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



# 2015 Universal IT 1040 Individual Income Tax Return



72000705

Note: For taxable year 2015 and forward, this form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.

Is this a Net Operating Loss (NOL) carry Taxpayer Social Security no. (required)	▶ If deceased	Spouse's Social	Security no.	(if filing jointly)	If deceased	Enter school di	strict # for
						this return (see	instructions
First name	check box	M.I. Last name			check box	SD# ▶▶	
Spouse's first name (only if married filing	jointly) N	M.I. Last name					
Mailing address (for faster processing, us	se a street address)						
City			State	ZIP code	Ohio coun	nty (first four letters	١
Gity			State	Zii code	Of the count	ity (ilist lour letters	,
Home address (if different from mailing a	ddress) – do <u><b>NOT</b></u> sh	now city or state		ZIP code	Ohio	county (first four le	tters)
Foreign country (if the mailing address is	outside the U.S.)		Fore	ign postal code			
Ohio Residency Status – Check a Full-year Part-year resident resident	applicable box  Nonresident Indicate state	<b>&gt;</b>	with limited	tatus – Check on d exceptions – see	instructions)		tax return,
Full-year Part-year resident	Nonresident Indicate state	•	with limited Single Marri	d exceptions – see e, head of househ ed filing jointly	instructions) old or qualifying Married filing	g widow(er) g separately	tax return, Yes No
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year Part-year resident  Ohio Political Party Fund	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state	Yes No	with limited Single Marri  Did you file	d exceptions – see e, head of househ ed filing jointly e federal extension	instructions) old or qualifying Married filing form 4868?	g widow(er) g separately	Yes No
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?		Single Marri Did you file	d exceptions – see e, head of househ ed filing jointly	instructions) old or qualifying Married filing form 4868?	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?	 rour refund.	with limited Singl Marri  Did you file Is someon a depende	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?  our tax or decrease y  If the amount on a line if the amount on a line if the line if line i	our refund. s negative, place a	with limited Singl Marri Did you file Is someon a depende	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year resident  Phil-year resident  Phil-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?  our tax or decrease y  If the amount on a line if the amount on a li	 our refund. s negative, place a line 37; 1040A, li	with limited Singl Marri  Did you file Is someon a depende	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"  n ("-") in the box pro 1.	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state married filing jointly) Nonresident Indicate state to go to this fund? to go to this fund? our tax or decrease y If the amount on a line if the amount on a line if the INS forms 1040, Indicate state om IRS forms 1040, Income (attach Ohio	our refund. s negative, place a line 37; 1040A, line Schedule A, line	with limited Singl Marri Did you file Is someon a depende negative sign ne 21;	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"  n ("-") in the box pro1.	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if resident  Full-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?  to go to this fund?  four tax or decrease y  If the amount on a line if the amount on a	our refund. s negative, place a line 37; 1040A, li  Schedule A, line	with limited Singl Marri Did you file Is someon a depende negative sign ne 21; 11)	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"  n ("-") in the box pro12a.	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?  to go to this fund?  our tax or decrease y  if the amount on a line if the amount on a line if the line in length of line in l	our refund.  s negative, place a line 37; 1040A, line  Schedule A, line  Ohio Schedule A	with limited Singl Marri Did you file Is someon a depende negative signe 21;	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"  n ("-") in the box pro12a2b3.	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if resident  Full-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?  to go to this fund?  to go to this fund?  four tax or decrease y  If the amount on a line if the amount on a	our refund.  s negative, place a line 37; 1040A, line  Schedule A, line  Ohio Schedule A ne 2b)	with limited Singl Marri Did you file Is someon a depende negative sign ne 21; 11)	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"  n ("-") in the box pro12a2b3. edule J)4.	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if resident  Part-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?  to go to this fund?  four tax or decrease y  If the amount on a line if the amount on a	s negative, place a line 37; 1040A, line Schedule A, line Ohio Schedule A ne 2b)	with limited Singl Marri  Did you file Is someon a depende negative sign ne 21;  11)	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"  n ("-") in the box pro12a2b	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separatelye (if joint return) as	Yes No
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?  to go to this fund?  to go to this fund?  four tax or decrease y  If the amount on a line if the amount on a line if the state  on IRS forms 1040, Individual line 100.  Income (attach Ohion loss income (attach Ohion	s negative, place a line 37; 1040A, line 37; 1040A, line Ohio Schedule A, line 2b)	with limited Singl Marri  Did you file Is someon a depende  negative sign ne 21;  11)	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"  n ("-") in the box pro	instructions) old or qualifying Married filing form 4868? a or your spouse on line 4	g widow(er) g separately	Yes No Yes No 0 0 0 0 0 0 0 0 0 0 0 0
Full-year resident  Check applicable box for spouse (only if Full-year resident  Part-year resident  Ohio Political Party Fund  Do you want \$1 to go to this fund?	Nonresident Indicate state  married filing jointly)  Nonresident Indicate state  to go to this fund?  to go to this fund?  to go to this fund?  four tax or decrease y  If the amount on a line if the amount on a line if the state  on IRS forms 1040, Individual line 100.  Income (attach Ohion loss income (attach Ohion	s negative, place a line 37; 1040A, line 37; 1040A, line Ohio Schedule A, line 2b)	with limited Singl Marri  Did you file Is someon a depende  negative sign ne 21;  11)	d exceptions – see e, head of househ ed filing jointly e federal extension e else claiming you ent? If yes, enter "0"  n ("-") in the box pro	instructions) old or qualifying Married filing form 4868? u or your spouse on line 4	g widow(er) g separately	Yes No Yes No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0



