Reset Form

Sample Form
Not actual taxpayer data

Do not use staples. Use only black ink and UPPERCASE letters.

Ohio Department of Taxation
Rev. 11/15

2015 Universal IT 1040
Individual Income Tax Return

15000106

Note: For taxable year 2015 and forward, this form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.

Are you filing this as an amended return? ☐ Yes ☑ No If yes, attach Ohio IT RE, 2015 Reason and Explanation of Corrections

Is this a Net Operating Loss (NOL) carryback? ☐ Yes ☑ No If yes, attach Schedule IT NOL

Taxpayer Social Security no. (required) ▸▸ 000 00 0000 — If deceased ☐ check box

Spouse's Social Security no. (if filing jointly) ▸▸ If deceased ☐ check box

Enter school district # for this return (see instructions). **SD#** ▸▸ 7701

First name: JOHN — M.I.: A — Last name: DOE

Spouse's first name (only if married filing jointly) — M.I. — Last name

Mailing address (for faster processing, use a street address): 123 ABC STREET BOX 500

City: LOS ANGELES — State: CA — ZIP code: 90089 — Ohio county (first four letters):

Home address (if different from mailing address) – do **NOT** show city or state: 123 XYZ STREET — ZIP code: 44305 — Ohio county (first four letters): SUMM

Foreign country (if the mailing address is outside the U.S.) — Foreign postal code

Ohio Residency Status – Check applicable box

☑ Full-year resident ☐ Part-year resident ☐ Nonresident Indicate state ▸▸

Check applicable box for spouse (only if married filing jointly)

☐ Full-year resident ☐ Part-year resident ☐ Nonresident Indicate state ▸▸

Ohio Political Party Fund

	Yes	No
Do you want $1 to go to this fund?	☐	☐
If joint return, does your spouse want $1 to go to this fund?	☐	☐

Note: Checking "Yes" will not increase your tax or decrease your refund.

Filing Status – Check one (as reported on federal income tax return, with limited exceptions – see instructions)

☑ Single, head of household or qualifying widow(er)

☐ Married filing jointly ☐ Married filing separately

	Yes	No
Did you file federal extension form 4868?	☐	☑
Is someone else claiming you or your spouse (if joint return) as a dependent? If yes, enter "0" on line 4	☐	☑

If the amount on a line is negative, place a negative sign ("–") in the box provided.

1. **Federal adjusted gross income** (from IRS forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)	1.	22500	0 0
2a. Additions to federal adjusted gross income (attach Ohio Schedule A, line 11)	2a.		0 0
2b. Deductions from federal adjusted gross income (attach Ohio Schedule A, line 35)	2b.		0 0
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b)	3.	22500	0 0
4. Personal and dependent exemption deduction (if claiming dependent(s), attach Schedule J)	4.	2200	0 0
5. Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-)	5.	20300	0 0
6. Taxable business income (attach Ohio Schedule IT BUS, line 13)	6.		0 0
7. Line 5 minus line 6 (if less than -0-, enter -0-)	7.	20300	0 0

Enclose your federal income tax return if line 1 of this return is -0- or negative.

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

Postmark date ___/___/___ Code

Ohio | Department of Taxation
Rev. 11/15

2015 Universal IT 1040
Individual Income Tax Return

15000206

SSN 000 00 0000

7a. Amount from line 7 on page 1 ....7a.	20300	0 0
8a. Tax liability on line 7a (see instructions for tax tables) ....8a.	297	0 0
8b. Business income tax liability (attach Ohio Schedule IT BUS, line 14) .... 8b.		0 0
8c. Tax liability before credits (line 8a plus line 8b) .... 8c.	297	0 0
9. Ohio nonrefundable credits/grants (attach Ohio Schedule of Credits, line 35) .... 9.	220	0 0
10. Tax liability after nonrefundable credits/grants (line 8c minus line 9; if less than -0-, enter -0-) ....10.	77	0 0
11. Interest penalty on underpayment of estimated tax (attach Ohio IT/SD 2210) ....11.		0 0
12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). If you certify that no sales or use tax is due, check the box to the right .... ☐ ...12.		0 0
13. **Total Ohio tax liability** before withholding or estimated payments (add lines 10, 11 and 12) ....13.	77	0 0
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12) ....14.		0 0
15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return ....15.		0 0
16. Refundable credits (attach Ohio Schedule of Credits, line 41) ....16.		0 0
17. **Amended return only** – amount previously paid with original/amended return ....17.		0 0
18. **Total Ohio tax payments** (add lines 14, 15, 16 and 17) ....18.	0	0 0
19. **Amended return only** – overpayment previously received on original/amended return ....19.		0 0
20. Line 18 minus line 19 ....20.	0	0 0

