

Do not staple or paper clip.



2021 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



21000102

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE. NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased School district #

First name M.I. Last name Spouse's first name (if 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 Resident Part-year resident Nonresident Indicate state Check only one for spouse (if filing jointly) Resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return) Single, head of household or qualifying widow(er) Married filing jointly Spouse's SSN Married filing separately

Ohio Nonresident Statement - See instructions for required criteria Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative... 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule)... 2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule)... 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative... 4. Exemption amount (include Schedule of Dependents if applicable)... 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)... 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule)... 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)...

Do not write in this area; for department use only.

MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



21000202

Sequence No. **2**

SSN

7a. Amount from line 7 on page 1	7a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule).....	9.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12. Unpaid use tax (see instructions).....	12.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule).....	16.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. Amended return only – amount previously paid with original and/or amended return	17.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	<input type="checkbox"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. _____				
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Interest due on late payment of tax (see instructions)	22.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. Overpayment (line 20 minus line 13)	24.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
26. Original return only – portion of line 24 you wish to donate:				
a. Military Injury Relief	b. Ohio History Fund	c. Nature Preserves/Scenic Rivers		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
d. Breast/Cervical Cancer	e. Wishes for Sick Children	f. Wildlife Species	Total	26g.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 _____

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



Primary taxpayer's SSN

--	--	--	--	--	--	--	--

Sequence No. 3

Additions

(Only add the following amounts if they are not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends.....	1.	□□	□□	□□	□□	.00
2. Ohio pass-through entity taxes excluded from federal adjusted gross income	2.	□□	□□	□□	□□	.00
3. Ohio 529 plan funds used for non-qualified expenses	3.	□□	□□	□□	□□	.00
4. Losses from sale or disposition of Ohio public obligations.....	4.	□□	□□	□□	□□	.00
5. Nonmedical withdrawals from a medical savings account	5.	□□	□□	□□	□□	.00
6. Reimbursement of expenses previously deducted on an Ohio income tax return	6.	□□	□□	□□	□□	.00
Federal						
7. Internal Revenue Code 168(k) and 179 depreciation expense addback	7.	□□	□□	□□	□□	.00
8. Exempt federal interest and dividends subject to state taxation	8.	□□	□□	□□	□□	.00
9. Federal conformity additions	9.	□□	□□	□□	□□	.00
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a	10.	□□	□□	□□	□□	.00

Deductions

(Only deduct the following amounts if they are included on Ohio IT 1040, line 1)

11. Business income deduction – Ohio Schedule IT BUS, line 11	11.	□□	□□	□□	□□	.00
12. Employee compensation earned in Ohio by residents of neighboring states.....	12.	□□	□□	□□	□□	.00
13. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1) ..	13.	□□	□□	□□	□□	.00
14. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)	14.	□□	□□	□□	□□	.00
15. Certain railroad benefits	15.	□□	□□	□□	□□	.00
16. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement.....	16.	□□	□□	□□	□□	.00
17. Amounts contributed to an Ohio county's individual development account program	17.	□□	□□	□□	□□	.00
18. Amounts contributed to a STABLE account: Ohio's ABLE plan	18.	□□	□□	□□	□□	.00
19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....	19.	□□	□□	□□	□□	.00
Federal						
20. Federal interest and dividends exempt from state taxation.....	20.	□□	□□	□□	□□	.00
21. Deduction of prior year 168(k) and 179 depreciation addbacks.....	21.	□□	□□	□□	□□	.00
22. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal itemized deductions claimed on a prior year return.....	22.	□□	□□	□□	□□	.00

2021 Ohio Schedule of Adjustments



21000402

Sequence No. 4

Primary taxpayer's SSN

--	--	--	--	--	--	--	--

- 23. Repayment of income reported in a prior year 23.

--	--	--	--	--	--	--	--

 .00
- 24. Wage expense not deducted based on the federal work opportunity tax credit 24.

--	--	--	--	--	--	--	--

 .00
- 25. Federal conformity deductions 25.

