



VOLUNTARY DISCLOSURE AGREEMENT INDIVIDUAL & SCHOOL DISTRICT INCOME TAXES

Taxpayer: _____ SSN: _____

Taxpayer: _____ SSN: _____ (if filing jointly)

The Ohio Department of Taxation (the "Department") is committed to promoting tax compliance. As a part of this effort, this Voluntary Disclosure Agreement is entered into between the Tax Commissioner for the State of Ohio ("Commissioner") and individual(s) listed above (individually and/or collectively referred to as "Taxpayer"). This agreement applies only to Taxpayer's Ohio individual income tax and school district income tax obligations, as applicable, during the disclosure period. **The disclosure period for this agreement will be 1/1/2016 through 12/31/2019.**

The Commissioner has statutory responsibility for administering the Ohio individual and school district income taxes. As part of that responsibility, the Commissioner administers the Voluntary Disclosure program. In exchange for bringing this matter to the attention of the Commissioner, the Voluntary Disclosure program allows Taxpayer to come into compliance on substantially more favorable terms than if discovered to be noncompliant by the Commissioner. Although Taxpayer agrees to pay interest¹ on any tax amount due, the Commissioner will not impose additional penalties or interest penalties for any taxable year in the disclosure period, provided Taxpayer complies with the terms of this agreement in good faith.

By submitting this agreement for consideration, Taxpayer represents that Taxpayer:

- Is noncompliant with Ohio's individual income and/or school district income tax laws;
- Is not currently in contact with the Department regarding outstanding individual income or school district tax liability for any taxable year outside the disclosure period;
- Is not, to the best of Taxpayer's knowledge, under investigation by the Criminal Investigations Division of the Department;
- Does not have any outstanding bills or assessments relating to Ohio individual and/or school district income tax liabilities (including for interest or penalties);
- Has not previously been contacted by the Department regarding possible outstanding individual income or school district tax liability for any taxable year during the disclosure period; **AND**
- Has not previously filed individual or school district income tax return(s) for any taxable year during the disclosure period.

Eligibility for the Voluntary Disclosure program is predicated on these representations.

Taxpayer desires to enter into this agreement to become current on Taxpayer's tax compliance responsibilities. Accordingly, Taxpayer agrees to the following terms:

¹ The applicable interest rates are 4% for calendar years 2017 and 2018, and 5% for calendar years 2019 and 2020.

1. Taxpayer will disclose to the Commissioner all taxable income during the disclosure period by filing all individual and school district income tax returns, as applicable and required to be filed, for each taxable year within the disclosure period. Returns for the taxable year ending in calendar year 2019 will be due by the filing date prescribed by law, including any extensions thereof.
2. Taxpayer will make a voluntary payment to the State of Ohio of all individual income tax due during the disclosure period, including an estimate of the tax due for the taxable year ending in calendar year 2019, even if Taxpayer is not submitting the 2019 return with this Agreement. Taxpayer will also make a separate, voluntary payment of all school district income tax due for the disclosure period, as applicable.
3. Taxpayer will make a voluntary payment to the State of Ohio of interest, which will be calculated on the total amount of individual and school district income tax due. Taxpayer acknowledges that the interest amount is due pursuant to R.C. 5747.08(G) and that the interest cannot be reduced or waived.
4. Taxpayer will provide complete documentation to support any tax credits Taxpayer is claiming. Taxpayer agrees it cannot carryforward credits generated in years prior to the disclosure period. The Commissioner reserves the right to review the documentation presented by Taxpayer and any other records pertaining to the disclosure, in order to confirm that Taxpayer's voluntary payment amount is accurate.
5. With respect to the current taxable year, Taxpayer will file Ohio form(s) IT 1040ES and SD 100ES, and make full payment of all estimated tax due to date, to the extent required by Ohio law. Taxpayer will continue to make estimated payments, as applicable, as provided by R.C. 5747.09.
6. Once this agreement is accepted by the Commissioner, Taxpayer agrees that Taxpayer will not file any amended returns or refund claims for any individual or school district income tax amounts paid to Ohio with respect to the disclosure period as set forth in this agreement, except to the extent permitted in Item 7, below.
7. Notwithstanding Item 6 above, in the event of IRS adjustments with respect to the individual income, and if applicable school district income, taxable years covered by this agreement, Taxpayer will file amended Ohio individual and/or school district income tax returns pursuant to R.C. 5747.10. Such changes shall be incorporated into the returns as originally accepted pursuant to this agreement to determine the amount of additional tax due or refund owed. Taxpayer shall remit any outstanding liability, along with interest, with Taxpayer's amended returns. The Commissioner will issue any refund owed upon review and acceptance of the amended returns. Failure to timely file any amended returns or failure to timely pay any additional tax and interest due will result in the issuance of assessments (for applicable tax, interest and **penalties**) as provided by statute.
8. Taxpayer agrees to timely file Ohio individual income and school district income tax returns and make the required tax payments for all future tax periods, to the extent required by Ohio law.

