

Do not staple or paper clip.



Department of Taxation

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



19000102

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 M.I. Last name check box 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. Full-year resident, Part-year resident, Nonresident. Check only one for spouse (if married filing jointly).

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

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.

Check here if you filed the federal extension form 4868. Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

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1. Federal adjusted gross income (from the federal 1040, line 8b). 2a. Additions - Ohio Schedule A, line 10. 2b. Deductions - Ohio Schedule A, line 38. 3. Ohio adjusted gross income. 4. Exemption amount. 5. Ohio income tax base. 6. Taxable business income - Ohio Schedule IT BUS, line 13. 7. Line 5 minus line 6.

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

MM-DD-YY Code

2019 Ohio IT 1040
Individual Income Tax Return



19000202 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.....20. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0 0
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. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0 0
b. Breast/Cervical Cancer [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0 0
c. Wishes for Sick Children [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0 0
d. Wildlife species [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0 0
e. Military injury relief [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0 0
f. Ohio History Fund [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0 0
Total ....26g. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 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) 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

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Department of Taxation

# 2019 Ohio Schedule A



19000302

## Income Adjustments – Additions and Deductions

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

SSN input boxes

Sequence No. 3

### Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

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

### Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

- 11. Business income deduction – Ohio Schedule IT BUS, line 11 ..... 11.
- 12. Employee compensation earned in Ohio by residents of neighboring states ..... 12.
- 13. State or municipal income tax overpayments shown on the federal 1040, Schedule 1, line 1 ..... 13.
- 14. Taxable Social Security benefits ..... 14.
- 15. Certain railroad retirement benefits ..... 15.
- 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.
- 17. Amounts contributed to an Ohio county's individual development account program ..... 17.
- 18. Amounts contributed to STABLE account: Ohio's ABLE plan ..... 18.
- 19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period ..... 19.
- Federal**
- 20. Federal interest and dividends exempt from state taxation ..... 20.
- 21. Deduction of prior year 168(k) and 179 depreciation addbacks ..... 21.
- 22. Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal itemized deductions claimed on a prior year return ..... 22.

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2019 Ohio Schedule of Credits

Primary taxpayer's SSN



19280202

Sequence No. 8

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. 0 0
27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) ..... 27. 0 0
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 to calculate your nonresident credit ..... 28. 0 0

Resident Credit

- 29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident ..... 29. 0 0
30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) ..... 30. 0 0
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here ..... 31. 0 0
32. Enter the 2019 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 ..... 32. 0 0
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. 0 0
34. Total nonrefundable credits (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) .. 34. 0 0

Refundable Credits

- 35. Refundable Ohio historic preservation credit (include a copy of the credit certificate) ..... 35. 0 0
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate) ..... 36. 0 0
37. Pass-through entity credit (include a copy of the Ohio IT K-1s) ..... 37. 0 0
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) ..... 38. 0 0
39. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s) ..... 39. 0 0
40. Venture capital credit (include a copy of the credit certificate) ..... 40. 0 0
41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16) ..... 41. 0 0