Do not use staples. Use only black ink and UPPERCASE letters.



# 2016 Ohio IT 1040 Individual Income Tax Return



Note: This form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.

Taxpayer's SSN (required) ▶▶ If deceased	Cn-	1122 2'c 2CNI	(if filing joint	lv)		If doccood	Enter acha	ol district # for
Taxpayer's SSN (required)	<b>Бр</b> с	Juse's SSIN	(ii iiiiiig joiiii	iy)	<b>&gt;&gt;</b>	If deceased		(see instructions
check box						check box	SD# >>	
First name	M.I.	Last name	)					
Spouse's first name (only if married filing jointly)	M.I.	Last name	;					
Mailing address (for faster processing, use a street address	s)							1
City			State	ZIP code		Ohio coun	ity (first four le	tters)
Home address (if different from mailing address) – do NOT	include	e city or sta	te	ZIP cod	le	Ohio	county (first fo	ur letters)
Foreign country (if the mailing address is outside the U.S.)			Foreign	postal code				
Onio Residency Status – Check applicable box			Filing St	tatus - Chec	k one	(as reported of	n federal inco	ome tax return.
Full-year resident Part-year Nonresident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year Part-year Nonresident	ly)		with limited	tatus - Chec dexceptions - e, head of how ed filing jointly	see in usehol		g widow(er)	
Full-year resident Part-year Nonresident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year Part-year Nonresident Indicate state	ly) ▶▶	s No	with limited Single Marri	d exceptions – e, head of hore ed filing jointly	see in usehol	structions) d or qualifying Married filing	g widow(er) g separately	Yes N
Full-year resident Part-year resident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year resident Part-year resident Indicate state  Ohio Political Party Fund	y)  Yes	s No	with limited Single Marri Did you file	d exceptions – e, head of hor ed filing jointly e the federal ex	see in usehol / xtensio	structions)  d or qualifying	g widow(er) g separately	Yes N
resident resident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year Part-year Nonresident	Yes		with limited Single Marri Did you file	d exceptions – e, head of hor ed filing jointly e the federal ex e else claiming	see in usehol / xtensio	structions)  Id or qualifying  Married filing  on 4868?	g widow(er) g separately	Yes N Yes N n) as
Full-year resident Part-year resident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year resident Part-year resident Nonresident Indicate state  Ohio Political Party Fund  Do you want \$1 to go to this fund?  If joint return, does your spouse want \$1 to go to this fund?  Note: Checking "Yes" will not increase your tax or decrease  1. Federal adjusted gross income (from the federal 1040,	Yes	efund.	with limited Single Marri Did you file Is someon a dependence 21; 1040E	d exceptions – e, head of hor ed filing jointly e the federal execution e else claiming ent? If yes, enter	see in usehol / xtensio	structions)  Id or qualifying  Married filing on 4868?  or your spouse	g widow(er) g separately	Yes N Yes N n) as
Full-year resident Part-year resident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year resident Part-year resident Nonresident Indicate state  Ohio Political Party Fund  Do you want \$1 to go to this fund?  If joint return, does your spouse want \$1 to go to this fund?  Note: Checking "Yes" will not increase your tax or decrease	Yes e your re line 37; negativ	efund. ; 1040A, lin re sign ("-")	with limited Singl Marri Did you file Is someon a depende	d exceptions – e, head of hou ed filing jointly e the federal ex e else claiming ent? If yes, ente  Z, igure if	see in usehol / xtensio	structions)  Id or qualifying  Married filing on 4868?  or your spouse	g widow(er) g separately	Yes N Yes N n) as
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Full-year resident Part-year resident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year resident Part-year resident Indicate state  Ohio Political Party Fund  Do you want \$1 to go to this fund?  If joint return, does your spouse want \$1 to go to this fund?  Note: Checking "Yes" will not increase your tax or decrease  1. Federal adjusted gross income (from the federal 1040, line 4; 1040NR, line 36; or 1040NR-EZ, line 10). Place a state part of the amount is less than -0-  2a. Additions to federal adjusted gross income (include Ohio	Yes	efund. ; 1040A, lin re sign ("-") dule A, line	with limited Single Marri Did you file Is someon a depende the 21; 1040E before the film	d exceptions – e, head of hot ed filing jointly e the federal e: e else claiming ent? If yes, ente  Z, igure if	see in usehol / xtensio	structions)  Id or qualifying  Married filing on 4868?  or your spouse	g widow(er) g separately	Yes N Yes N n) as
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Full-year resident Part-year resident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year resident Party-year resident Indicate state  Ohio Political Party Fund  Do you want \$1 to go to this fund?  If joint return, does your spouse want \$1 to go to this fund?  Note: Checking "Yes" will not increase your tax or decrease  1. Federal adjusted gross income (from the federal 1040, line 4; 1040NR, line 36; or 1040NR-EZ, line 10). Place a state amount is less than -0-  2a. Additions to federal adjusted gross income (include Ohio 2b. Deductions from federal adjusted gross income (line 1 plus line 2a minus line before the figure if the amount is less than -0-	Yes Yes Inne 37 negative o Scheol	efund. ; 1040A, lin ve sign ("-") dule A, line Schedule A, Place a ne	with limited Single Marri Did you file Is someon a depende before the file 10)	d exceptions – e, head of hore ed filing jointly e the federal er e else claiming ent? If yes, ente  Z, igure if	see in usehol / xtensio	structions)  Id or qualifying  Married filing on 4868?  or your spouse	g widow(er) g separately	Yes N Yes N 10 ( 0 ( 0 (
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Full-year resident Part-year resident Indicate state  Check applicable box for spouse (only if married filing jointly Full-year resident Part-year resident Indicate state  Ohio Political Party Fund  Do you want \$1 to go to this fund?  If joint return, does your spouse want \$1 to go to this fund?  Note: Checking "Yes" will not increase your tax or decrease  1. Federal adjusted gross income (from the federal 1040, line 4; 1040NR, line 36; or 1040NR-EZ, line 10). Place a state amount is less than -0-  2a. Additions to federal adjusted gross income (include Ohio Deductions from federal adjusted gross income (include Ohio 3. Ohio adjusted gross income (line 1 plus line 2a minus line before the figure if the amount is less than -0-  4. Personal and dependent exemption deduction (if claiming 5. Ohio income tax base (line 3 minus line 4; if less than -0-	Yes	efund.  ; 1040A, line re sign ("-")  dule A, line  Schedule A, Place a ne	with limited Single Marri Did you file Is someon a depende before the file 10)	d exceptions – e, head of hore ed filing jointly e the federal er e else claiming ent? If yes, ente  Z, igure if	see in usehol / xtensio	structions)  Id or qualifying  Married filing on 4868?  or your spouse	g widow(er) g separately	Yes N Yes N O ( O ( O ( O ( O ( O ( O ( O ( O ( O (
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Do you authorize your preparer to contact us regarding this return?