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# 2015 Universal IT 1040 Individual Income Tax Return



15000202

88. Tax liability on line 7a (see instructions for tax tables)	7a. Amount from line 7 on page 1	0 0
8b. Business income tax liability (attach Ohio Schedule IT BUS, line 14)	8a. Tax liability on line 7a (see instructions for tax tables)	8a.
8c. Tax liability before credits (line 8a plus line 8b)		0.0
9. Ohio nonrefundable credits/grants (attach Ohio Schedule of Credits, line 35)		0.0
10. Tax liability after nonrefundable credits/grants (line 8c minus line 9; if less than -0-, enter -0-) 10.  11. Interest penalty on underpayment of estimated tax (attach Ohio IT/SD 2210) 11.  12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions) 11.  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) 14.  15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carn/forward from previous year return 15.  16. Refundable credits (attach Ohio Schedule of Credits, line 41) 16.  17. Amended return only – amount previously paid with original/amended return 17.  18. Total Ohio tax payments (add lines 14, 15, 16 and 17) 18.  19. Amended return only – overpayment previously received on original/amended return 19.  20. Line 18 minus line 19 20.  21. Tax liability (line 13 minus line 20) 21.  22. Interest and penalty due on late filing or late payment of tax (see instructions) 22.  23. TOTAL AMOUNT DUE (line 21 plus line 22). Enclose Ohio IT 40P (if original return) or IT 40XP 23.  24. Overpayment (line 20 minus line 13) 20.  25. Original return only – amount of line 24 to be credited toward 2016 income tax liability 25.  26. Amount of line 24 to be donated:  27. YOUR REFUND (line 24 inhards check payable to "Ohio Treasurer of State" 23.  28. Original return only – amount of line 24 to be credited toward 2016 income tax liability 25.  29. Original return only – amount of line 24 to be donated:  20. Original return only ines 25 and 26g) 27.  29. Original return only line 25 inhards or sick Children f. Wildlife species  29. Original return only ines 25 and 26g) 37.  29. Original return only (line 24) inhards return and all enclosures are true, correct and complete. Plycure decided in Station or Bassion, payment is necessary. Plycure flund is \$1.00 or less, no refund will be issued. Plycure flund is \$1.00 or less, no refund		0.0
10. Iax labelity etter nonretundable creditsgrants (line 8c minus line 9; if less than -0, enter -0)		0.0
13. Total Ohio tax payments (add lines 14, 15, 16 and 17)  14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12)  15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit cardiacted and extension payments (2015 Ohio IT 40P) and credit cardiacted and extension payments (2015 Ohio IT 40P) and credit cardiacted and extension payments (2015 Ohio IT 40P) and credit cardiacted and extension payments (2015 Ohio IT 40P) and credit cardiacted and extension payments (2015 Ohio IT 40P) and credit cardiacted and extension payments (2015 Ohio IT 40P) and cardiacted and extension payments (2015 Ohio IT 40P) and cardiacted and extension payments (2015 Ohio IT 40P) and cardiacted and extension payments (2015 Ohio IT 40P) and cardiacted and extension payments (2015 Ohio IT 40P) and cardiacted and extension payments (2015 Ohio IT 40P) and cardiacted and extension payments (2015 Ohio		10.
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)		11:
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12).  15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return.  16. Refundable credits (attach Ohio Schedule of Credits, line 41)	If you certify that no sales or use tax is due, check the box to the right	12.
15. Estimated and extension payments made (215 Oriolis T1040ES and/or T1 40P) and credit carryforward from previous year return	13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.
16. Refundable credits (attach Ohio Schedule of Credits, line 41)		14.
17. Amended return only – amount previously paid with original/amended return	15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return	15.
17. Amended return only – amount previously paid with original/amended return	16. Refundable credits (attach Ohio Schedule of Credits, line 41)	16.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	17. Amended return only – amount previously paid with original/amended return	17.