Upon Taxpayer's completion of the terms above, the Commissioner agrees to **forgo** any potential or actual past individual and school district income tax liability, including tax, penalty, interest penalty and interest, as well as any filing or remittance responsibility that Taxpayer may have for its individual or school district income tax liabilities in this state incurred prior to the disclosure period.

Both Taxpayer and the Commissioner agree to maintain the confidentiality of this agreement. The parties agree that they shall not disclose the fact of this agreement's existence or any term of this agreement except as required by law.

This agreement is **not** binding on the Commissioner until signed by the Commissioner. Prior to signing this agreement, the Commissioner will review his records to confirm that Taxpayer:

- Is not currently in contact with the Department regarding outstanding individual income or school district tax liability for any taxable year outside the disclosure period;
- Is not currently under investigation by the Criminal Investigations Division of the Department;
- Does not have any outstanding bills or assessments relating to Ohio individual and/or school district income tax liabilities (including for interest or penalties);
- Has not previously been contacted by the Department regarding possible outstanding individual income or school district tax liability for any taxable year during the disclosure period; **AND**
- Has not previously filed individual or school district income tax return(s) for any taxable year during the disclosure period.

All payments and filings must be made contemporaneously with the submission of a signed copy of this agreement. This agreement will **not be accepted**, or if accepted will be void, if Taxpayer:

- Is not eligible for the Voluntary Disclosure program;
- Fails to remit the required payments and filings with this agreement; **OR**
- Does not substantially comply² with terms of this agreement.

If the Commissioner does not accept this agreement, or the agreement subsequently becomes void, the Commissioner can issue assessments for all tax and interest due under Ohio law, along with all appropriate penalties and interest penalties.

This agreement is intended to bind the parties in the absence of fraud or material misrepresentation of fact.

Jeffrey A. McClain, Tax Commissioner

Taxpayer Signature and Name

Taxpayer Signature and Name (if filing jointly)

Date

Date

² Substantial compliance includes, but is not limited to, remitting interest on amounts due under this agreement, paying any additional amounts found due for the taxable years covered by this agreement after the Commissioner's review of the submission, good faith in the Voluntary Disclosure program and execution of this agreement, and/or filing tax returns and paying tax, as applicable, in subsequent years.

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



Department of Taxation Rev. 9/16

2016 Ohio IT 1040 Individual Income Tax Return



16000102

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). 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? If joint return, does your spouse want \$1 to go to this fund?

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 the federal extension 4868? Is someone else claiming you or your spouse (if joint return) as a dependent? If yes, enter "0" on line 4.

Table with 7 rows for income and deductions, including Federal adjusted gross income, additions, deductions, and taxable business income.

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



2016 Ohio Schedule A

Income Adjustments – Additions and Deductions

SSN of primary filer



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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



2016 Ohio Schedule A

Income Adjustments – Additions and Deductions

SSN of primary filer



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Uniformed Services

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

Education

29. Ohio 529 contributions, tuition credit purchases	29.									0	0
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	30.									0	0

Medical

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



2016 Ohio Schedule IT BUS

Business Income



16260102

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

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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). If the amount on a line is negative, place a negative sign (“-”) in the box provided.