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) ....21.	77	0 0
22. Interest and penalty due on late filing or late payment of tax (see instructions) ....22.		0 0
23. **TOTAL AMOUNT DUE** (line 21 plus line 22). **Enclose Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"** ....23.	77	0 0
24. Overpayment (line 20 minus line 13) ....24.		0 0
25. **Original return only** – amount of line 24 to be credited toward 2016 income tax liability ....25.		0 0

26. Amount of line 24 to be donated:

a. Military injury relief	b. Ohio History Fund	c. State nature preserves
0 0	0 0	0 0
d. Breast / cervical cancer	**e. Wishes for Sick Children**	**f. Wildlife species**
0 0	0 0	0 0

Total.....26g. 0 0

27. **YOUR REFUND** (line 24 minus lines 25 and 26g) ....27.		0 0

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Your signature — Date (MM/DD/YYYY)

▶ Spouse's signature (see instructions) — Phone number

Preparer's printed name (see instructions) — PTIN — Phone number

Do you authorize your preparer to contact us regarding this return? ☐ Yes ☐ No

If your refund is $1.00 or less, no refund will be issued. If you owe $1.00 or less, no payment is necessary.

NO Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Do not use staples. Use only black ink.

Ohio | Department of Taxation

Rev. 11/15

2015 Ohio Schedule A

Income Adjustments – Additions and Deductions

Social Security no. of primary filer

000 00 0000

15000306

Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends ..... 1. .00
2. Certain Ohio pass-through entity and financial institutions taxes paid ..... 2. .00
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account ..... 3. .00
4. Losses from sale or disposition of Ohio public obligations ..... 4. .00
5. Nonmedical withdrawals from a medical savings account ..... 5. .00
6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income ..... 6. .00
7. Lump sum distribution add-back ..... 7. .00

Federal

8. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense ..... 8. .00
9. Federal interest and dividends subject to state taxation ..... 9. .00
10. Miscellaneous federal income tax additions ..... 10. .00
11. **Total additions** (add lines 1 through 10 ONLY). Enter here and on Ohio IT 1040, line 2a) ..... 11. .00

Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

12. Business income deduction (attach Ohio Schedule IT BUS, line 11) ..... 12. .00
13. Employee compensation earned in Ohio by full-year residents of neighboring states ..... 13. .00
14. State or municipal income tax overpayments shown on IRS form 1040, line 10 ..... 14. .00
15. Qualifying Social Security benefits and certain railroad retirement benefits ..... 15. .00
16. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the state of Ohio or income from a transfer agreement ..... 16. .00
17. Amounts contributed to an individual development account ..... 17. .00

Federal

18. Federal interest and dividends exempt from state taxation ..... 18. .00
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense ..... 19. .00
20. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return ..... 20. .00
21. Repayment of income reported in a prior year ..... 21. .00
22. Wage expense not deducted due to claiming the federal work opportunity tax credit ..... 22. .00
23. Miscellaneous federal income tax deductions ..... 23. .00

Ohio | Department of Taxation
Rev. 11/15

2015 Ohio Schedule A

Income Adjustments – Additions and Deductions

Social Security no. of primary filer

000 00 0000

15000406

Uniformed Services

24. Military pay for Ohio residents received while the military member was stationed outside Ohio ..... 24. . 0 0
25. Certain income earned by military nonresidents and civilian nonresident spouses ..... 25. . 0 0
26. Uniformed services retirement income ..... 26. . 0 0
27. Military injury relief fund ..... 27. . 0 0
28. Certain Ohio National Guard reimbursements and benefits ..... 28. . 0 0

Education

29. Ohio 529 contributions, tuition credit purchases ..... 29. . 0 0
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board ..... 30. . 0 0

Medical

31. Disability and survivorship benefits (do not include pension continuation benefits) ..... 31. . 0 0
32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet) ..... 32. . 0 0
33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet) ..... 33. . 0 0
34. Qualified organ donor expenses **(maximum $10,000 per taxpayer)** ..... 34. . 0 0
35. **Total deductions** (add lines 12 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b ..... 35. . 0 0

Do not use staples. Use only black ink.

