



Department of
Taxation
Rev. 9/16

2016 Ohio IT 1040

Individual Income Tax Return



16000106

Note: This form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.

Is this an **amended** return? ☐ Yes ☐ No If yes, include Ohio IT RE (do not include a copy of the previously filed return)

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

Taxpayer's SSN (required)

▶▶ If deceased

Spouse's SSN (if filing jointly)

▶▶ If deceased

Enter school district # for this return (see instructions).

☐
check box

☐
check box

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** include 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

Yes No

Did you file the federal extension 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

1. **Federal adjusted gross income** (from the federal 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10). Place a negative sign ("–") before the figure if the amount is less than -0-..... 1.

0 0

2a. Additions to federal adjusted gross income (include Ohio Schedule A, line 10) 2a.

0 0

2b. Deductions from federal adjusted gross income (include Ohio Schedule A, line 35) 2b.

0 0

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a negative sign ("–") before the figure if the amount is less than -0-..... 3.

0 0

4. Personal and dependent exemption deduction (if claiming dependent(s), include Schedule J) 4.

0 0

5. Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-) 5.

0 0

6. Taxable business income (include Ohio Schedule IT BUS, line 13) 6.

0 0

7. Line 5 minus line 6 (if less than -0-, enter -0-) 7.

0 0

Include 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



Department of
Taxation

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2016 Ohio IT 1040 Individual Income Tax Return



16000206

SSN

7a. Amount from line 7 on page 1	7a.		00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.		00
8b. Business income tax liability (include Ohio Schedule IT BUS, line 14).....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.		00
9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34).....	9.		00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-).....	10.		00
11. Interest penalty on underpayment of estimated tax (include 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.....	12.	<input type="checkbox"/>	00
13. Total Ohio tax liability 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). Include W-2(s), W-2G(s) and 1099-R(s) with the return	14.		00
15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return	15.		00
16. Refundable credits (include Ohio Schedule of Credits, line 41).....	16.		00
17. Amended return only – amount previously paid with original/amended return.....	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.		00
19. Amended return only – overpayment previously requested on original/amended return.....	19.		00
20. Line 18 minus line 19. Place a negative sign ("-") before the figure if the amount is less than -0-	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). If line 20 is negative, ignore the negative sign ("-") and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions)	22.		00
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.		00
24. Overpayment (line 20 minus line 13)	24.		00
25. Original return only – amount of line 24 to be credited toward 2017 income tax liability.....	25.		00
26. Amount of line 24 to be donated:			
a. Wildlife species		00	
b. Military injury relief		00	
c. Ohio History Fund		00	
d. State nature preserves		00	
e. Breast / cervical cancer		00	
f. Wishes for Sick Children		00	
Total 26g.			00
27. REFUND (line 24 minus lines 25 and 26g)..... YOUR REFUND ▶	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/YY)
▶ 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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



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Taxation
Rev. 9/16

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2016 Ohio Schedule A

Income Adjustments – Additions and Deductions

SSN of primary filer



16000306

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.		0	0
2. Certain Ohio pass-through entity and financial institutions taxes paid	2.		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.		0	0
4. Losses from sale or disposition of Ohio public obligations.....	4.		0	0
5. Nonmedical withdrawals from a medical savings account	5.		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.		0	0

Federal

7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....	7.		0	0
8. Federal interest and dividends subject to state taxation	8.		0	0
9. Miscellaneous federal income tax additions.....	9.		0	0
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a	10.		0	0

Deductions

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

11. Business income deduction (include Ohio Schedule IT BUS, line 11)	11.		0	0
12. Employee compensation earned in Ohio by residents of neighboring states.....	12.		0	0
13. State or municipal income tax overpayments shown on the federal 1040, line 10.....	13.		0	0
14. Qualifying Social Security benefits and certain railroad retirement benefits	14.		0	0
15. 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	15.		0	0
16. Amounts contributed to an individual development account	16.		0	0
17. Amounts contributed to STABLE account: Ohio's ABLE Plan.....	17.		0	0

Federal

18. Federal interest and dividends exempt from state taxation.....	18.		0	0
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....	19.		0	0
20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	20.		0	0
21. Repayment of income reported in a prior year	21.		0	0
22. Wage expense not deducted due to claiming the federal work opportunity tax credit.....	22.		0	0
23. Miscellaneous federal income tax deductions.....	23.		0	0



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2016 Ohio Schedule A

Income Adjustments – Additions and Deductions

SSN of primary filer



16000406

Uniformed Services

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

Education

29. Ohio 529 contributions, tuition credit purchases	29.	<input type="text"/>	<input type="text"/>	0	0
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	30.	<input type="text"/>	<input type="text"/>	0	0

Medical

31. Disability and survivorship benefits (do not include pension continuation benefits)	31.	<input type="text"/>	<input type="text"/>	0	0
32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)	32.	<input type="text"/>	<input type="text"/>	0	0
33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet)	33.	<input type="text"/>	<input type="text"/>	0	0
34. Qualified organ donor expenses (maximum \$10,000 per taxpayer)	34.	<input type="text"/>	<input type="text"/>	0	0
35. Total deductions (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b	35.	<input type="text"/>	<input type="text"/>	0	0



2016 Ohio Schedule IT BUS

Business Income



16260106

Include on this Ohio Schedule IT BUS any income included in federal adjusted gross income that constitutes business income. See Ohio Revised Code (R.C.) section 5747.01(B). On page 2 of this schedule, list the sources of business income and your ownership percentage. Include the Ohio Schedule IT BUS with Ohio IT 1040 if filing by paper (see instructions if filing electronically).

