Do not staple or paper clip.

Ohio | Department of Taxation
Rev. 8/17

Ohio Schedule J
Dependents Claimed on the Ohio IT 1040 Return
Use only black ink and UPPERCASE letters.

Tax Year
2017

SSN of primary filer (required)

9

Do not list below the primary filer and/or spouse reported on the 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 – required)   Dependent's relationship to you (required)

   Dependent's first name (required)   M.I.   Dependent's last name (required)

2. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

   Dependent's first name (required)   M.I.   Dependent's last name (required)

3. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

   Dependent's first name (required)   M.I.   Dependent's last name (required)

4. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

   Dependent's first name (required)   M.I.   Dependent's last name (required)

5. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

   Dependent's first name (required)   M.I.   Dependent's last name (required)

6. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

   Dependent's first name (required)   M.I.   Dependent's last name (required)

7. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

   Dependent's first name (required)   M.I.   Dependent's last name (required)

Do not staple or paper clip. (left margin)

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

Ohio Schedule J
Dependents Claimed on the Ohio IT 1040 Return

17230202

Tax Year

2 0 1 7

SSN of primary filer (required)

10

Do not list below the primary filer and/or spouse reported on the 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 – required)   Dependent's relationship to you (required)

Dependent's first name (required)   M.I.   Dependent's last name (required)

9. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

Dependent's first name (required)   M.I.   Dependent's last name (required)

10. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

Dependent's first name (required)   M.I.   Dependent's last name (required)

11. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

Dependent's first name (required)   M.I.   Dependent's last name (required)

12. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

Dependent's first name (required)   M.I.   Dependent's last name (required)

13. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

Dependent's first name (required)   M.I.   Dependent's last name (required)

14. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

Dependent's first name (required)   M.I.   Dependent's last name (required)

15. Dependent's SSN (required)   Dependent's date of birth (MM/DD/YYYY – required)   Dependent's relationship to you (required)

Dependent's first name (required)   M.I.   Dependent's last name (required)