

Do not staple or paper clip.



Department of
Taxation

2022 Ohio IT 1040
Individual Income Tax Return

Use only black ink/UPPERCASE letters. Use whole dollars only.



22000102

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

☐ Married filing separately

Spouse's SSN

Ohio Nonresident Statement - See instructions for required criteria

☐ Primary meets the five criteria for irrebuttable presumption as nonresident.

☐ Spouse meets the five criteria for irrebuttable 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**).....2a.

2b. Deductions - Ohio Schedule of Adjustments, line 39 (**include schedule**).....2b.

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).....4.
Number of exemptions including you and your spouse/dependents, if applicable:

5. Ohio income tax base (line 3 minus line 4; if negative, enter zero).....5.

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

7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero).....7.

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

MM-DD-YY

Code

2022 Ohio IT 1040
Individual Income Tax Return



22000202

Sequence No. 2

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"/>
8a. Nonbusiness income 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"/>
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8c. Income 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"/>
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule).....	9.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12. Unpaid use tax (see instructions).....	12.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/>
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. Amended return only – amount previously paid with original and/or amended return	17.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/>
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Interest due on 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"/>
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"	23.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/>
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
26. Original return only – portion of line 24 you wish to donate:		
a. Wildlife Species	b. Military Injury Relief	c. 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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Nature Preserves/Scenic Rivers	e. Breast/Cervical Cancer	f. 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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
27. REFUND (line 24 minus lines 25 and 26g).....		YOUR REFUND ▶ 27. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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