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O Department of Taxation

Rev.	8/18

2018 Ohio IT 1040 Individual Income Tax Return

Use only black ink and UPPERCASE letters.



Sequence No. 1

Taxpayer's SSN (required)	ating Loss (NOL) carry ▶▶ If deceased		oouse's SSN (i			••	If deceased	Enter sch this returr		
First name	check box	M.I.	Last name				check box	SD# ▶)		
Spouse's first name (only if married f	filing jointly)	M.I.	Last name							
Address line 1 (number and street) o	or P.O. Box									
Address line 2 (apartment number, s	uite number, etc.)									
City				State	ZIP code		Ohio cou	nty (first four	letters)	
								,	,	
Foreign country (if the mailing addres	ss is outside the U.S.)			Foreign	postal code					
Check applicable box for spouse (on Full-year resident Part-year resident Ohio Political Party Fund Check here if you want \$1 to go Check here if your spouse want Note: Checking this box will not incr	Nonresident Indicate state to this fund. ts \$1 to go to this fund	►► (if filin)	.,	Marr	-	irately iled th	e federal exter else is able to c		· your spo	buse if
1. Federal adjusted gross income	(from the federal 1040	, line	7). Include pa							
2 of your federal return if the amo if negative										0
2a. Additions – Ohio Schedule A, line	a 10 (INCLUDE SCHEI)		2a					0
2b.Deductions – Ohio Schedule A, li	,									0
3. Ohio adjusted gross income (line	1 plus line 2a minus lir	ne 2b)	. Place a "-" i	n the box a	at					0
the right if the amount is less than 4. Exemption amount (if claiming de										0
Number of exemptions claimed:		зсп			4.					
5. Ohio income tax base (line 3 min	us line 4; if less than ze	ero, ei	nter zero)		5.					0
6. Taxable business income – Ohio	Schedule IT BUS, line	13 (IN	ICLUDE SCH	EDULE)	6.					0
	ore opter zero)				7.					0
7. Line 5 minus line 6 (if less than z	ero, enter zero)									

2018 Ohio IT 1040 Individual Income Tax Return

Department of Taxation

Rev. 8/18

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SSN



	Sequence	No.	2
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		0 0
7a. Amount from line 7 on page 1	7a.	0 0
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a	
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b	
8c. Income tax liability before credits (line 8a plus line 8b)	80	0 0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE)	6	0 0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	10	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11	. 0 0
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due		0 0
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)		0 0
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2 and 1099-R(s) with the return		0 0
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return		0.0
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16	0 0
17. Amended return only – amount previously paid with original and/or amended return		0.0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		0.0
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended retur		0.0
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero		
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). If line 20 is negative, ignore the "-" and add line 20 to line	1321	0 0
22. Interest and penalty due on late filing or late payment of tax (see instructions)		0 0
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40X		
amended return) and make check payable to "Ohio Treasurer of State" AMOUN		
24. Overpayment (line 20 minus line 13)	24	
25. <u>Original return only</u> – amount of line 24 to be credited toward 2019 income tax liability	25	00
26. <u>Original return only</u> – amount of line 24 to be donated: a. Breast / cervical cancer b. Wishes for Sick Children c. Wildlife species		
000		
d. Military injury relief e. Ohio History Fund f. State nature preserves		0.0
0 0 0 0 0 0	Total 26g	
27. REFUND (line 24 minus lines 25 and 26g)YOUR R	EFUND > 27	00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of mand belief, the return and all enclosures are true, correct and complete.	y knowledge	f your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
Vour signature Phone number		NO Payment Included – Mail to:
Spouse's signature Date (MM/DD/YY)		Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679
Check here to authorize your preparer to discuss this return with Taxation]	Payment Included – Mail to:
Preparer's printed name		Ohio Department of Taxation P.O. Box 2057
Phone number Preparer's TIN (PTIN)		Columbus, OH 43270-2057
		IT 4040 = 0.000 = 0.000 = 0.000 = 0.0000 = 0.0000 = 0.00000 = 0.00000000

Department of

Taxation

Rev. 10/18



2018 Ohio Schedule A

Income Adjustments – Additions and Deductions

Use only black ink.

