



Department of  
Taxation  
Rev. 11/15

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

# 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)  ☐ If deceased ☐ Spouse's Social Security no. (if filing jointly)  ☐ If deceased Enter school district # for this return (see instructions). **SD#**

First name  M.I.  Last name

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

Mailing address (for faster processing, use a street address)

City  State  ZIP code  Ohio county (first four letters)

Home address (if different from mailing address) – do **NOT** show city or state  ZIP code  Ohio county (first four letters)

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**

Do you want \$1 to go to this fund? ☐ Yes ☐ No

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

**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

Did you file federal extension form 4868? ☐ Yes ☐ No

Is someone else claiming you or your spouse (if joint return) as a dependent? If yes, enter "0" on line 4. ☐ Yes ☐ No

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

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

**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



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15000206

SSN

7a. Amount from line 7 on page 1 .....	7a.		00
8a. Tax liability on line 7a (see instructions for tax tables) .....	8a.		00
8b. Business income tax liability (attach Ohio Schedule IT BUS, line 14).....	8b.		00
8c. Tax liability before credits (line 8a plus line 8b) .....	8c.		00
9. Ohio nonrefundable credits/grants (attach Ohio Schedule of Credits, line 35) .....	9.		00
10. Tax liability after nonrefundable credits/grants (line 8c minus line 9; if less than -0-, enter -0-) .....	10.		00
11. Interest penalty on underpayment of estimated tax (attach Ohio IT/SD 2210) .....	11.		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..... <input type="checkbox"/> .....	12.		00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12) .....	13.		00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12).....	14.		00
15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return .....	15.		00
16. Refundable credits (attach Ohio Schedule of Credits, line 41).....	16.		00
17. <b>Amended return only</b> – amount previously paid with original/amended return.....	17.		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17) .....	18.		00
19. <b>Amended return only</b> – overpayment previously received on original/amended return.....	19.		00
20. Line 18 minus line 19 .....	20.		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.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions) .....	22.		00
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Enclose Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"</b> .....	23.		00
24. Overpayment (line 20 minus line 13).....	24.		00
25. <b>Original return only</b> – amount of line 24 to be credited toward 2016 income tax liability .....	25.		00
26. Amount of line 24 to be donated:			
a. Military injury relief	b. Ohio History Fund	c. State nature preserves	
<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00	
d. Breast / cervical cancer	e. Wishes for Sick Children	f. Wildlife species	
<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00	
Total.....26g.			<input type="text"/> 00
27. <b>YOUR REFUND</b> (line 24 minus lines 25 and 26g) .....	27.		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.

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

▶ Your signature	Date (MM/DD/YYYY)
▶ Spouse's signature (see instructions)	Phone number
Preparer's printed name (see instructions)	PTIN
Do you authorize your preparer to contact us regarding this return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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