--	--	--	--	--	--	--	--

 .00

Uniformed Services

- 26. Military pay received by Ohio residents while stationed outside Ohio..... 26.

--	--	--	--	--	--	--	--

 .00
- 27. Compensation earned by nonresident military servicemembers and their civilian spouses 27.

--	--	--	--	--	--	--	--

 .00
- 28. Uniformed services retirement income 28.

--	--	--	--	--	--	--	--

 .00
- 29. Military injury relief fund grants and veteran's disability severance payments 29.

--	--	--	--	--	--	--	--

 .00
- 30. Certain Ohio National Guard reimbursements and benefits..... 30.

--	--	--	--	--	--	--	--

 .00

Education

- 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan 31.

--	--	--	--	--	--	--	--

 .00
- 32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board 32.

--	--	--	--	--	--	--	--

 .00
- 33. Ohio educator expenses in excess of federal deduction 33.

--	--	--	--	--	--	--	--

 .00

Medical

- 34. Disability benefits 34.

--	--	--	--	--	--	--	--

 .00
- 35. Survivor benefits..... 35.

--	--	--	--	--	--	--	--

 .00
- 36. Unreimbursed medical and health care expenses (see instructions for worksheet; **include a copy**) 36.

--	--	--	--	--	--	--	--

 .00
- 37. Medical savings account contributions/earnings (see instructions for worksheet; **include a copy**) 37.

--	--	--	--	--	--	--	--

 .00
- 38. Qualified organ donor expenses 38.

--	--	--	--	--	--	--	--

 .00
- 39. **Total deductions** (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b.....39.

--	--	--	--	--	--	--	--

 .00

2021 Ohio Schedule IT BUS Business Income

Use only black ink/UPPERCASE letters.
Primary taxpayer's SSN



Sequence No. 5

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.

- 1. Schedule B – Interest and Ordinary Dividends1.
- 2. Schedule C – Profit or Loss From Business (Sole Proprietorship).....2.
- 3. Schedule D – Capital Gains and Losses.....3.
- 4. Schedule E – Supplemental Income and Loss.....4.
- 5. Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner5.
- 6. Schedule F – Profit or Loss From Farming6.
- 7. Other business income or loss not reported above (e.g. form 4797 amounts)7.
- 8. Total business income (add lines 1 through 7).....8.

Part 2 – Business Income Deduction

- 9. Enter the lesser of line 8 above or Ohio IT 1040, line 1. If negative, enter zero; **stop here** and do not complete Part 3.....9.
- 10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately10.
- 11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule of Adjustments, line 1111.

Part 3 – Taxable Business Income

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

- 12. Line 9 minus line 1112.
- 13. 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.....13.
- 14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.....14.

Do not write in this area; for department use only.

2021 Ohio Schedule IT BUS
Business Income



21260202

Primary taxpayer's SSN

Sequence No. 6

Part 4 – Business Sources

List all sources of business income, with Ohio sources listed first. Also separately list your ownership percentage and/or your spouse's ownership percentage (if filing jointly). If necessary, complete additional copies of this page and include with your return.

1. FEIN / SSN Primary ownership Spouse's ownership
____ ____ % ____ %
Business name

2. FEIN / SSN Primary ownership Spouse's ownership
____ ____ % ____ %
Business name

3. FEIN / SSN Primary ownership Spouse's ownership
____ ____ % ____ %
Business name

4. FEIN / SSN Primary ownership Spouse's ownership
____ ____ % ____ %
Business name

5. FEIN / SSN Primary ownership Spouse's ownership
____ ____ % ____ %
Business name

6. FEIN / SSN Primary ownership Spouse's ownership
____ ____ % ____ %
Business name

7. FEIN / SSN Primary ownership Spouse's ownership
____ ____ % ____ %
Business name

8. FEIN / SSN Primary ownership Spouse's ownership
____ ____ % ____ %
Business name



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



21280102

Sequence No. 7

Nonrefundable Credits

SSN input boxes

Table with 26 rows of credit categories and corresponding input boxes for amounts.