19. Amended return only – overpayment previously received on original/amended return		
20. Line 18 minus line 19		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)		0.0
21. Tax liability (line 13 minus line 20)	20. Line 18 minus line 19	
22. Interest and penalty due on late filing or late payment of tax (see instructions)  22. 3. TOTAL AMOUNT DUE (line 21 plus line 22). Enclose Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"  23. 24. Overpayment (line 20 minus line 13)	If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	_
22. Interest and perainty due or take litting or take playment or tak (see instructions).  23. TOTAL AMOUNT DUE (line 21 plus line 22). Enclose Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	21. Tax liability (line 13 minus line 20)	21.
23. TOTAL AMOUNT DUE (line 21 plus line 22). Enclose Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	22. Interest and penalty due on late filing or late payment of tax (see instructions)	22 0 0
24. Overpayment (line 20 minus line 13)	23. TOTAL AMOUNT DUE (line 21 plus line 22). Enclose Ohio IT 40P (if original return) or IT 40XP	0.0
25. Original return only — amount of line 24 to be credited toward 2016 income tax liability		
26. Amount of line 24 to be donated: a. Military injury relief b. Ohio History Fund c. State nature preserves  O O O O O O O O O O O O O O O O O O O		0.0
a. Military injury relief b. Ohio History Fund c. State nature preserves  0 0 0 d. Breast / cervical cancer e. Wishes for Sick Children f. Wildlife species  27. YOUR REFUND (line 24 minus lines 25 and 26g)  27. YOUR REFUND (line 24 minus lines 25 and 26g)  27. YOUR REFUND (line 24 minus lines 25 and 26g)  27. YOUR REFUND (line 24 minus lines 25 and 26g)  27. YOUR REFUND (line 24 minus lines 25 and 26g)  27. YOUR REFUND (line 24 minus lines 25 and 26g)  27. YOUR REFUND (line 24 minus lines 25 and 26g)  27. YOUR REFUND (line 24 minus lines 25 and 26g)  28. YOUR REFUND (line 24 minus lines 25 and 26g)  29. Ohio Department of Taxation P.O. Box 2679  Columbus, OH 43270-2679  Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057  Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057		25.
d. Breast / cervical cancer  e. Wishes for Sick Children  f. Wildlife species  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
27. YOUR REFUND (line 24 minus lines 25 and 26g)		
27. YOUR REFUND (line 24 minus lines 25 and 26g)		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.  Your signature  Date (MM/DD/YYYY)  Spouse's signature (see instructions)  Preparer's printed name (see instructions)  Page 1. Took Republic (required): I have read this return. Under penalties of perjury, I declare that, to if you on the second is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.  NO Payment Enclosed – Mail to:  Ohio Department of Taxation Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation Policy (Payment Enclosed – Mail to: Ohio Department of Taxation	0 0 Total	26g.
the best of my knowledge and belief, the return and all enclosures are true, correct and complete.  Your signature  Date (MM/DD/YYYY)  Spouse's signature (see instructions)  Preparer's printed name (see instructions)  Pare that it is return. Onder perlattes of perjury, redectare triat, to lift you owe \$1.00 or less, no payment is necessary.  NO Payment Enclosed – Mail to:  Ohio Department of Taxation P.O. Box 2679  Columbus, OH 43270-2679  Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2057		21.
Your signature  Date (MM/DD/YYYY)  Spouse's signature (see instructions)  Phone number  Preparer's printed name (see instructions)  Pate (MM/DD/YYYY)  Phone number  Ohio Department of Taxation P.O. Box 2679  Columbus, OH 43270-2679  Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2057	• That is return. Order penalties of perjury, rueciale that, to	
Spouse's signature (see instructions)  Phone number  Preparer's printed name (see instructions)  Phone number		
Preparer's printed name (see instructions)  PTIN  Phone number  Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2057	Your signature Date (MM/DD/YYYY)	Ohio Department of Taxation
Preparer's printed name (see instructions) PTIN Phone number P.O. Box 2057		Ohio Department of Taxation P.O. Box 2679
	Spouse's signature (see instructions)  Phone number	Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679 Payment Enclosed – Mail to:



## 2015 Ohio Schedule A

Income Adjustments – Additions and Deductions

Social Security no. of primary filer



15000302

Additions		_
(add income items only to the extent not included on Ohio IT 1040,	ine 1)	
Non-Ohio state or local government interest and dividends	1.	0 0
Certain Ohio pass-through entity and financial institutions taxes paid	2	0 0
Reimbursement of college tuition expenses and fees deducted in any previous year noneducation expenditures from a college savings account	r(s) and	0 0
		0 0
Losses from sale or disposition of Ohio public obligations	4.	0 0
5. Nonmedical withdrawals from a medical savings account		00
Reimbursement of expenses previously deducted for Ohio income tax purposes, b reimbursement is not in federal adjusted gross income		0 0
7. Lump sum distribution add-back	7.	0 0
Federal		
8. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation exper	se8.	0 0
Federal interest and dividends subject to state taxation	9	0 0
10. Miscellaneous federal income tax additions		0 0
		0 0
11. <b>Total additions</b> (add lines 1 through 10 ONLY). Enter here and on Ohio IT 1040, line	: 2a)11.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>Deductions</u>		
(deduct income items only to the extent included on Ohio IT 1040, I	ine 1)	
12. Business income deduction (attach Ohio Schedule IT BUS, line 11)	12.	0 0
13. Employee compensation earned in Ohio by full-year residents of neighboring states	13.	0 0
14. State or municipal income tax overpayments shown on IRS form 1040, line 10	14	0 0
14. State of municipal income tax overpayments shown on IRS form 1040, line 10	14.	0 0
<ul><li>15. Qualifying Social Security benefits and certain railroad retirement benefits</li><li>16. Interest income from Ohio public obligations and from Ohio purchase obligations; or</li></ul>		, 00
sale or disposition of Ohio public obligations; public service payments received from Ohio or income from a transfer agreement	n the state of	0 0
		0 0
17. Amounts contributed to an individual development account	17.	
<u>Federal</u>		0 0
18. Federal interest and dividends exempt from state taxation	18.	
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation exper		00
Refund or reimbursements shown on IRS form 1040, line 21 for itemized deduction prior year federal income tax return		0 0
21. Repayment of income reported in a prior year	21.	0 0
		00
22. Wage expense not deducted due to claiming the federal work opportunity tax credi		0 0
23. Miscellaneous federal income tax deductions	23.	00