1. Schedule B – Interest and Ordinary Dividends	1.									0	0
2. Schedule C – Profit or Loss From Business (Sole Proprietorship)	<input type="checkbox"/> ... 2.									0	0
3. Schedule D – Capital Gains and Losses.....	<input type="checkbox"/> ... 3.									0	0
4. Schedule E – Supplemental Income and Loss	<input type="checkbox"/> ... 4.									0	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.									0	0
6. Schedule F – Profit or Loss From Farming	<input type="checkbox"/> ... 6.									0	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	<input type="checkbox"/> ... 7.									0	0
8. Total of business income (add lines 1 through 7).....	<input type="checkbox"/> ... 8.									0	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	<input type="checkbox"/> ... 9.									0	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.									0	0
11. Enter lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.....	11.									0	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.									0	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.									0	0
14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.....	14.									0	0

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



2016 Ohio Schedule IT BUS

Business Income

SSN of primary filer

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16260202

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"/>
2. Name of entity	FEIN/SSN	Percentage of ownership
<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"/>
4. Name of entity	FEIN/SSN	Percentage of ownership
<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"/>
6. Name of entity	FEIN/SSN	Percentage of ownership
<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"/>
8. Name of entity	FEIN/SSN	Percentage of ownership
<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"/>
10. Name of entity	FEIN/SSN	Percentage of ownership
<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"/>
12. Name of entity	FEIN/SSN	Percentage of ownership
<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"/>
14. Name of entity	FEIN/SSN	Percentage of ownership
<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"/>
16. Name of entity	FEIN/SSN	Percentage of ownership
<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"/>
18. Name of entity	FEIN/SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do not use staples. Use only black ink.



Department of Taxation
Rev. 9/16

2016 Ohio Schedule of Credits



16280102

Nonrefundable and Refundable

SSN of primary filer

SSN input boxes

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.

Do not use staples. Use only black ink.



Department of Taxation
Rev. 9/16

2016 Ohio Schedule of Credits



16280202

Nonrefundable and Refundable

SSN of primary filer

SSN input boxes

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. 0 0

27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) 27. 0 0

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. 0 0

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. 0 0

30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) 30. 0 0

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. 0 0

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. 0 0

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. 0 0

State abbreviation input boxes

34. Total nonrefundable credits (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).... 34. 0 0

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



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

2016 Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



16230102

SSN of primary filer

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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)																																
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Dependent's first name (required)	M.I.	Last name (required)																																											
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5. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)																																
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7. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)																																
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Do not write in this area: for department use only.

2017 Ohio IT 1040 Individual Income Tax Return



17000202

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"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (include schedule)	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	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.....	<input type="checkbox"/> 12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
16. Refundable credits – Ohio Schedule of Credits, line 40 (include schedule)	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	<input type="checkbox"/> 20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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 "-" 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"/>	<input type="text"/>	<input type="text"/>	0	0
22. Interest and penalty due on late filing or 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"/>	<input type="text"/>	<input type="text"/>	0	0
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0
25. Original return only – amount of line 24 to be credited toward 2018 income tax liability.....	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
26. Original return only – amount of line 24 to be donated:											
a. 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"/>	0	0
b. Wildlife species		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
c. Military injury relief		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
d. 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"/>	0	0
e. State nature preserves		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
f. Breast / cervical cancer		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
	Total 26g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	<input type="text"/>	<input type="text"/>	0	0

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.

▶ Your signature _____ Date (MM/DD/YY) _____

▶ Spouse's signature _____ Phone number _____

Check here to authorize your preparer to discuss this return with Taxation

Preparer's printed name _____

Phone number _____ Preparer's TIN (PTIN)

**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

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Rev. 8/17

2017 Ohio Schedule A

Income Adjustments – Additions and Deductions



17000302

Use only black ink.

SSN of primary filer

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3

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 – 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

Do not staple or paper clip.

2017 Ohio Schedule A

Income Adjustments – Additions and Deductions



SSN of primary filer

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Uniformed Services

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

Education

29. Ohio 529 contributions, tuition credit purchases	29.							0	0
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	30.							0	0

Medical

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

2017 Ohio Schedule IT BUS

Business Income

SSN of primary filer



17260202

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"/>
2. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
4. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
6. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
8. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
10. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
12. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
14. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
16. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
18. Name of entity	FEIN / SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>

2017 Ohio Schedule of Credits

Nonrefundable and Refundable

Use only black ink.

SSN of primary filer

SSN input boxes



Nonrefundable Credits

Do not staple or paper clip.

Table with 24 rows of credit categories and corresponding input boxes for amounts.

