

Ohio Schedule J Dependents



Use only black ink/UPPERCASE letters.

Tax Year 2020 Primary taxpayer's SSN

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. Complete all fields for each dependent you list. 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, date of birth, relationship, first name, M.I., last name

2. Dependent's SSN, date of birth, relationship, first name, M.I., last name

3. Dependent's SSN, date of birth, relationship, first name, M.I., last name

4. Dependent's SSN, date of birth, relationship, first name, M.I., last name

5. Dependent's SSN, date of birth, relationship, first name, M.I., last name

6. Dependent's SSN, date of birth, relationship, first name, M.I., last name

7. Dependent's SSN, date of birth, relationship, first name, M.I., last name

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