Ohio | Department of Taxation

Rev. 10/15

2015 Ohio Schedule of Credits

Nonrefundable and Refundable

15280106

Social Security no. of primary filer

000 00 0000

Nonrefundable Credits

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	297 00
2.	Retirement income credit **(limit $200 per return).** See the table in the instructions	2.	00
3.	Lump sum retirement credit (attach Ohio LS WKS, line 6)…	3.	00
4.	Senior citizen credit (must be 65 or older to claim this credit; **limit $50 per return**)	4.	00
5.	Lump sum distribution credit (must be 65 or older to claim this credit; attach Ohio LS WKS, line 3)…	5.	00
6.	Child care and dependent care credit (see the worksheet in the instructions)…	6.	00
7.	If Ohio IT 1040, line 5 is $10,000 or less, enter $88; otherwise, enter -0- (low income credit)	7.	00
8.	Displaced worker training credit (see the worksheet in the instructions) **(limit $500 per taxpayer)**	8.	00
9.	Ohio political contributions credit **(limit $50 per taxpayer);** and credit for contributions to candidates for Ohio statewide office or General Assembly	9.	00
10.	Income-based exemption credit ($20 personal/dependent exemption credit)	10.	20 00
11.	Total (add lines 2 through 10)	11.	20 00
12.	Tax less credits (line 1 minus line 11; if less than -0-, enter -0-)	12.	277 00
13.	Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for married filing jointly status only. _____% times amount on line 12 **(limit $650)**	13.	00
14.	Earned income credit	14.	00
15.	Ohio adoption credit **(limit $10,000)**	15.	00
16.	Job retention credit, nonrefundable portion (enclose a copy of the credit certificate)	16.	00
17.	Credit for eligible new employees in an enterprise zone	17.	00
18.	Credit for certified ethanol plant investments	18.	00
19.	Credit for purchases of grape production property	19.	00
20.	Credit for investing in an Ohio small business	20.	00
21.	Enterprise zone day care and training credits	21.	00
22.	Research and development credit	22.	00
23.	Ohio historic preservation credit, nonrefundable carryforward portion	23.	00
24.	Total (add lines 13 through 23)	24.	0 00
25.	Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-)	25.	277 00

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

Do not use staples. Use only black ink.

Ohio | Department of Taxation

Rev. 10/15

2015 Ohio Schedule of Credits

Nonrefundable and Refundable

15280206

Social Security no. of primary filer

000 00 0000

Nonresident Credit

Date of nonresidency _____ **to** _____ **State of residency** _____

26. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Attach Ohio IT NRC if required ..... 26. _____ 0 0
27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) ..... 27. _____ 0 0
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). . _____ Multiply this factor by the amount on line 25 to calculate your nonresident credit ..... 28. _____ 0 0

Resident Credit

29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply) 29. 22500 0 0
30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) 30. 22500 0 0
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). . 9999 Multiply this factor by the amount on line 25 and enter the result here 31. 297 0 0
32. Enter the 2015 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply) 32. 200 0 0
33. Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you filed a return for 2015 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below 33. 200 0 0

CA

Grants

34. Manufacturing equipment grant ..... 34. _____ 0 0
35. **Total nonrefundable credits and grants** (add lines 11, 24, 28, 33 and 34; enter here and on Ohio IT 1040, line 9) 35. 220 0 0

Refundable Credits

36. Historic preservation credit ..... 36. _____ 0 0
37. Business jobs credit ..... 37. _____ 0 0
38. Pass-through entity credit ..... 38. _____ 0 0
39. Motion picture production credit ..... 39. _____ 0 0
40. Financial Institutions Tax (FIT) credit ..... 40. _____ 0 0
41. **Total refundable credits** (add lines 36 through 40; enter here and on Ohio IT 1040, line 16) ..... 41. _____ 0 0

Do not use staples. Use only black ink and UPPERCASE letters.

Ohio | Department of Taxation

Rev. 10/15

2015 Schedule J – Dependents Claimed on the Universal IT 1040 Return

15230106

Social Security no. of primary filer

000 00 0000

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. 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" below if there are not enough boxes to spell it out completely.

1. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

   Dependent's first name | M.I. | Last name

2. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

   Dependent's first name | M.I. | Last name

3. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

   Dependent's first name | M.I. | Last name

4. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

   Dependent's first name | M.I. | Last name

5. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

   Dependent's first name | M.I. | Last name

6. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

   Dependent's first name | M.I. | Last name

7. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

   Dependent's first name | M.I. | Last name

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

Ohio | Department of Taxation

Rev. 10/15

2015 Schedule J – Dependents Claimed on the Universal IT 1040 Return

15230206

Social Security no. of primary filer

000 00 0000

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. 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" below if there are not enough boxes to spell it out completely.

8. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

Dependent's first name | M.I. | Last name

9. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

Dependent's first name | M.I. | Last name

10. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

Dependent's first name | M.I. | Last name

11. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

Dependent's first name | M.I. | Last name

12. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

Dependent's first name | M.I. | Last name

13. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

Dependent's first name | M.I. | Last name

14. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

Dependent's first name | M.I. | Last name

15. Dependent's Social Security no. (required) | Dependent's date of birth (MM/DD/YYYY) | Dependent's relationship to you (required)

Dependent's first name | M.I. | Last name

Electronic Payment Available

You can eliminate writing a paper check by using any of our electronic payment methods. Go to our Web site 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.

2015 Ohio IT 40P

OHIO IT 40P

Income Tax Payment Voucher

DO NOT STAPLE YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

Taxable Year

2015

Do NOT fold check or voucher.

Please use UPPERCASE letters to print the first three letters of

First name	M.I.	Last name
Spouse's first name (only if joint filing)	M.I.	Last name
Address		
City, state, ZIP code		

Taxpayer's last name

Spouse's last name (only if joint filing)

Your Social Security number

Spouse's Social Security number (only if joint filing)

If you are sending this voucher and paper check or money order (payable to Ohio Treasurer of State) with your income tax return, mail to the address shown on page 2 of Ohio IT 1040. If you are sending **ONLY** this voucher and paper check or money order separately from the return, then mail this voucher and payment to Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131.

AMOUNT OF PAYMENT $ .00

402

Electronic Payment Available

You can eliminate writing a paper check by using any of our electronic payment methods. Go to our Web site 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.

2015 Ohio IT 40XP

OHIO IT 40XP

Income Tax Payment Voucher for Amended Returns

DO NOT STAPLE YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

Taxable Year

2015

Do NOT fold check or voucher.

First name	M.I.	Last name
Spouse's first name (only if joint filing)	M.I.	Last name
Address		
City, state, ZIP code		

Please use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

Your Social Security number

Spouse's Social Security number (only if joint filing)

If you are sending this voucher and paper check or money order (payable to Ohio Treasurer of State) with your income tax return, mail to the address shown on page 2 of Ohio IT 1040. If you are sending **ONLY** this voucher and paper check or money order separately from the return, then mail this voucher and payment to Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131.

AMOUNT OF PAYMENT $ .00

424

Ohio | Department of Taxation

15270106

IT RE
Rev. 10/15

2015 Ohio IT RE – Reason and Explanation of Corrections

Note: For amended individual return only

Please attach documentation to support any adjustments to line items. Refer to the instructions to identify required documentation for complete processing of the amended return.

Taxpayer Social Security no. (required)

000 00 0000

First name | M.I. | Last name

Reason(s):

- Net operating loss carryback (**IMPORTANT:** Be sure to complete and attach Ohio IT NOL, Net Operating Loss Carryback Schedule [available at tax.ohio.gov] and check the box on the front of the IT 1040 indicating that you are amending for a NOL.)
- Federal adjusted gross income decreased
- Federal adjusted gross income increased
- Filing status changed
- Residency status changed
- Exemptions increased (attach Schedule J)
- Exemptions decreased (attach Schedule J)
- Ohio Schedule A, additions to income
- Ohio Schedule A, deductions from income
- Ohio Schedule of Credits, nonrefundable credit(s) increased
- Ohio Schedule of Credits, nonrefundable credit(s) decreased
- Ohio Schedule of Credits, nonresident credit increased
- Ohio Schedule of Credits, nonresident credit decreased
- Ohio Schedule of Credits, resident credit increased
- Ohio Schedule of Credits, resident credit decreased
- Ohio Schedule of Credits, manufacturing equipment grant increased
- Ohio Schedule of Credits, manufacturing equipment grant decreased
- Ohio Schedule of Credits, refundable credit(s) increased
- Ohio Schedule of Credits, refundable credit(s) decreased
- Ohio IT/SD 2210 interest penalty amount increased
- Ohio IT/SD 2210 interest penalty amount decreased
- Ohio sales and use tax increased
- Ohio sales and use tax decreased
- Ohio withholding increased
- Ohio withholding decreased
- Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment increased
- Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment decreased
- Amount paid with original filing did not equal amount reported as paid with the original filing

Detailed explanation of adjusted items (attach additional sheet(s) if necessary):

E-mail address (optional) _____ Telephone number (optional) _____

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.