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

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Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



17230102

Use only black ink and UPPERCASE letters.

Tax Year SSN of primary filer (required)

2017

SSN input boxes

Do not list below the primary filer and/or spouse reported on the 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 - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

2. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

3. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

4. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

5. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

6. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

7. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

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Do not staple or paper clip.

2018 Ohio IT 1040 Individual Income Tax Return



Sequence No. 1

Use only black ink and UPPERCASE letters.

- Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).
Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio 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). SD#

First name M.I. Last name

Spouse's first name (only if married 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

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)

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

Ohio Political Party Fund
Check here if you want \$1 to go to this fund.
Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Check here if you filed the federal extension 4868.
Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Note: Checking this box will not increase your tax or decrease your refund.

Table with 7 rows for income calculation: 1. Federal adjusted gross income, 2a. Additions, 2b. Deductions, 3. Ohio adjusted gross income, 4. Exemption amount, 5. Ohio income tax base, 6. Taxable business income, 7. Line 5 minus line 6.

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

Postmark date Code

Do not staple or paper clip.



Department of Taxation
Rev. 10/18

2018 Ohio Schedule A

Income Adjustments – Additions and Deductions



18000302

Use only black ink.

SSN of primary filer

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Sequence No. 3

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. Internal Revenue Code 168(k) and 179 depreciation expense addback.....	7.					0	0
8. Federal interest and dividends subject to state taxation.....	8.					0	0
9. Federal conformity 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 – 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, Schedule 1, line 10.....	13.					0	0
14. Taxable Social Security benefits.....	14.					0	0
15. Certain railroad retirement benefits.....	15.					0	0
16. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; or income from a transfer agreement.....	16.					0	0
17. Amounts contributed to an Ohio county's individual development account program.....	17.					0	0
18. Amounts contributed to STABLE account: Ohio's ABLE Plan.....	18.					0	0
19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....	19.					0	0

Federal

20. Federal interest and dividends exempt from state taxation.....	20.					0	0
21. Deduction of prior year 168(k) and 179 depreciation addbacks.....	21.					0	0
22. Refund or reimbursements shown on the federal 1040, Schedule 1, line 21 for itemized deductions claimed on a prior year federal income tax return.....	22.					0	0

Do not staple or paper clip.



2018 Ohio Schedule A

Income Adjustments – Additions and Deductions



18000402

SSN of primary filer

--	--	--	--	--	--	--	--

Sequence No. 4

23. Repayment of income reported in a prior year	23.							0	0
24. Wage expense not deducted due to claiming the federal work opportunity tax credit.....	24.							0	0
25. Federal conformity deductions	25.							0	0

Uniformed Services

26. Military pay for Ohio residents received while the military member was stationed outside Ohio	26.							0	0
27. Certain income earned by military nonresidents and civilian nonresident spouses	27.							0	0
28. Uniformed services retirement income	28.							0	0
29. Military injury relief fund	29.							0	0
30. Certain Ohio National Guard reimbursements and benefits.....	30.							0	0

Education

31. Ohio 529 contributions, tuition credit purchases	31.							0	0
32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	32.							0	0

Medical

33. Disability and survivorship benefits (do not include pension continuation benefits).....	33.							0	0
34. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)	34.							0	0
35. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet).....	35.							0	0
36. Qualified organ donor expenses	36.							0	0
37. Total deductions (add lines 11 through 36 ONLY). Enter here and on Ohio IT 1040, line 2b.....	37.							0	0



2018 Ohio Schedule IT BUS

Business Income

SSN of primary filer

SSN input boxes



18260202

Part 4 – Business Entity

Sequence No. 6

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"/>
2. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
4. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
6. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
8. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
10. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
12. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
14. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
16. Name of entity	FEIN / SSN	Percentage of ownership
<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"/>
18. Name of entity	FEIN / SSN	Percentage of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>



2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer

SSN input boxes



18280202

Sequence No. 8

Nonresident Credit

Date of nonresidency and State of residency input boxes

- 25. Nonresident Portion of Ohio adjusted gross income... 26. Enter the Ohio adjusted gross income... 27. Divide line 25 by line 26...