## 2015 Ohio Schedule A

### Income Adjustments - Additions and Deductions Social Security no. of primary filer



<u>Uni</u>	iformed Services		0 0
24.	Military pay for Ohio residents received while the military member was stationed outside Ohio	24.	0 0
25.	Certain income earned by military nonresidents and civilian nonresident spouses	25.	0 0
26.	Uniformed services retirement income	20.	0 0
27.	Military injury relief fund	27.	0 0
28.	Certain Ohio National Guard reimbursements and benefits	28.	0 0
Educ	eation		0 0
29.	Ohio 529 contributions, tuition credit purchases	29.	0 0
30.	Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	30.	0 0
<u>Medi</u>	<u>cal</u>		0 0
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)	32.	0 0
33.	Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet)	33.	0 0
34.	Qualified organ donor expenses (maximum \$10,000 per taxpayer)	34.	0 0
35.	Total deductions (add lines 12 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b		0 0



## Rev. 10/15

## Department of 2015 Ohio Schedule of Credits Taxation

Nonrefundable and Refundable

Social	Security	no. o	f primar	y filer
	ПГ			

	<u>Nonrefundable Credits</u>		
1.	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 (attach Ohio LS WKS, line 6)	3.	0 0
	Senior citizen credit (must be 65 or older to claim this credit; <b>limit \$50 per return</b> )		0 0
	Lump sum distribution credit (must be 65 or older to claim this credit; attach Ohio LS WKS, line 3)		0 0
	Child care and dependent care credit (see the worksheet in the instructions)		0 0
	•		0 0
	If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit)	7.	0 0
a	taxpayer)	8.	-
٥.	for Ohio statewide office or General Assembly	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
13.	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)	13	0 0
14	Earned income credit		0 0
			0 0
15.	Ohio adoption credit (limit \$10,000)	15.	-
16.	Job retention credit, nonrefundable portion (enclose a copy of the credit certificate)	16.	0 0
17.	Credit for eligible new employees in an enterprise zone	17.	0 0
18.	Credit for certified ethanol plant investments	18.	0 0
19.	Credit for purchases of grape production property	19.	0 0
	Credit for investing in an Ohio small business		0 0
	Enterprise zone day care and training credits		0 0
			0 0
22.	Research and development credit	22.	#
23.	Ohio historic preservation credit, nonrefundable carryforward portion	23.	0 0
24.	Total (add lines 13 through 23)	24.	0 0
25	Tay loss additional credits (line 12 minus line 24: if loss than -0- enter -0-)	25	0 0

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



## Department of 2015 Ohio Schedule of Credits Taxation



Rev. 10/15

## Nonrefundable and Refundable

Social Security no. of primary filer

	esident Credit of nonresidency to State of	residency	
	•	esidericy	
20.	Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in	0.0	
	Ohio. Attach Ohio IT NRC if required26.	0 0	
27.	Enter the Ohio adjusted gross income (Ohio IT 1040,	0 0	
	line 3)		
28.	Divide line 26 by line 27 and enter the result here (four digits; do not round).		0 0
	Multiply this factor by the amount on line 25 to calculate your nonresident credit	28.	00
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 (limits apply)	0 0	
30.	Enter the Ohio adjusted gross income (Ohio IT 1040,	0 0	
	line 3)	00	
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	0 0	
	and enter the result here31.	00	
32.	Enter the 2015 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	
	the District of Columbia (limits apply)32.	0 0	
33.	Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you file		0 0
	2015 with a state(s) other than Ohio, enter the two-letter state abbreviation in the b	lox(es) below 33.	
Gran	ts		
34.	— Manufacturing equipment grant	34.	0 0
	<b>Total nonrefundable credits and grants</b> (add lines 11, 24, 28, 33 and 34; enter h		0 0
	IT 1040, line 9)	35.	
	Refundable Credits		0 0
36.	Historic preservation credit	36.	
37	Business jobs credit	37	0 0
57.	Dusinoss jous credit		0 0
38.	Pass-through entity credit	38.	
30	Motion picture production credit	39	0 0
			0 0
40.	Financial Institutions Tax (FIT) credit	40.	00
41.	<b>Total refundable credits</b> (add lines 36 through 40; enter here and on Ohio IT 104)	0. line 16)	0 0



## Department of Taxation and the Universal IT 1040 Return



Social Security no. of primary filer 1523010

		lle to claim dependents. If you have more than 15 dependents eviate the "Dependent's relationship to you" below if there are
Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
5. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
6. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
7. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	