SSN of primary filer



Sequence No. 3

	Additions		
	(add income items only to the extent not included on Ohio IT 1040, line 1)		0 0
1.	Non-Ohio state or local government interest and dividends	1	0 0
2.	Certain Ohio pass-through entity and financial institutions taxes paid	2.	0 0
3.	Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account	3.	0 0
4.	Losses from sale or disposition of Ohio public obligations	4.	0 0
5.	Nonmedical withdrawals from a medical savings account	5.	0 0
6.	Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	6.	0 0
Fed	eral		
7.	Internal Revenue Code 168(k) and 179 depreciation expense addback7.		0 0
8.	Federal interest and dividends subject to state taxation8.		0 0
9.	Federal conformity additions9.		0 0
10.	Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a10.		0 0
	Deductions		
	(deduct income items only to the extent included on Ohio IT 1040, line 1)		0 0
11.	Business income deduction – Ohio Schedule IT BUS, line 11	11.	0 0
12.	Employee compensation earned in Ohio by residents of neighboring states	12.	0 0
13.	State or municipal income tax overpayments shown on the federal 1040, Schedule 1, line 10	13	0 0
14.	Taxable Social Security benefits	14	0 0
15.	Certain railroad retirement benefits	15.	0 0
16.	Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; or income from a transfer agreement	16.	0 0
17.	Amounts contributed to an Ohio county's individual development account program	17.	0 0
18.	Amounts contributed to STABLE account: Ohio's ABLE Plan	18.	0 0
19.	Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period		0 0
Fed	eral		
20.	Federal interest and dividends exempt from state taxation	20.	0 0
21.	Deduction of prior year 168(k) and 179 depreciation addbacks	21.	0 0
22.	Refund or reimbursements shown on the federal 1040, Schedule 1, line 21 for itemized deductions	22	0 0

2018 Ohio Schedule A – page 1 of 2



2018 Ohio Schedule A

Income Adjustments – Additions and Deductions



18000402

SSN of primary filer

			Sequence No. 4
23.	Repayment of income reported in a prior year	23.	0 0
24.	Wage expense not deducted due to claiming the federal work opportunity tax credit	24.	0 0
25.	Federal conformity deductions		0 0
<u>Uni</u>	formed Services		
26.	Military pay for Ohio residents received while the military member was stationed outside Ohi	o 26.	0 0
27.	Certain income earned by military nonresidents and civilian nonresident spouses		0 0
28.	Uniformed services retirement income		0 0
29.	Military injury relief fund		0 0
30.	Certain Ohio National Guard reimbursements and benefits		0 0
<u>Edu</u>	ication		
31.	Ohio 529 contributions, tuition credit purchases	31.	0 0
32.	Pell/Ohio College Opportunity taxable grant amounts used to pay room and board		0 0
Mec	lical		
33.	Disability and survivorship benefits (do not include pension continuation benefits)	33.	0 0
34.	Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)	34.	0 0
35.	Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet)	35.	0 0
36.	Qualified organ donor expenses	36.	0 0
37.	Total deductions (add lines 11 through 36 ONLY). Enter here and on Ohio IT 1040, line 2b	37.	0 0

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2018 Ohio Schedule IT BUS

Business Income

Use only black ink and UPPERCASE letters.



Sequence No. 5

SSN of primary filer	Check to indicate which taxpayer earned this income:

Primary	Spouse

Include on this schedule any income included in federal adjusted gross income that constitutes business income. See Ohio Revised Code (R.C.) section 5747.01(B). On page 2 of this schedule, list the sources of business income and your ownership percentage. Include the Ohio Schedule IT BUS with Ohio IT 1040 if filing by paper (see instructions if filing electronically).

Part 1 – Business Income From IRS Schedules

Do not staple or paper clip.

Note: <u>Do not include</u> amounts listed on the IRS schedules below that are <u>nonbusiness income</u>. See R.C. 5747.01(C). If the amount on a line is negative, place a "-" in the box provided.

