



2015 Universal IT 1040 Individual Income Tax Return



15000202

SSN

7a. Amount from line 7 on page 1	7a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
8a. Tax liability on line 7a (see instructions for tax tables)	8a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
8b. Business income tax liability (attach Ohio Schedule IT BUS, line 14).....	8b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
8c. Tax liability before credits (line 8a plus line 8b).....	8c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
9. Ohio nonrefundable credits/grants (attach Ohio Schedule of Credits, line 35)	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
10. Tax liability after nonrefundable credits/grants (line 8c minus line 9; if less than -0-, enter -0-).....	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
11. Interest penalty on underpayment of estimated tax (attach Ohio IT/SD 2210)	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
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.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12).....	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
16. Refundable credits (attach Ohio Schedule of Credits, line 41).....	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
17. Amended return only – amount previously paid with original/amended return.....	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
19. Amended return only – overpayment previously received on original/amended return.....	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
20. Line 18 minus line 19	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
24. Overpayment (line 20 minus line 13).....	24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
25. Original return only – amount of line 24 to be credited toward 2016 income tax liability	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
26. Amount of line 24 to be donated:										
a. Military injury relief		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
b. Ohio History Fund		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
c. State nature preserves		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
d. Breast / cervical cancer		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
e. Wishes for Sick Children		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
f. Wildlife species		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
Total.....	26g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
27. YOUR REFUND (line 24 minus lines 25 and 26g).....	27.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

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



2015 Ohio Schedule A

Income Adjustments – Additions and Deductions



15000302

Social Security no. of primary filer

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
2. Certain Ohio pass-through entity and financial institutions taxes paid.....	2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account	3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
4. Losses from sale or disposition of Ohio public obligations	4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
5. Nonmedical withdrawals from a medical savings account.....	5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income.....	6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
7. Lump sum distribution add-back	7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
Federal							
8. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
9. Federal interest and dividends subject to state taxation	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
10. Miscellaneous federal income tax additions	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
11. Total additions (add lines 1 through 10 ONLY). Enter here and on Ohio IT 1040, line 2a)	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
13. Employee compensation earned in Ohio by full-year residents of neighboring states	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
14. State or municipal income tax overpayments shown on IRS form 1040, line 10	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
15. Qualifying Social Security benefits and certain railroad retirement benefits	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
17. Amounts contributed to an individual development account.....	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
Federal							
18. Federal interest and dividends exempt from state taxation	18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
20. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
21. Repayment of income reported in a prior year.....	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
22. Wage expense not deducted due to claiming the federal work opportunity tax credit	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
23. Miscellaneous federal income tax deductions	23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0



2015 Ohio Schedule A

Income Adjustments – Additions and Deductions

Social Security no. of primary filer



15000402

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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.



Department of Taxation
Rev. 10/15

2015 Ohio Schedule of Credits

Nonrefundable and Refundable

Social Security no. of primary filer

□□□□ □□ □□□□



15280202

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 credit28. □□□□ □□□□ □□□□ 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. □□□□ □□□□ □□□□ 0 0

30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)30. □□□□ □□□□ □□□□ 0 0

31. Divide line 29 by line 30 and enter the result here (four digits; do not round). □□□□
Multiply this factor by the amount on line 25 and enter the result here31. □□□□ □□□□ □□□□ 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. □□□□ □□□□ □□□□ 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) below33. □□□□ □□□□ □□□□ 0 0
□□ □□ □□ □□ □□ □□

Grants

34. Manufacturing equipment grant34. □□□□ □□□□ □□□□ 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. □□□□ □□□□ □□□□ 0 0

Refundable Credits

36. Historic preservation credit36. □□□□ □□□□ □□□□ 0 0

37. Business jobs credit.....37. □□□□ □□□□ □□□□ 0 0

38. Pass-through entity credit38. □□□□ □□□□ □□□□ 0 0

39. Motion picture production credit.....39. □□□□ □□□□ □□□□ 0 0

40. Financial Institutions Tax (FIT) credit40. □□□□ □□□□ □□□□ 0 0

41. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16).....41. □□□□ □□□□ □□□□ 0 0



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



15230202

Social Security no. of primary filer

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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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent's first name

M.I. Last name

<input type="text"/>	<input type="text"/>
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9. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent's first name

M.I. Last name

<input type="text"/>	<input type="text"/>
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10. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent's first name

M.I. Last name

<input type="text"/>	<input type="text"/>
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11. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent's first name

M.I. Last name

<input type="text"/>	<input type="text"/>
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12. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent's first name

M.I. Last name

<input type="text"/>	<input type="text"/>
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13. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent's first name

M.I. Last name

<input type="text"/>	<input type="text"/>
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14. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent's first name

M.I. Last name

<input type="text"/>	<input type="text"/>
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15. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent's first name

M.I. Last name

<input type="text"/>	<input type="text"/>
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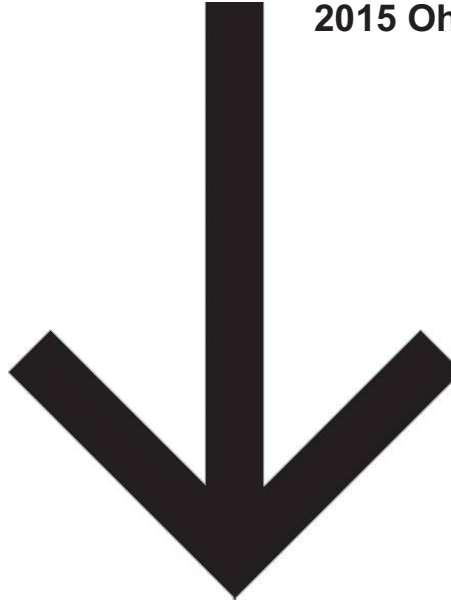
Electronic Payment Available

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.

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)

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

AMOUNT OF
PAYMENT → \$

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.



2015 Ohio IT RE – Reason and Explanation of Corrections

Note: For amended individual return only

Please complete the Universal IT 1040 (checking the amended return box) and attach this form with documentation to support any adjustments to line items on the return.

Taxpayer Social Security no. (required)

Grid for Social Security number

First name

M.I. Last name

Grid for name and middle initial

Reason(s):

- Reasons for corrections: Net operating loss carryback, Federal adjusted gross income, Filing status, Residency status, Exemptions, Ohio Schedule A, Ohio Schedule of Credits, etc.

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

Blank lines for detailed explanation

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.