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



Rev. 10/15

## Department of 2015 Schedule J – Dependents Claimed on the Universal IT 1040 Return

Social Security no. of primary filer



Do not list below the primary filer and/or spouse reported	d on Ohio IT 1040.	Use this schedule to cla	im dependents. If you ha	ave more than 15 depend	dents,
complete additional copies of this schedule and include then	n with your income	tax return. Abbreviate th	ne "Dependent's relation	ship to you" below if the	re are

t enough boxes to spell it out completely.		
Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	
. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
Dependent's first name	M.I. Last name	

Columbus, OH 43218-2131.

or voucher.	OT fold check				OHIO IT 40XP
UPPERCASE letters of first three letters of		2015	DO <u>NOT</u> STAPLE YOUR PAYMENT TO THIS VOUCHER. DO <u>NOT</u> SEND CASH.		Income Tax Payment Voucl for Amended Returns  .ii.ilili.ilililiilil
Spouse's last name (only if joint filing)	Taxpayer's last name		Sast name	.I.M	First name
			Last name	.I.M	Spouse's first name (only if joint filing)
		Your Social Security number			Address
		Spouse's Social Security number			
		(gnilîf frioj fi ylno)			City, state, ZIP code
00		В Фило о т	n page 2 of Ohio IT 1040.  order separately from the	cyeck or money address shown c	If you are sending this voucher and paper check is State) with your income tax return, mail to the self you are sending <b>QNLX</b> this voucher and paper return, then mail this voucher and payment to Ohic

Use the IT 40XP payment voucher if you are submitting a payment for an <u>amended</u> IT 1040 income tax return.

Use the IT 40P payment voucher if you are submitting a payment for an original IT 1040 income tax return.

Use the <u>IT 40P</u> payment voucher if you are submitting a payment for an <u>original</u> IT 1040 income tax return.

Use the <u>IT 40XP</u> payment voucher if you are submitting a payment for an <u>amended</u> IT 1040 income tax return.

OHIO IT 40P			Taxable Year	Do <u>NOT</u> f	old check	or voucher.
Income Tax Payment Vo		DO <u>NOT</u> STAPLE YOUR PAYMENT TO THIS VOUCHER. DO <u>NOT</u> SEND CASH.	2015		Please use UPPERCASE letters to print the first three letters of	
First name	M.I.	Last name			axpayer's ast name	Spouse's last name (only if joint filing)
Spouse's first name (only if joint filing)	M.I.	Last name	Your S		Н.	
Address			Secunum Spouse's Security	s Social		
City, state, ZIP code			(only if joi			
If you are sending this voucher and paper check of State) with your income tax return, mail to the flyou are sending <u>ONLY</u> this voucher and paper course the property of the population of the property of th	e address shown er check or mone	on page 2 of Ohio IT 1040.  ey order separately from the	AMOUNT OF PAYMENT	<b>\$</b>		.00

Columbus, OH 43218-2131.





### 2015 Ohio IT RE - Reason and Explanation of Corrections

Note: For amended individual return only

Please complete the Universal IT 1040 (checking the amended return box) and attach this form with documentation to support any adjustments to line items on the return.

First name M.I. Last name	
Reason(s):  Net operating loss carryback (IMPORTANT: Be sure to complete and attach Ohio IT NOL, Net Operating Loss Carryback Schedule [available at tax.ohio.gov] and check the box on the front of the IT 1040 indicating that you are amending for a NOL.)	Ohio Schedule of Credits, manufacturing equipment grant increased  Ohio Schedule of Credits, manufacturing equipment grant decreased
Federal adjusted gross income decreased Federal adjusted gross income increased Filing status changed Residency status changed Exemptions increased (attach Schedule J) Exemptions decreased (attach Schedule J) Ohio Schedule A, additions to income Ohio Schedule A, deductions from income Ohio Schedule of Credits, nonrefundable credit(s) increased 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, 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
Detailed explanation of adjusted items (attach additional sheet(s) if ne	Telephone number (optional)

### **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.