1. Schedule B – Interest and Ordinary Dividends	1.	0 0
2. Schedule C – Profit or Loss From Business (Sole Proprietorship)] <u>2</u>	0 0
3. Schedule D – Capital Gains and Losses		0 0
4. Schedule E – Supplemental Income and Loss		0 0
 Schedule E – Supplemental income and Loss		0 0
		0 0
6. Schedule F – Profit or Loss From Farming	6.	00
 Other items of income and gain separately stated on the federal Schedule K-1, gains and/or losses reported on the federal 4797 and federal conformity adjustments, if any 		0 0
8. Total of business income (add lines 1 through 7)		0 0
Part 2 – Business Income Deduction		
9. All business income (enter the lesser of line 8 above or Ohio IT 1040, line 1). If zero or negative, <u>stop here</u> and do not complete Part 3	9.	0 0
 Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately 	10.	0 0
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11	11.	0 0
Part 3 – Taxable Business Income		
Note: If Ohio IT 1040, line 5 equals zero, do <u>not</u> complete Part 3.		
12. Line 9 minus line 11	12.	0 0
13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	13.	0 0
14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b	14.	0 0

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

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2018 Ohio Schedule IT BUS **Business Income**

SSN of primary filer



18260202

Sequence No. 6

Part 4 – Business Entity

If you have more than 18 entities, complete additional copies of this page and include with your income tax return.

1. Name of entity	FEIN / SSN	Percentage of ownership
2. Name of entity	FEIN / SSN	Percentage of ownership
3. Name of entity	FEIN / SSN	Percentage of ownership
4. Name of entity	FEIN / SSN	Percentage of ownership
5. Name of entity	FEIN / SSN	Percentage of ownership
6. Name of entity	FEIN / SSN	Percentage of ownership
7. Name of entity	FEIN / SSN	Percentage of ownership
8. Name of entity	FEIN / SSN	Percentage of ownership
9. Name of entity	FEIN / SSN	Percentage of ownership
10. Name of entity	FEIN / SSN	Percentage of ownership
11. Name of entity	FEIN / SSN	Percentage of ownership
12. Name of entity	FEIN / SSN	Percentage of ownership
13. Name of entity	FEIN / SSN	Percentage of ownership
14. Name of entity	FEIN / SSN	Percentage of ownership
15. Name of entity	FEIN / SSN	Percentage of ownership
16. Name of entity	FEIN / SSN	Percentage of ownership
17. Name of entity	FEIN / SSN	Percentage of ownership
18. Name of entity	FEIN / SSN	Percentage of ownership

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2018 Ohio Schedule of Credits

Nonrefundable and Refundable

Use only black ink.



Sequence No. 7

SSN	of	primary	file

		Nonrefundable Credits		
	1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1	0 0
	2.	Retirement income credit (see instructions for table; include 1099-R forms)	2.	0 0
	3.	Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	0 0
	4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	0 0
	5.	Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	0 0
	6.	Child care and dependent care credit (see instructions for worksheet)	6.	0 0
		Displaced worker training credit (see instructions for all required documentation)		0 0
		Campaign contribution credit for Ohio statewide office or General Assembly		0 0
		Income-based exemption credit (\$20 times the number of exemptions)		0 0
		Total (add lines 2 through 9)		0 0
lip.				0 0
per c		Tax less credits (line 1 minus line 10; if less than zero, enter zero)		0 0
r pal	12.	Joint filing credit (see instructions for table)% times the amount on line 11	12.	
ple o	13.	Earned income credit	13.	0 0
t stal	14.	Ohio adoption credit	14.	0 0
Do not staple or paper clip.	15.	Job retention credit, nonrefundable portion (include a copy of the credit certificate)	15.	0 0
	16.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	16.	0 0
		Credit for purchases of grape production property		0 0
				0 0
		InvestOhio credit (include a copy of the credit certificate)		0 0
	19.	Technology investment credit carryforward (include a copy of the credit certificate)	19.	
	20.	Enterprise zone day care and training credits (include a copy of the credit certificate)	20.	0 0
		Research and development credit (include a copy of the credit certificate)		0 0
	22.	Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credi certificate)		0 0
	23	Total (add lines 12 through 22)		0 0
				0 0
	24.	Tax less additional credits (line 11 minus line 23; if less than zero, enter zero)		

