of birth (MM-DD-YYYY)**
- **Dependent's last name**
- **Dependent's first name**
- **M.I.**

**Schedule J – page 2 of 2**
2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

### Part A - Total Withholding
1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040

### Part B - W-2s
1. P/S Box b - EIN
   - Box 1 - Wages, tips, other compensation
   - Box 2 - Federal income tax withheld
   - Box 15 - Employer's Ohio ID number
   - Box 16 - Ohio wages, tips, etc.
   - Box 17 - Ohio income tax

2. P/S Box b - EIN
   - Box 1 - Wages, tips, other compensation
   - Box 2 - Federal income tax withheld
   - Box 15 - Employer's Ohio ID number
   - Box 16 - Ohio wages, tips, etc.
   - Box 17 - Ohio income tax

3. P/S Box b - EIN
   - Box 1 - Wages, tips, other compensation
   - Box 2 - Federal income tax withheld
   - Box 15 - Employer's Ohio ID number
   - Box 16 - Ohio wages, tips, etc.
   - Box 17 - Ohio income tax

4. P/S Box b - EIN
   - Box 1 - Wages, tips, other compensation
   - Box 2 - Federal income tax withheld
   - Box 15 - Employer's Ohio ID number
   - Box 16 - Ohio wages, tips, etc.
   - Box 17 - Ohio income tax

5. P/S Box b - EIN
   - Box 1 - Wages, tips, other compensation
   - Box 2 - Federal income tax withheld
   - Box 15 - Employer's Ohio ID number
   - Box 16 - Ohio wages, tips, etc.
   - Box 17 - Ohio income tax

6. P/S Box b - EIN
   - Box 1 - Wages, tips, other compensation
   - Box 2 - Federal income tax withheld
   - Box 15 - Employer's Ohio ID number
   - Box 16 - Ohio wages, tips, etc.
   - Box 17 - Ohio income tax

7. P/S Box b - EIN
   - Box 1 - Wages, tips, other compensation
   - Box 2 - Federal income tax withheld
   - Box 15 - Employer's Ohio ID number
   - Box 16 - Ohio wages, tips, etc.
   - Box 17 - Ohio income tax
### Part C - 1099-Rs

<table>
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<tr>
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<th>P/S</th>
<th>Payer's TIN</th>
<th>Box 6 - Payer's Ohio number</th>
<th>Box 15 - Payer's Ohio number</th>
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### Part D - W-2Gs

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<th></th>
<th>P/S</th>
<th>Payer’s federal ID number</th>
<th>Box 13 - Ohio state ID number</th>
<th>Box 14 - Ohio state winnings</th>
<th>Box 15 - Ohio income tax withheld</th>
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<td>3.</td>
<td>P/S</td>
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### Part E - 1099-NECs

<table>
<thead>
<tr>
<th></th>
<th>P/S</th>
<th>Payer’s TIN</th>
<th>Box 6 - Payer’s Ohio number</th>
<th>Box 7 - State income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>P/S</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>P/S</td>
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</tbody>
</table>

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2020 Schedule of Ohio Withholding

Primary taxpayer’s SSN

Sequence No. 12
Ohio IT RE - Reason and Explanation of Corrections

Note: For amended individual return only

Primary taxpayer’s SSN

Complete the Ohio IT 1040 (checking the amended return box) and include this form with documentation to support any adjustments to the line items on the return.

Reason(s):

☐ Federal adjusted gross income decreased*  ☐ Filing status changed*

☐ Exemptions increased (include Schedule J)*

* If you checked one of the boxes above, do not file your Ohio amended return until the IRS has accepted the changes on your federal amended return. To avoid delays you must include a copy of your federal account transcript OR a copy of your federal amended income tax return with a copy of the federal acceptance letter or refund check.

☐ Federal adjusted gross income increased

☐ Exemptions decreased (include Schedule J)

☐ Residency status changed

☐ Ohio Schedule A, additions to income

☐ Ohio Schedule A, deductions from income

☐ Ohio Schedule of Credits, nonrefundable credit(s) increased

☐ Ohio Schedule of Credits, nonrefundable credit(s) decreased

☐ Ohio Schedule of Credits, nonresident credit increased

☐ Ohio Schedule of Credits, nonresident credit decreased

☐ Ohio Schedule of Credits, resident credit increased

☐ Ohio Schedule of Credits, resident credit decreased

☐ Ohio Schedule of Credits, refundable credit(s) increased

☐ Ohio Schedule of Credits, refundable credit(s) decreased

☐ Other (describe the reason below)

Note: Include any worksheets and/or documentation necessary to support your changes. See the filing tips on the next page as well as the Ohio Individual and School District income tax instructions.

Detailed explanation of adjusted items (include additional sheet[s] if necessary):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

E-mail address __________________________________________ Telephone number________________

Federal Privacy Act Notice: Because we require you to provide us with a Social Security number, the Federal Privacy Act of 1974 requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.
Amended IT 1040 Filing Tips

If your amended IT 1040 results in tax due, you should always include an IT 40XP payment voucher with your payment. Do not use the IT 40P payment voucher.