# 2016 Ohio IT 1040 Individual Income Tax Return



SSN 0 0 0 0 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)......8a. 0 0 0 0 0 0 9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34)......9. 0 0 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-)......10. 0 0 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). 0 0 If you certify that no sales or use tax is due, check the box to the right..... 0 0 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)......13. 14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) 0 0 and 1099-R(s) with the return .......14. 15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit 0 0 0 0 16. Refundable credits (include Ohio Schedule of Credits, line 41)......16. 0 0 17. Amended return only – amount previously paid with original/amended return......17. 0 0 0 0 0 0 20. Line 18 minus line 19. Place a negative sign ("-") before the figure if the amount is less than -0-.....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 negative sign ("-") and add line 0 0 0 0 22. Interest and penalty due on late filing or late payment of tax (see instructions)..... 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP 0 0 (if amended return) and make check payable to "Ohio Treasurer of State" ........ AMOUNT DUE ▶ 23. 0 0 0 0 26. Amount of line 24 to be donated: a. Wildlife species b. Military injury relief c. Ohio History Fund 0 0 0 0 0 0 f. Wishes for Sick Children d. State nature preserves e. Breast / cervical cancer 0 0 0 0 Total .... 26g 0 0 If your refund is \$1.00 or less, no refund will be issued. Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to If you owe \$1.00 or less, no payment is necessary. the best of my knowledge and belief, the return and all enclosures are true, correct and complete. NO Payment Included - Mail to: Ohio Department of Taxation Date (MM/DD/YY) Your signature P.O. Box 2679 Columbus, OH 43270-2679 Spouse's signature (see instructions) Phone number Payment Included - Mail to: Ohio Department of Taxation Preparer's printed name (see instructions) **PTIN** Phone number P.O. Box 2057

Columbus, OH 43270-2057



### 2016 Ohio Schedule A

Income Adjustments – Additions and Deductions
SSN of primary filer



0 0

Additions (add income items only to the extent not included on Ohio IT 1040, line 1) 0 0 Non-Ohio state or local government interest and dividends...... 0 0 3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and 0 0 0 0 6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the 0 0 <u>Federal</u> 0 0 7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....7. 0 0 0 0 0 0 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) 0 0 0 0 0 0 13. State or municipal income tax overpayments shown on the federal 1040, line 10......13. 0 0 15. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the state of 0 0 0 0 0 0 **Federal** 0 0 20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a 0 0 0 0 0 0 