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	Rev. 9/18

2018 Ohio Schedule of Credits

Nonrefundable and Refundable





Sequence No. 8

<u>Nonresi</u>	ident Credit		
Date of	nonresidency to State of residency		
ind	onresident Portion of Ohio adjusted gross come - Ohio IT NRC Section I, line 18 (include copy)25.	0 0	
	nter the Ohio adjusted gross income (Ohio IT 1040, e 3)26.	0 0	
	vide line 25 by line 26 and enter the result here (four digits; do not round) ultiply this factor by the amount on line 24 to calculate your nonresident credit	27.	0 0
<u>Resider</u>	nt Credit		
(O	nter the portion of Ohio adjusted gross income Ohio IT 1040, line 3) subjected to tax by other states the District of Columbia while you were an Ohio	0 0	
re	sident		
	nter the Ohio adjusted gross income (Ohio IT 1040, e 3)29.	0 0	
	vide line 28 by line 29 and enter the result here (four digits; do not round).		
	ultiply this factor by the amount on line 24 and enter e result here	0 0	
31. Er wi ca	nter the 2018 income tax, less all credits other than thholding and estimated tax payments and overpayment arryforwards from previous years, paid to other states or e District of Columbia	0 0	
32. Er	nter the lesser of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter ate abbreviation in the boxes below for each state in which income was subject to tax	32.	0 0
33. To	otal nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) 33.	0 0
	Refundable Credits		
34. Hi	storic preservation credit (include a copy of the credit certificate)	34.	0 0
35. Jo	b creation credit and job retention credit, refundable portion (include a copy of the credit certificate	e)35.	0 0
36. Pa	ass-through entity credit (include a copy of the Ohio IT K-1s)	36.	0 0
37. Mo	otion picture production credit (include a copy of the credit certificate)	37.	0 0
38. Fii	nancial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	38.	0 0
	enture capital credit (include a copy of the credit certificate)		0 0
40 To	ntal refundable credits (add lines 34 through 39: enter here and on Obio IT 1040, line 16)	40	0 0

	Do not staple	e or paper clip.				
	Ohio	Department of Taxation Rev. 8/18	-	nts C	nio Schedule J laimed on the Ohio IT 1040	18230102
			Use	only	black ink and UPPERCASE letters	S
			Tax Ye		SSN of primary filer (requir	ed)
			201	18		Sequence No.
ep	endents, comple		this schedule ar			o claim dependents. If you have more than 15 Abbreviate the "Dependent's relationship to you" belo
1.	Dependent's SS	SN (required)	Dependent's	date o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's fir	st name (required)		M.I.	Dependent's last name (required)	
2.	Dependent's SS	SN (required)	Dependent's	date o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's firs	st name (required)		M.I.	Dependent's last name (required)	
3.	Dependent's S	SN (required)	Dependent's	date o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's fir	st name (required)		M.I.	Dependent's last name (required)	
4.	Dependent's SS	SN (required)	Dependent's	date o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's firs	st name (required)		M.I.	Dependent's last name (required)	
5.	Dependent's SS	SN (required)	Dependent's	date of	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's firs	st name (required)		M.I.	Dependent's last name (required)	
6.	Dependent's SS	SN (required)	Dependent's	date o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's fir	st name (required)		M.I.	Dependent's last name (required)	
7.	Dependent's SS	SN (required)	Dependent's	date o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's firs	st name (required)		M.I.	Dependent's last name (required)	

Do not staple or paper clip.

