

Do not staple or paper clip.

Rev. 8/18

## 2018 Ohio IT 1040 Individual Income Tax Return



Use only black ink and UPPERCASE letters.

Sequence No. 1

Taxpayer's SSN (required)	▶▶ If deceased Spouse's SSN (if filing jointly)		y)	<b>*</b>	If deceased	Enter school district # for this return (see instruction			
	check box					check box	SD# >>		
First name		M.I.	Last name						
Spouse's first name (only if marrie	d filing jointly)	M.I.	Last name						
Address line 1 (number and street	) or P.O. Box								
Address line 2 (apartment number	, suite number, etc.)								
City			State	ZIP code		Ohio coun	ty (first four let	ters)	
Foreign country (if the mailing address is outside the U.S.)			Foreign	postal code					
Ohio Residency Status –	Check applicable box	+	Filing St	atus – Checl	one	(as reported o	n federal inco	me tax re	turn)
Full-year Part-year resident resident	Indicate state	<b>&gt;&gt;</b>		e, head of hou					ŕ
Check applicable box for spouse (only if married filing jointly)  Full-year				Married filing jointly  Married filing separately					
Ohio Political Party Fund									
Check here if you want \$1 to	go to this fund.		Chec	k here if you fil	ed the	e federal exten	sion 4868.		
Check here if your spouse wants \$1 to go to this fund (if filing jointly).  Note: Checking this box will not increase your tax or decrease your refund.				Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.					
Federal adjusted gross incor		_							
2 of your federal return if the ar	mount is zero or negative.	Plac	e a "-" in box at the right	1.					0
2a.Additions – Ohio Schedule A, li	ine 10 (INCLUDE SCHED	ULE		2a.					0
2b. Deductions – Ohio Schedule A, line 37 (INCLUDE SCHEDULE)				2b.					0
3. Ohio adjusted gross income (linthe right if the amount is less that	ne 1 plus line 2a minus lin	e 2b)	Place a "-" in the box a	t [					0
Exemption amount (if claiming Number of exemptions claimed		SCHI	EDULE J)	4.					0
5. Ohio income tax base (line 3 m	ninus line 4; if less than ze	ro, ei	ter zero)	5.					0
6. Taxable business income - Oh	io Schedule IT BUS, line	13 ( <b>IN</b>	CLUDE SCHEDULE)	6.					0
7. Line 5 minus line 6 (if less than	ı zero, enter zero)			7.					0
Do not write	in this area; for de	no ri	mont use only						



## 2018 Ohio IT 1040 **Individual Income Tax Return**



SSN		Sequence No. 2		
7a. Amount from line 7 on page 1	7a.	0 0		
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	0 0		
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	0 0			
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	0 0		
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE	≣)9.	0 0		
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero	o)10.	0 0		
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	0 0		
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions).  Check here to certify that no use tax is due		0 0		
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and		0 0		
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s and 1099-R(s) with the return	), W-2G(s)	0 0		
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and cre carryforward from previous year return		0 0		
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16.	0 0		
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	0 0			
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17)	0 0			
19. <u>Amended return only</u> – overpayment previously requested on original and/or amende	ed return19.	0 0		
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	20.	0 0		
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line				
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 t	0 0			
22. Interest and penalty due on late filing or late payment of tax (see instructions)	0 0			
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or I		0 0		
amended return) and make check payable to "Ohio Treasurer of State" A	MOUNT DUE ▶ 23.			
24. Overpayment (line 20 minus line 13)	0 0			
25. Original return only – amount of line 24 to be credited toward 2019 income tax liability. 26. Original return only – amount of line 24 to be donated:	25.	0 0		
a. Breast / cervical cancer b. Wishes for Sick Children c. Wildlife species				
0 0				
d. Military injury relief e. Ohio History Fund f. State nature preserves				
0 0	Total 26g.	0 0		
27. <b>REFUND</b> (line 24 minus lines 25 and 26g) <b>YO</b>	UR REFUND ▶ 27.	0 0		
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the be	est of my knowledge If your refund is	\$1.00 or less, no refund will be issued.		
and belief, the return and all enclosures are true, correct and complete.		.00 or less, no payment is necessary.		
Your signature Phone number  Spouse's signature Date (MM/DD/YY)	Ohio	NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679		
Check here to authorize your preparer to discuss this return with Taxation  Preparer's printed name	Paym	nent Included – Mail to: Department of Taxation		
Phone number Preparer's TIN (PTIN)		P.O. Box 2057		