### 2016 Ohio Schedule A



#### Income Adjustments - Additions and Deductions SSN of primary filer

	160	ا 0 0 ر	106	

Uniformed Services	
24. Military pay for Ohio residents received while the military member was stationed outside Ohio24.	0 0
25. Certain income earned by military nonresidents and civilian nonresident spouses	0 0
26. Uniformed services retirement income	0 0
27. Military injury relief fund	0 0
28. Certain Ohio National Guard reimbursements and benefits	0 0
Education	
29. Ohio 529 contributions, tuition credit purchases	00
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	0 0
<u>Medical</u>	
31. Disability and survivorship benefits (do not include pension continuation benefits)31.	0 0
32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)	0 0
33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet)	0 0
34. Qualified organ donor expenses (maximum \$10,000 per taxpayer)	0 0
35. <b>Total deductions</b> (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b	0 0



### Rev. 9/16

# Department of 2016 Ohio Schedule of Credits Taxation Rev. 9/16 Nonrefundable and Refundable

SSN of primary filer



Nonrefundable and Refundable

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Nonrefundable Credits		
Tax liability before credits (from Ohio IT 1040, line 8c)	1.	0 0
2. Retirement income credit (limit \$200 per return). See the table in the instructions	2.	0 0
3. Lump sum retirement credit (include Ohio LS WKS, line 6)	3.	0 0
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return)	4.	0 0
5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line	3)5.	0 0
6. Child care and dependent care credit (see the worksheet in the instructions)	6.	0 0
7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit)	7.	0 0
Displaced worker training credit (see the worksheet in the instructions) (limit \$500 per taxpayer)	8.	0 0
9. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpa	<b>ayer)</b> 9.	0 0
10. Income-based exemption credit (\$20 personal/dependent exemption credit)	10.	0 0
11. Total (add lines 2 through 10)	11.	0 0
12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-)	12.	0 0
<ol> <li>Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for married filing jointly status only% times amount on line 12 (limit \$650)</li> </ol>	13.	0 0
14. Earned income credit	14.	0 0
15. Ohio adoption credit (limit \$10,000 per adopted child)	15.	0 0
16. Job retention credit, nonrefundable portion (include a copy of the credit certificate)	16.	0 0
17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	17.	0 0
18. Credit for purchases of grape production property	18.	0 0
19. Invest Ohio credit (include a copy of the credit certificate)	19.	0 0
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.	0 0
21. Enterprise zone day care and training credits (include a copy of the credit certificate)	21.	0 0
22. Research and development credit (include a copy of the credit certificate)		0 0
23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credi certificate)		0 0
24. Total (add lines 13 through 23)	24.	0 0
25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-)	25.	0 0

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



## Department of 2016 Ohio Schedule of Credits Taxation



Rev. 9/16

#### Nonrefundable and Refundable

SSN of primary filer

Non	resident Credit		
Date	of nonresidency to	State of residency	
26	Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required	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 ro Multiply this factor by the amount on line 25 to calculate your nonrest	,	0 0
Resi	dent 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	0 0	
30	(limits apply)	0 0	
31.	Divide line 29 by line 30 and enter the result here (four digits; do not ro Multiply this factor by the amount on line 25 and enter the result here31.	und)	
32	Enter the 2016 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or	0 0	
33	the District of Columbia (limits apply)	c credit. If you filed a return for	0 0
34	Total nonrefundable credits (add lines 11, 24, 28 and 33; enter he	ere and on Ohio IT 1040, line 9)34.	0 0
	Refundable Credits		
35	Historic preservation credit (include a copy of the credit certificate).	35.	0 0
36	Business jobs credit (include a copy of the credit certificate)	36.	0 0
37.	Pass-through entity credit (include a copy of the federal K-1s)	37.	0 0
38	Motion picture production credit (include a copy of the credit certific	ate)38.	0 0
39	Financial Institutions Tax (FIT) credit (include a copy of the federal I	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



#### Do not use staples. Use only black ink and UPPERCASE letters.

### 2016 Ohio Schedule J





. Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I.	Last name (required)	
. Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I.	Last name (required)	
5. Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I.	Last name (required)	
. Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I.	Last name (required)	
. Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I.	Last name (required)	
Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I.	Last name (required)	
. Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I.	Last name (required)	