SSN of primary filer

Check to indicate which taxpayer earned this income:

☐

Primary

☐

Spouse

Part 1 – Business Income From IRS Schedules

Note: Do not include amounts listed on these IRS schedules that are nonbusiness income. See R.C. 5747.01(C). Place a negative sign (“-”) before the figure if the amount is less than -0-.

1. Schedule B – Interest and Ordinary Dividends	1.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
2. Schedule C – Profit or Loss From Business (Sole Proprietorship)	2.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
3. Schedule D – Capital Gains and Losses.....	3.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
4. Schedule E – Supplemental Income and Loss	4.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
5. Guaranteed payments, compensation and/or wages from each pass-through entity in which you have at least a 20% direct or indirect ownership interest. Note: Reciprocity agreements do not apply.....	5.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
6. Schedule F – Profit or Loss From Farming	6.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
7. Other items of income and gain separately stated on the federal Schedule K-1, gains and/or losses reported on the federal 4797 and miscellaneous federal income tax adjustments, if any	7.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
8. Total of business income (add lines 1 through 7).....	8.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0

Part 2 – Business Income Deduction

9. All business income (enter the lesser of line 8 above or Ohio IT 1040, line 1). If -0- or negative, stop here and do not complete Part 3	9.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	10.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
11. Enter lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.....	11.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0

Part 3 – Taxable Business Income

Note: If Ohio IT 1040, line 5 equals -0-, do **not** complete Part 3.

12. Line 9 minus line 11	12.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	13.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0
14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.....	14.	<input type="text"/>	<input type="text"/> 0 <input type="text"/> 0

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2016 Ohio Schedule IT BUS

Business Income

SSN of primary filer



16260206

Part 4 – Business Entity

If you have more than 18 entities, complete additional copies of this page and include with your income tax return.

1. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
3. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
4. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
5. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
6. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
7. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
8. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
9. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
10. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
11. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
12. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
13. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
14. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
15. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
16. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
17. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
18. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>



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2016 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer



16280106

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.		0	0
2. Retirement income credit (limit \$200 per return). See the table in the instructions	2.		0	0
3. Lump sum retirement credit (include Ohio LS WKS, line 6)	3.		0	0
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return)	4.		0	0
5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line 3)	5.		0	0
6. Child care and dependent care credit (see the worksheet in the instructions)	6.		0	0
7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit)	7.		0	0
8. Displaced worker training credit (see the worksheet in the instructions) (limit \$500 per taxpayer)	8.		0	0
9. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer) ..	9.		0	0
10. Income-based exemption credit (\$20 personal/dependent exemption credit)	10.		0	0
11. Total (add lines 2 through 10)	11.		0	0
12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-)	12.		0	0
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.		0	0
14. Earned income credit	14.		0	0
15. Ohio adoption credit (limit \$10,000 per adopted child)	15.		0	0
16. Job retention credit, nonrefundable portion (include a copy of the credit certificate)	16.		0	0
17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	17.		0	0
18. Credit for purchases of grape production property	18.		0	0
19. Invest Ohio credit (include a copy of the credit certificate)	19.		0	0
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.		0	0
21. Enterprise zone day care and training credits (include a copy of the credit certificate)	21.		0	0
22. Research and development credit (include a copy of the credit certificate)	22.		0	0
23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate)	23.		0	0
24. Total (add lines 13 through 23)	24.		0	0
25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-)	25.		0	0

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

2016 Ohio Schedule of Credits



16280206

Nonrefundable and Refundable

SSN of primary filer

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. Include Ohio IT NRC if required 26.

27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) 27.

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.

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.

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

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 here 31.

32. Enter the 2016 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.

33. Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you filed a return for 2016 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below 33.

34. **Total nonrefundable credits** (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).... 34.

Refundable Credits

- | | | | | |
|---|-----|--|---|---|
| 35. Historic preservation credit (include a copy of the credit certificate)..... | 35. | | 0 | 0 |
| 36. Business jobs credit (include a copy of the credit certificate)..... | 36. | | 0 | 0 |
| 37. Pass-through entity credit (include a copy of the federal K-1s) | 37. | | 0 | 0 |
| 38. Motion picture production credit (include a copy of the credit certificate) | 38. | | 0 | 0 |
| 39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1s)..... | 39. | | 0 | 0 |
| 40. Venture capital credit (include a copy of the credit certificate)..... | 40. | | 0 | 0 |
| 41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)..... | 41. | | 0 | 0 |



Department of
Taxation

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2016 Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



16230106

SSN of primary filer

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 SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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2016 Ohio Schedule J
Dependents Claimed on the Ohio IT 1040 Return



16230206

SSN of primary filer

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 SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Dependent's SSN (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 (required)	M.I.	Last name (required)
<input type="text"/>	<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.

2016 Ohio IT 40XP



OHIO IT 40XP

Rev. 6/16

Income Tax Payment Voucher for Amended Returns



DO NOT STAPLE OR OTHERWISE ATTACH YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

Taxable Year

2016

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		

Your SSN

Spouse's SSN
(only if joint filing)

Use UPPERCASE letters
to print the first three letters of

Taxpayer's
last name

Spouse's last name
(only if joint filing)

Amount of
Payment → \$

.00

If you are sending this voucher and paper check or money order (payable to Ohio Treasurer of State) with your amended 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.



16270101

2016 Ohio IT RE – Reason and Explanation of Corrections

Note: For amended individual return only

Complete the Ohio IT 1040 (checking the amended return box) and include this form with documentation to support any adjustments to line items on the return.

Taxpayer's SSN (required)

First name

M.I. Last name

Reason(s):

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

*To avoid delays you must include a copy of your federal account transcript **OR** a copy of your federal amended income tax return with a copy of the federal acceptance letter or refund check.

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

E-mail address _____ Telephone number _____

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