Resident Credit

- 28. Enter the portion of Ohio adjusted gross income... 29. Enter the Ohio adjusted gross income... 30. Divide line 28 by line 29... 31. Enter the 2018 income tax... 32. Enter the lesser of line 30 or line 31... 33. Total nonrefundable credits

Refundable Credits

- 34. Historic preservation credit... 35. Job creation credit... 36. Pass-through entity credit... 37. Motion picture production credit... 38. Financial Institutions Tax (FIT) credit... 39. Venture capital credit... 40. Total refundable credits

Do not staple or paper clip.



Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



18230102

Use only black ink and UPPERCASE letters.

Tax Year SSN of primary filer (required)

2018

SSN of primary filer (required) boxes

Sequence No. 9

Do not list the primary filer and/or spouse as dependents on this schedule. 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 - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

2. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

3. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

4. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

5. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

6. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

7. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

Do not staple or paper clip.

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

Do not staple or paper clip.



Department of Taxation

2019 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



19000102

Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if claiming a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Primary taxpayer's SSN (required)

If deceased

Spouse's SSN (if filing jointly)

If deceased

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

SSN input boxes

Deceased check box

Spouse SSN input boxes

Deceased check box

SD# input boxes

First name

M.I. Last name

First name input boxes

M.I. and last name input boxes

Spouse's first name (only if married filing jointly)

M.I. Last name

Spouse's first name input boxes

Spouse's M.I. and last name input boxes

Address line 1 (number and street) or P.O. Box

Address line 1 input boxes

Address line 2 (apartment number, suite number, etc.)

Address line 2 input boxes

City

State

ZIP code

Ohio county (first four letters)

City input boxes

State input box

ZIP code input boxes

Ohio county input boxes

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

Foreign postal code

Foreign country input boxes

Foreign postal code input boxes

Residency Status - Check only one for primary

Full-year resident, Part-year resident, Nonresident Indicate state

Check only one for spouse (if married filing jointly)

Spouse's residency options: Full-year 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 with Spouse's SSN input boxes

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.

Check here if you filed the federal extension form 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

1. Federal adjusted gross income (from the federal 1040, line 8b). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero.

Line 1 amount input boxes

2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE)

Line 2a amount input boxes

2b. Deductions - Ohio Schedule A, line 38 (INCLUDE SCHEDULE)

Line 2b amount input boxes

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero.

Line 3 amount input boxes

4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J). Number of exemptions claimed:

Exemption number input boxes

Line 4 amount input boxes

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

Line 5 amount input boxes

6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE)

Line 6 amount input boxes

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

Line 7 amount input boxes

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

MM-DD-YY and Code input boxes



2019 Ohio Schedule A



19000302

Income Adjustments – Additions and Deductions

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

SSN input boxes

Sequence No. 3

Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

Table with 10 rows for additions, including items like Non-Ohio state interest, Ohio 529 plan funds, and Federal conformity additions.

Deductions

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

Table with 22 rows for deductions, including items like Business income deduction, State or municipal income tax overpayments, and Federal interest and dividends exempt from state taxation.

Do not staple or paper clip.

2019 Ohio Schedule A

Income Adjustments – Additions and Deductions

Primary taxpayer's SSN



19000402

Sequence No. 4

--	--	--	--

- | | | | | | | | |
|--|-----|--|--|--|--|---|---|
| 23. Repayment of income reported in a prior year | 23. | | | | | 0 | 0 |
| 24. Wage expense not deducted based on the federal work opportunity tax credit | 24. | | | | | 0 | 0 |
| 25. Federal conformity deductions | 25. | | | | | 0 | 0 |

Uniformed Services

- | | | | | | | | |
|---|-----|--|--|--|--|---|---|
| 26. Military pay received by Ohio residents while stationed outside Ohio..... | 26. | | | | | 0 | 0 |
| 27. Compensation earned by nonresident military servicemembers and their civilian spouses | 27. | | | | | 0 | 0 |
| 28. Uniformed services retirement income..... | 28. | | | | | 0 | 0 |
| 29. Military injury relief fund | 29. | | | | | 0 | 0 |
| 30. Certain Ohio National Guard reimbursements and benefits..... | 30. | | | | | 0 | 0 |

Education

- | | | | | | | | |
|--|-----|--|--|--|--|---|---|
| 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan | 31. | | | | | 0 | 0 |
| 32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board | 32. | | | | | 0 | 0 |