Do not write in this area; for department use only.

2021 Ohio Schedule of Credits

Primary taxpayer's SSN

SSN input boxes



21280202

Sequence No. 8

- 27. Nonrefundable Ohio historic preservation credit... 27.
28. Total (add lines 12 through 27) ... 28.
29. Tax less additional credits (line 11 minus line 28; if negative, enter zero)..... 29.

Nonresident Credit

Dates of Ohio residency [] [] [] [] to [] [] [] [] Other state of residency [] []

- 30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) 30.
31. Ohio adjusted gross income (Ohio IT 1040, line 3)..... 31.
32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000) 32a.
32. Nonresident credit (line 29 times line 32a) 32.

Resident Credit

- 33. 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) 33.
34. Ohio adjusted gross income (Ohio IT 1040, line 3)..... 34.
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)..... 35a.
35. Line 29 times line 35a 35.
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy) 36.
37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax 37.
38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) .. 38.

Refundable Credits

- 39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)..... 39.
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) 40.
41. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... 41.
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... 42.
43. Venture capital credit (include a copy of the credit certificate) 43.
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)..... 44.

2021 Ohio Schedule of Dependents



Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

SSN input boxes

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. 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 necessary.

1. Dependent's SSN, date of birth, relationship, first name, M.I., last name

2. Dependent's SSN, date of birth, relationship, first name, M.I., last name

3. Dependent's SSN, date of birth, relationship, first name, M.I., last name

4. Dependent's SSN, date of birth, relationship, first name, M.I., last name

5. Dependent's SSN, date of birth, relationship, first name, M.I., last name

6. Dependent's SSN, date of birth, relationship, first name, M.I., last name

7. Dependent's SSN, date of birth, relationship, first name, M.I., last name

Do not write in this area; for department use only.

2021 Ohio Schedule of Dependents



21230202

Primary taxpayer's SSN

Sequence No. 10

8. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



21350102

Sequence No. 11

[Social Security Number input boxes]

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding.** Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. 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 here1. [] [] [] [] [] [] [] [] [] []

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 [][][][][][][][][][][][]

2021 Ohio IT RE Explanation of Corrections



21270102

Note: For amended individual return only

Primary taxpayer's SSN

SSN input boxes

Complete the Ohio IT 1040 and indicate that it is amended by checking the box at the top of page 1. You must include this form and documentation to support the adjustments on your amended return.

Reason(s):

- Reasons for amendment: Federal adjusted gross income decreased, Filing status changed, Exemptions increased (include Schedule of Dependents)

If you checked any of the boxes above, do not file your Ohio amended return until the IRS has accepted the changes on your federal amended return.

- Reasons for amendment: Federal adjusted gross income increased, Ohio Schedule of Credits, nonresident credit increased, Exemptions decreased (include Schedule of Dependents), Ohio Schedule of Credits, nonresident credit decreased, Residency status changed, Ohio Schedule of Credits, resident credit increased, Ohio Schedule of Adjustments, additions to income, Ohio Schedule of Credits, resident credit decreased, Ohio Schedule of Adjustments, deductions from income, Ohio Schedule of Credits, refundable credit(s) increased, Ohio Schedule of Credits, nonrefundable credit(s) increased, Ohio Schedule of Credits, refundable credit(s) decreased, Ohio Schedule of Credits, nonrefundable 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.



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:

Option #1

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

Option #2

- A copy of your updated IRS account transcript reflecting the changes to your federal return.

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 of Adjustments?

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 Department of Development.

*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 more information, see the "Income - Amended Returns" topic at tax.ohio.gov/FAQ.

2021 Ohio IT 40XP

Include the voucher below with your payment for your **AMENDED** 2021 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. To pay by electronic check, credit card, or debit card, visit **tax.ohio.gov/pay** OR scan with your phone.



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

First name	M.I.	Last name		
Spouse's first name (only if joint filing)			M.I.	Last name
Address				
City, State, ZIP code				

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

2021

- 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Taxpayer's SSN

Spouse's SSN (only if joint filing)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount of Payment →

00