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	Ohio Department of Taxation Rev. 8/18	Dependents C Tax Year	hio Schedule J laimed on the Ohio IT 1040 SSN of primary filer (requi	1000000
		2018		Sequence No. 1
				o claim dependents. If you have more than 15
	pendents, complete additional copie here are not enough boxes to spell i		ude them with your income tax return	n. Abbreviate the "Dependent's relationship to you" below
8.	Dependent's SSN (required)	Dependent's date o	f 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 o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Dependent's last name (required)	
0.	Dependent's SSN (required)	Dependent's date o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Dependent's last name (required)	
1	Dependent's SSN (required)	Dependent's date o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
	Dependent's first name (required)	M.I.	Dependent's last name (required)	
0	Demondentia CCN (convined)	Deners de state de te		
12.	Dependent's SSN (required)	Dependent's date o	f 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 o	f 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 o	f 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 o	f birth (MM/DD/YYYY – required)	Dependent's relationship to you (required)
			(· · · · · · · · · · · · · · · · · · ·	







Ohio IT RE Reason and Explanation of Corrections

Note: For amended individual return only

Complete the Ohio IT 1040 (checking the amended return box) and include this form with documentation to support any adjustments to the line items on the return.

Taxpayer's SSN (required)	
First name	M.I. Last name
Reason(s):	
	wour Ohio amended return until the IRS has accepted the changes on your federal account transcript OR a copy of your federal amended income
Federal adjusted gross income increased	Ohio Schedule of Credits, resident credit increased
Exemptions decreased (include Schedule J)	Ohio Schedule of Credits, resident credit decreased
Residency status changed	Ohio Schedule of Credits, refundable credit(s) increased
Ohio Schedule A, additions to income	Ohio Schedule of Credits, refundable credit(s) decreased
Ohio Schedule A, deductions from income	Ohio withholding increased
Ohio Schedule of Credits, nonrefundable credit(s)	
Ohio Schedule of Credits, nonrefundable credit(s)) decreased (include W-2, W-2G, and/or 1099 forms)
Ohio Schedule of Credits, nonresident credit incre	eased Other (describe the reason below)
Ohio Schedule of Credits, nonresident credit decre	eased

Note: Include any worksheets and/or documentation necessary to support your changes. See the Filing Tips on the next page as well as the Ohio Individual Income and School District Tax Publication.

Detailed explanation of adjusted items (include additional sheet[s] if necessary): _

E-mail address _

_ Telephone number___

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 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.

Ohio IT RE Filing Tips

Common documentation to include (do not include a copy of the original return)

A. Federal Return Changes (do <u>not</u> file with Ohio until IRS has accepted your changes)

A copy of the federal 1040X with a copy of the federal acceptance letter or refund check. You may also provide a current Tax Account Transcript from the IRS.

B. Residency Status Change

A copy of your other state return, mortgage statement, lease agreement, utility bill, driver's license, voter registration, vehicle registration or any other document which provides evidence of your residency change.

C. Ohio Schedule A, deductions from income

Business income deduction – Ohio IT BUS (business income schedule), federal schedule(s) showing your business income, federal K-1(s), wage and income statement(s), along with any other supporting documentation.

Disability benefits – A copy of your 1099-R(s), federal return pages 1 and 2, wage and income statement(s), retirement plan, a letter from your employer from when your disability was approved, social security award letter, age at the time of disability.

Survivorship benefits – A copy of your 1099-R(s), federal return pages 1 and 2, wage and income statement(s), retirement plan, your relationship to the decedent, age of decedent at the time of death.

Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses – A copy of Ohio's medical expense worksheet, federal schedule A, and proof of payments made.

D. Nonresident and Resident Credit

IT-NRC form (for nonresident credit), a copy of your other state return(s) (for resident credit), wage and income statement(s), proof of taxes paid to other states (cancelled checks, transcripts, etc.).

E. Increase in withholding / Pass-through Entity Credit

A copy of your wage and income statement(s), federal K-1(s), and/or Ohio IT K-1 form(s) supporting the withholding/credit being claimed.