When amending due to changes to my federal return, should I file my amended Ohio return(s) at the same time I file my amended federal return with the IRS?

Refund: You should wait to file your amended Ohio IT 1040 and/or SD 100 until the IRS has approved the changes to your amended federal return. When filing your amended returns, you must include:

- A copy of your federal amended return (1040X), AND
- A copy of the IRS acceptance letter -or- refund check.

Tax Due: To reduce the amount of interest you will owe, you should file your amended Ohio IT 1040 and pay any tax due as soon as possible.

What documentation should I include when amending to show a change in my Ohio residency status?

Submit any and all relevant information you believe supports your change in residency status from one state to another. Provide as many relevant documents as possible. Relevant documents include, but are not limited to, the following: driver’s license or state IDs, property records, voter registration, resident state tax returns, and vehicle registrations.

What documentation should I include when amending to show a change to Ohio Schedule A, deductions from income?

You should always include supporting documentation to substantiate your changes specific to the deduction. Some common deductions and related documentation include, but are not limited to, the following:

Business income – Ohio Schedule IT BUS, page 1 and 2 of your federal return, the federal schedule(s) showing your business income, federal K-1(s), wage and income statement(s), along with any other supporting documentation. Include a short statement explaining your position on the amounts claimed as business income, along with all relevant facts and law used in making that determination.

Disability/survivorship benefits – A copy of your wages and income statements (such as 1099’s), page 1 and 2 of your federal return, your disability/survivorship plan, and, if you are deducting disability benefits, you must also provide a letter from your employer from when your disability was approved, your social security disability award letter, and your age at the time of disability.

Unreimbursed medical and health care expenses – A copy of Ohio’s medical expense worksheet, federal Schedule A (if completed), and proof of payments (cancelled checks, bank statements, credit card statements, etc.).

Ohio 529 Plan Contributions – Proof of payments (cancelled checks, bank statements, credit card statements, etc.) and proof of an Ohio 529 account (by providing the plan year-end statement). If the statement is unavailable, (e.g. you are not the account holder), provide a list of the beneficiaries with the contribution dates and amounts. If the deduction is based on a prior year carryforward, provide proof of prior year contributions for each beneficiary.

What documentation should I include when amending to show a change to the nonresident or resident credit?

Nonresident credit: A copy of form IT NRC and all wage and income statements (W-2, 1099, K-1, etc.).

Resident credit: A copy of form IT RC, all other state returns and proof of taxes paid to other states (cancelled checks, transcripts).

When should I NOT file an amended return?

Some common mistakes may not require an amended return. Instead, the Department of Taxation will either make the corrections or contact you to request documentation. For example, the following mistakes generally do not require an amended return:

- Math errors;
- Missing return pages, schedules, or worksheets;
- Demographic errors (such as name, address or SSN corrections);
- Unclaimed estimated and/or extension payments,*
- Unclaimed withholding;**
- Missing credit certificate granted by the Ohio Development Services Agency.

*Generally, unclaimed estimated and/or extension payments will automatically be added to your original return when filed.

**If you have unclaimed withholding, please submit a detailed explanation along with legible copies of all income statements (W-2s and 1099s) showing the Ohio withholding amounts instead of filing an amended return.

For additional information, you can go to tax.ohio.gov for FAQs (located under the “Income - Amended Returns” topic).
2020 Ohio IT 40XP

Include the voucher below with your payment for your AMENDED 2020 Ohio income tax return.

**Important**

- Make payment payable to: Ohio Treasurer of State
- Include the tax year and the last four digits of your SSN on the “Memo” line of your payment.
- Do not send cash.
- Do not use this voucher to make a payment for an original return. Use Ohio IT 40P.
- Do not use this voucher to make a payment for a school district income tax return. Use Ohio SD 40XP for an amended school district income tax return. Use Ohio SD 40P for an original school district income tax return.

**Electronic Payment Options**

You can make your payment electronically even if you file by paper. Pay by electronic check, credit card or debit card via the Department’s Online Services. Go to tax.ohio.gov for more information.

**Federal Privacy Act Notice**

Because we require you to provide us with a Social Security number, the Federal Privacy Act of 1974 requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

**AMENDED PAYMENT**

Cut on the dotted lines. Use only black ink.

**OHIO IT 40XP**

**Amended Income Tax Payment Voucher**

<table>
<thead>
<tr>
<th>First name</th>
<th>M.I.</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse’s first name (only if joint filing)</td>
<td>M.I.</td>
<td>Last name</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Make payment payable to: Ohio Treasurer of State  
Sending with return - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057  
Sending without return - Mail to: Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131

Tax Year 2020

- Do NOT send cash
- Do NOT fold, staple, or paper clip

Use UPPERCASE letters to print the first three letters of

Taxpayer’s last name

Spouse’s last name (only if joint filing)

Taxpayer’s SSN

Spouse’s SSN (only if joint filing)

Amount of Payment $ 0 0