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

Ohio | **Department of Taxation**
Rev. 9/16

2016 Ohio Schedule J
Dependents Claimed on the Ohio IT 1040 Return

16230102

SSN 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.

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)

6. 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)

7. 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.

Ohio | **Department of Taxation** Rev. 9/16

16230202

SSN 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 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)

10. 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)

11. 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)

12. 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)

13. 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)

14. 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)

15. 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)