Tips on Filing IT 1040 Amended Tax Return

1. When not to file an amended return

- a) Math errors The Ohio Department of Taxation will make corrections and issue a notice.
- b) Missing schedules You'll be contacted to provide such information. Please respond to the notice with supporting documentation.
- c) Demographic errors If an error has been made on the taxpayer name, address, and/or SSN, provide a copy of a driver's license, social security card, or utility bill which has the correct address on it.
- d) Missing withholding/refundable credits The Ohio Department of Taxation will send a variance notice if W2/1099/K1/certificate is needed. Respond to the notice with the missing wage statements/K1/certificates showing withholding/refundable credits.

NOTE: Generally, any time a taxpayer receives a variance notice, respond to the notice with documentation which will support the income/deductions/credits claimed. Most instances would not require an amended return to be filed.

2. Provide as much detail as possible on amended returns

Please utilize the "Detailed explanation" section on page 1 to fully explain exactly what you're changing on the return.

3. Pay additional tax

Please include an IT 40XP payment voucher along with your payment. Do not use the IT 40P payment voucher.

2018 Ohio IT 40P

Include the voucher below with your payment for your **ORIGINAL** 2018 Ohio income tax return.

Important

- Make payment payable to: Ohio Treasurer of State
- Do not send cash.
- Do not use this voucher to make a payment for an amended return. Use Ohio IT 40XP.
- Do not use this voucher to make a payment for a school district income tax return. Use Ohio SD 40P for an original school district income tax return. Use Ohio SD 40XP for an amended school district income tax return.

Electronic Payment Options

You can eliminate writing a paper check by using any of our electronic payment methods. If you make a payment using an electronic check, it is the equivalent of using a debit card to withdraw money directly from your checking or savings account. Go to our website at **tax.ohio.gov** for all electronic payment options.

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.

ORIGINAL PAYMENT

OHIO IT 40P Rev. 7/18 Original Income Tax Payment Voucher	Taxable Year	Do <u>NOT</u> fold check	or voucher.	
Do <u>NOT</u> staple or paper clip. O <u>NOT</u> send cash.	2018	8 Use UPPERCASE letters to print the first three letters		
First name M.I. Last name		▼ Taxpayer's last name	Spouse's last name (only if joint filing)	
Spouse's first name (only if joint filing) M.I. Last name				
Address	Taxpayer's SS	N		
City, state, ZIP code	Spouse's SSN (only if joint filing			
 Make payment payable to: Ohio Treasurer of State Sending with return - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057 	Amount of Payment	6	0 0	

• Sending without return - Mail to: Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131

Cut on the dotted lines. Use only black ink

2018 Ohio IT 40XP

Include the voucher below with your payment for your **AMENDED** 2018 Ohio income tax return.

Important

- Make payment payable to: Ohio Treasurer of State
- Do not send cash.
- Do not use this voucher to make a payment for an original return. Use Ohio IT 40P.
- Do not use this voucher to make a payment for a school district income tax return. Use Ohio SD 40XP for an amended school district income tax return. Use Ohio SD 40P for an original school district income tax return.

Electronic Payment Options

You can eliminate writing a paper check by using any of our electronic payment methods. If you make a payment using an electronic check, it is the equivalent of using a debit card to withdraw money directly from your checking or savings account. Go to our website at **tax.ohio.gov** for all electronic payment options.

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.

AMENDED PAYMENT

Cut on the dotted lines. Use o OHIO IT 40XP	lev. 8/18	– — — — — — — — — Taxable Year	Do NOT fold checl	
Amended Income Tax Payn • Do NOT staple or paper clip. • Do	nent Voucher NOT send cash.	2018	Use UPPI	ERCASE letters
First name	M.I. Last name		▼ ' Taxpayer's	spouse's last name
Spouse's first name (only if joint filing)	M.I. Last name		last name	(only if joint filing)
Address		Taxpayer's S	SN	
City, state, ZIP code		Spouse's SS (only if joint fili		
Make payment payable to: 0 Sending with return - Mail to P.O. Box 2057, Columbus, Of	o: Ohio Department of Taxati I 43270-2057	Payment	\$.00

• Sending without return - Mail to: Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131