Ohio | **Department of Taxation**

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

19230102

Tax Year
2 0 1 9

Primary taxpayer's SSN (required)

Sequence No. **9**

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. 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" 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 write in this area; for department use only.

Ohio Schedule J
Dependents Claimed on the Ohio IT 1040 Return

19230202

Tax Year
2019

Primary taxpayer's SSN (required)

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)