

2020 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



Sequence No. 1

rimary taxpayer's SSN (required)	▶▶ If deceased	Spouse's SSN (i	f filing jointly)	▶ If deceased	School district # (see instructions).	
	check box			check box	SD# ▶▶	
irst name	N	I.I. Last name				
spouse's first name (only if married filir	ng jointly) M	I.I. Last name				
ddress line 1 (number and street) or F	P.O. Box					
ddress line 2 (apartment number, suit	te number, etc.)					
Sity			State ZIP co	de Ohio cou	unty (first four letters)	
aty			State ZIF CO	de Criid coc	anty (mat loan lettera)	
oreign country (if the mailing address	Foreign postal code					
Residency Status - Check only o	one for primary		Filing Status	5 – Check one (as repor	ted on federal income tax reti	
Resident Part-year Nonresident Indicate state			Single, head of household or qualifying widow(er)			
resident	indicate state					
resident Check only one for spouse (if married f			Married fil	ing jointly		
				ing jointly	Spouse's SSN	
Check only one for spouse (if married f	filing jointly) Nonresident Indicate state		Married fil	ing separately		
Check only one for spouse (if married for Resident Part-year resident	filing jointly) Nonresident Indicate state - See instructions for re	equired criteria	Married fil			
Check only one for spouse (if married for spouse) Resident Part-year resident Phio Nonresident Statement	Nonresident Indicate state See instructions for reputtable presumption a	equired criteria as nonresident.	Married fil Check here	ing separately e if you filed the federal e		
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Code

MM-DD-YY

2020 Ohio IT 1040

Individual Income Tax Return

SSN

Preparer's printed name



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Sequence No. 2 7a. Amount from line 7 on page 1...... 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)......8a. 9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)9. 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).......10. 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)......13. 14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)14. 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward 17. Amended return only – amount previously paid with original and/or amended return17. 19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return......19. 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 13......21. 22. Interest due on late payment of tax (see instructions) 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"...... AMOUNT DUE ▶ 23. 24. Overpayment (line 20 minus line 13)24. 26. Original return only – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer Total 26a d. Wishes for Sick Children e. Wildlife species f. Military injury relief Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary. and belief, the return and all enclosures are true, correct and complete. Primary signature Phone number NO Payment Included - Mail to: Ohio Department of Taxation Spouse's signature_ Date (MM/DD/YY) P.O. Box 2679 Columbus, OH 43270-2679 Check here to authorize your preparer to discuss this return with the Department. Payment Included - Mail to:

Preparer's TIN (PTIN)

Ohio Department of Taxation P.O. Box 2057

Columbus, OH 43270-2057