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



### 2016 Ohio Schedule J

# Dependents Claimed on the Ohio IT 1040 Return SSN of primary filer



76530506

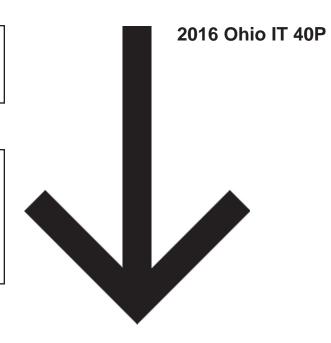
con	not list below the primary filer and/or spenplete additional copies of this schedule and enough boxes to spell it out completely.	<b>Duse reported on</b> d include them wit	n Ohio IT 1040. Use this scheduth your income tax return. Abbr	ule to claim dependents. If you have more than 15 depereviate the "Dependent's relationship to you" below if the
	Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)		Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Last name (required)	
9.	Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Last name (required)	
0.	Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Last name (required)	
1.	Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Last name (required)	
2.	Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Last name (required)	
3.	Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Last name (required)	
4.	Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Last name (required)	
5.	Dependent's SSN (required)	Dependent's	date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Last name (required)	
	-, (		(	

#### **Electronic Payment Available**

You can eliminate writing a paper check by using any of our electronic payment methods. Go to our Web site at **tax.ohio.gov** for all electronic payment options.

#### **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.



### OHIO IT 40P Rev. 6/16 Income Tax Payment Voucher

#### Idadadlaaldaaldalaadddladlaaaddald

DO <u>NOT</u> STAPLE OR OTHERWISE ATTACH YOUR PAYMENT TO THIS VOUCHER. DO <u>NOT</u> SEND CASH. Taxable Year 2016

#### Do NOT fold check or voucher.

Taxpayer's

last name

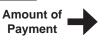
Use UPPERCASE letters to print the first three letters of

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

Spouse's SSN (only if joint filing)

Your SSN

If you are sending this voucher and paper check or money order (payable to Ohio Treasurer of State) with your income tax return, mail to the address shown on page 2 of Ohio IT 1040. If you are sending **ONLY** this voucher and paper check or money order separately from the return, then mail this voucher and payment to Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131.



0 0

Spouse's last name

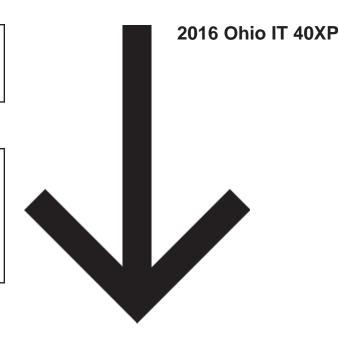
(only if joint filing)

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#### OHIO IT 40XP

Spouse's first name (only if joint filing)

First name

Address

City, state, ZIP code

Rev. 6/16

M.I.

**Income Tax Payment Voucher for Amended Returns** 

#### Idadadhaddaalldlaaalldlaaddlaadd

DO <u>NOT</u> STAPLE OR OTHERWISE ATTACH YOUR PAYMENT TO THIS VOUCHER. DO <u>NOT</u> SEND CASH. Taxable Year 2016

#### Do NOT fold check or voucher.

Use UPPERCASE letters to print the first three letters of

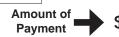
Taxpayer's last name

Spouse's last name (only if joint filing)

Your SSN

Spouse's SSN (only if joint filing)

If you are sending this voucher and paper check or money order (payable to Ohio Treasurer of State) with your amended income tax return, mail to the address shown on page 2 of Ohio IT 1040. If you are sending **ONLY** this voucher and paper check or money order separately from the return, then mail this voucher and payment to Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131.



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Last name

Last name





### 2016 Ohio IT RE – Reason and Explanation of Corrections

Note: For amended individual return only

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

Taxpayer's SSN (required)		
First name	M.I. Last nam	ne
Reason(s):  Net operating loss carryback (IMPORT, and include Ohio IT NOL, Net Operating [available at tax.ohio.gov] and check the Ohio IT 1040 indicating that you are an ohio IT 1040 indicating that you ar	Loss Carryback Schedule ne box on the front of the nending for a NOL.) sed ased*  fulle J)* dule J)  ome ble credit(s) increased ble credit increased t credit decreased of your federal account traffund check.	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 Ohio IT/SD 2210 interest penalty amount increased Ohio IT/SD 2210 interest penalty amount decreased Ohio sales and use tax increased Ohio sales and use tax decreased Ohio withholding increased Ohio withholding decreased Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment increased Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment decreased Amount paid with original filing did not equal amount reported as paid with the original filing anscript OR a copy of your federal amended income tax return with a finecessary):
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 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.