

Taxable year beginning in 2014

## Schedule J

## Dependents Claimed on the Ohio IT 1040EZ or IT 1040 Return

#### Use UPPERCASE letters.

Use this dependent schedule to claim dependents on your Ohio form IT 1040EZ or IT 1040. If you have more than 14 dependents, copy page 2 of this schedule and include all completed pages with your income tax return. Do not list on this schedule the primary and/or spouse reported on the income tax return.

1.	Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name
2.	Dependent's Social Security no. (required)	Dependent's date	e of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
3.	Dependent's Social Security no. (required)	Dependent's date	e of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
4.	Dependent's Social Security no. (required)	Dependent's date	e of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
5.	Dependent's Social Security no. (required)	Dependent's date	e of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
6.	Dependent's Social Security no. (required)	Dependent's date	e of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name

Do not staple or otherwise attach. Place your W-2(s), check (payable to Ohio Treasurer of State), Ohio form IT 40P and any other supporting documents or statements <u>after the last page</u> of your return. Include forms W-2G and 1099-R if tax was withheld.

Go paperless. It's FREE! Visit *tax.ohio.gov* to try Ohio I-File.

Most taxpayers who file their returns electronically and request direct deposit will receive their refunds in 10-15 business days. Paper returns will take approximately 30 days to process.



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7.	Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name
8.	Dependent's Social Security no. (required)	Dependent's date of	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
9.	Dependent's Social Security no. (required)	Dependent's date of	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
10.	Dependent's Social Security no. (required)	Security no. (required) Dependent's date of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name
11.	Dependent's Social Security no. (required)	Dependent's date of	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
12.	Dependent's Social Security no. (required)	Dependent's date of	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
13.	Dependent's Social Security no. (required)	Dependent's date of	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
14.	Dependent's Social Security no. (required)	Dependent's date of	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name