

Do not staple or paper clip.



2021 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



21000102

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE. NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased School district #

First name M.I. Last name

Spouse's first name (if 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 county (first four letters)

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

Residency Status - Check only one for primary Resident Part-year resident Nonresident Indicate state Check only one for spouse (if filing jointly) Resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return) Single, head of household or qualifying widow(er) Married filing jointly Spouse's SSN Married filing separately

Ohio Nonresident Statement - See instructions for required criteria Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

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1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative... 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule)... 2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule)... 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative... 4. Exemption amount (include Schedule of Dependents if applicable)... 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)... 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule)... 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)...

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

MM-DD-YY Code

2021 Ohio IT 1040
Individual Income Tax Return



21000202

Sequence No. 2

SSN [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

7a. Amount from line 7 on page 1 ..... 7a. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....8a. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) .....8b. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
8c. Income tax liability before credits (line 8a plus line 8b) .....8c. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule).....9. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) .....10. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... 11. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
12. Unpaid use tax (see instructions).....12. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....13. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) .....14. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return .....15. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule) .....16. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
17. Amended return only – amount previously paid with original and/or amended return .....17. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....18. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
19. Amended return only – overpayment previously requested on original and/or amended return.....19. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
20. Line 18 minus line 19. Place a "-" in the box if negative..... [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....21. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
22. Interest due on late payment of tax (see instructions) .....22. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
24. Overpayment (line 20 minus line 13) .....24. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
25. Original return only – portion of line 24 carried forward to next year's tax liability .....25. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
26. Original return only – portion of line 24 you wish to donate:
a. Military Injury Relief [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
b. Ohio History Fund [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
c. Nature Preserves/Scenic Rivers [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
d. Breast/Cervical Cancer [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
e. Wishes for Sick Children [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
f. Wildlife Species [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Total ....26g. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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.

Primary signature \_\_\_\_\_ Phone number \_\_\_\_\_
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name \_\_\_\_\_ Phone number \_\_\_\_\_

Preparer's TIN (PTIN) P [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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 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