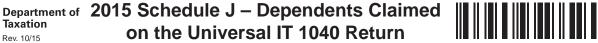


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niversal IT 1040 Return	
ial Security no. of primary filer	15230102

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. 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" below if there are not enough boxes to spell it out completely. 1. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required) M.I. Dependent's first name Last name 2. 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 3. 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 4. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required) Dependent's first name 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 Dependent's relationship to you (required) 7. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) 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 on Ohio IT 1040. 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" below if there are not enough boxes to spell it out completely. 8. 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 9. 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 10. 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 11. 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 12. 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 13. 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 relationship to you (required) 14. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's first name M.I. Last name 15. 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