Do not staple or paper clip.		201	9 Ohio	IT 1040						
<b>hio</b> Department Taxation		Individual Income Tax Return Use only black ink/UPPERCASE letters.						19000102	Sequence N	No. 1
Check here if this is an amende	d return. Include the	Ohio IT	RE (do <u><b>NO</b></u>	<u>r</u> include a cop	by of the p	reviously	filed retur	n).	eequencer	10. 1
Check here if claiming a Net Op	erating Loss (NOL) c	arrybac	k. Include O	hio Schedule l	T NOL.					
Primary taxpayer's SSN (required)	If deceased	-		f filing jointly)		▶▶ If de	ceased		ol district # fo see instructio	
	check box					chc	ck box	SD# ▶▶		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
First name	CHECK DOX	M.I.	Last name			CHE	CK DUX	0011 / /		
Spouse's first name (only if married fili	ng jointly)	M.I.	Last name							
Address line 1 (number and street) or	P.O. Box									
Address line 2 (apartment number, sui	te number, etc.)									
City				State ZI	IP code		Ohio cou	nty (first four let	ters)	
Foreign country (if the mailing address	is outside the U.S.)			Foreign post	tal code					
Residency Status – Check only	ana far priman(			Eiling St	atue	haak ana	las rapart	ed on federal i	noomo tov rot	t
Check only one for spouse (if married Full-year Part-year resident resident		••			ed filing jo ed filing s	-		Spouse's	SSN	
Ohio Nonresident Statement		•		Check	k here if va	ou filed the	federal e	xtension form	1868	
Primary meets the five criteria for i	rrebuttable presumption	on as no	onresident.	Check	k nere ir yc	u nieu trie	leuerare		4000.	
Spouse meets the five criteria for i	rrebuttable presumption	presumption as nonresident. Check here if someone else is able to claim you (or your joint return) as a dependent.						or your spouse	e if	
1. Federal adjusted gross income ( 2 of your federal return if the amou										
if the amount is less than zero					1.				0	0 (
<ol> <li>Pederal adjusted gross income ( 2 of your federal return if the amou if the amount is less than zero</li> <li>2a. Additions – Ohio Schedule A, line 1</li> <li>2b. Deductions – Ohio Schedule A, line 3. Ohio adjusted gross income (line 1 the right if the amount is less than zero</li> </ol>	0 (INCLUDE SCHEI	DULE)			2a.				0	0
2b. Deductions – Ohio Schedule A, line	e 38 (INCLUDE SCH	EDULE	)		2b.				0	0
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero								0	0	
<ol> <li>Exemption amount (if claiming dep Number of exemptions claimed:</li> </ol>	endent(s), INCLUDE	SCHEI	DULE J)		4.					0
5. Ohio income tax base (line 3 minus	s line 4; if less than z	ero, ent	er zero)		5.				0	0
6. Taxable business income – Ohio S	chedule IT BUS, line	13 ( <b>INC</b>	CLUDE SCH	EDULE)	6.				0	0
7. Line 5 minus line 6 (if less than zer	o, enter zero)				7.				0	0
Do not writ	<u>e in this area; fo</u>	or dor	artmont	uso only						
	<u>s in this alea, h</u>			<u></u>			MM	1-DD-YY	Code	

## 2019 Ohio IT 1040



Individual Income Tax Return

SSN							190002	
7a.Amount from line 7 on page 1						7a.		
8a. Nonbusiness income tax liability on line	e 7a (see instructio	ons fo	or tax tabl	es)		8	a.	0 0
8b. Business income tax liability – Ohio Sc	hedule IT BUS, lir	e 14	(INCLUD	E SCHED	ULE)	8	b.	0 0
8c. Income tax liability before credits (line	8a plus line 8b)					8	c.	0 0
9. Ohio nonrefundable credits – Ohio Sch	edule of Credits, I	ine 34	4 (INCLU	DE SCHE	DULE)		9.	0 0
10. Tax liability after nonrefundable credits	(line 8c minus line	9; if	less than	zero, ente	er zero)	)1	0.	0 0
11. Interest penalty on underpayment of es	timated tax (inclu	de Oł	nio IT/SD	2210)		1	1.	0 0
12. Use tax due on Internet, mail order or o Check here to certify that no use tax is	1	2.	0 0					
13. Total Ohio tax liability before withhold	12)1	3.	0 0					
14 Ohio income tax withheld ( <b>include con</b>	ies of W-2 box 1	7. W	-2G box	15 <sup>.</sup> 1099-	R hox	<b>12</b> ) 1	4	0 0
<ul> <li>14. Ohio income tax withheld (include copies of W-2, box 17; W-2G, box 15; 1099-R, box 12)</li> <li>15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return</li> </ul>						orward		0 0
16. Refundable credits – Ohio Schedule of								0 0
17. <u>Amended return only</u> – amount previo								0 0
								0 0
18. Total Ohio tax payments (add lines 14	1, 15, 16 and 17).					1	8.	
19. Amended return only - overpayment	previously reques	ted o	n original	and/or an	ended	return1	9	0 0
20. Line 18 minus line 19. Place a "-" in the bo							0.	0 0
If line 20 is MORE THAN line 21. Tax liability (line 13 minus line 20). If line							1.	0 0
22. Interest and penalty due on late filing or late payment of tax (see instructions)						2.	0 0	
23. TOTAL AMOUNT DUE (line 21 plus l (if amended return) and make check	ine 22). Include (	Dhio	IT 40P (i	f original	return)	or IT 40XP		0 0
24. Overpayment (line 20 minus line 13)								0 0
								0 0
25. <u>Original return only</u> – amount of line 2 26. <u>Original return only</u> – amount of line 2 a. State nature preserves b. Brea	24 to be credited to 24 to be donated: st/Cervical Cance			ome tax lia			5.	00
					0 0			
	ary injury relief		f. Ohio H	istory Fund		Total 26g	g.	0 0
0 0	0 0				0 0			
27. <b>REFUND</b> (line 24 minus lines 25 and 2	•,						7.	0 0
Sign Here (required): I have read this ret and belief, the return and all enclosures are true. Primary signature	correct and comple	te.					If you owe \$1.00 or less,	ss, no refund will be issued. no payment is necessary. cluded – Mail to:
Spouse's signature							Ohio Departm P.O. Bo	ent of Taxation ox 2679
Check here to authorize your preparer to dis Preparer's printed name				mber			Payment Inclu Ohio Departm P.O. Bo	+ 43270-2679 <b>uded – Mail to:</b> ent of Taxation x 2057 + 43270-2057