Medical

- | | | | | | | | |
|---|-----|--|--|--|--|---|---|
| 33. Disability benefits | 33. | | | | | 0 | 0 |
| 34. Survivor benefits..... | 34. | | | | | 0 | 0 |
| 35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy) | 35. | | | | | 0 | 0 |
| 36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy) | 36. | | | | | 0 | 0 |
| 37. Qualified organ donor expenses | 37. | | | | | 0 | 0 |
| 38. Total deductions (add lines 11 through 37 ONLY). Enter here and on Ohio IT 1040, line 2b..... | 38. | | | | | 0 | 0 |

Do not staple or paper clip.



Department of Taxation

2019 Ohio Schedule IT BUS Business Income

Use only black ink/UPPERCASE letters.
Primary taxpayer's SSN



19260102

Sequence No. 5

Enter all business income that you (and your spouse, if filing jointly) received during the tax year, from all sources, on this schedule. Enter only those amounts that are included in your federal adjusted gross income. **Only one IT BUS should be used for each return filed.** See R.C. 5747.01(B).

Part 1 – Business Income From IRS Schedules

Note: Do not include amounts listed on the IRS schedules below that are nonbusiness income. See R.C. 5747.01(C). If the amount on a line is negative, place a “-“ in the box provided.

1. Schedule B – Interest and Ordinary Dividends	1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
2. Schedule C – Profit or Loss From Business (Sole Proprietorship).....	2.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
3. Schedule D – Capital Gains and Losses.....	3.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
4. Schedule E – Supplemental Income and Loss.....	4.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
5. Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
6. Schedule F – Profit or Loss From Farming	6.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
7. Other business income or loss not reported above (i.e. form 4797 amounts).....	7.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
8. Total business income (add lines 1 through 7).....	8.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

Part 2 – Business Income Deduction

9. Enter the lesser of line 8 above or Ohio IT 1040, line 1. If less than zero, enter zero; stop here and do not complete Part 3.....	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.....	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

Part 3 – Taxable Business Income

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

12. Line 9 minus line 11	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.....	14.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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Department of Taxation

2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

SSN input boxes



19280102

Sequence No. 7

Nonrefundable Credits

Do not staple or paper clip.

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.							0	0
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.							0	0
4. Senior citizen credit (must be 65 or older to claim this credit)	4.							0	0
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.							0	0
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.							0	0
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.							0	0
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.							0	0
9. Income-based exemption credit (\$20 times the number of exemptions)	9.							0	0
10. Total (add lines 2 through 9)	10.							0	0
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero)	11.							0	0
12. Joint filing credit (see instructions for table). <input type="text"/> % times the amount on line 11	12.							0	0
13. Earned income credit	13.							0	0
14. Ohio adoption credit	14.							0	0
15. Nonrefundable job retention credit (include a copy of the credit certificate)	15.							0	0
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	16.							0	0
17. Credit for purchases of grape production property	17.							0	0
18. InvestOhio credit (include a copy of the credit certificate)	18.							0	0
19. Opportunity zone investment 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 & training credits (include a copy of the credit certificate)	21.							0	0
22. Research & development credit (include a copy of the credit certificate)	22.							0	0
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.							0	0
24. Total (add lines 12 through 23)	24.							0	0
25. Tax less additional credits (line 11 minus line 24; if less than zero, enter zero)	25.							0	0

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

2019 Ohio Schedule of Credits



19280202

Primary taxpayer's SSN

SSN input boxes

Sequence No. 8

Nonresident Credit

Date of nonresidency to State of residency

- 26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) 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 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 2019 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 32.
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax 33.
34. Total nonrefundable credits (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) .. 34.

Refundable Credits

- 35. Refundable Ohio historic preservation credit (include a copy of the credit certificate) 35.
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate) 36.
37. Pass-through entity credit (include a copy of the Ohio IT K-1s) 37.
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 38.
39. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s) 39.
40. Venture capital credit (include a copy of the credit certificate) 40.
41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16) 41.

Do not staple or paper clip.



Department of Taxation

Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return

Use only black ink/UPPERCASE letters.



19230102

Tax Year

Primary taxpayer's SSN (required)

2019

SSN input boxes

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. 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" if there are not enough boxes to spell it out completely.

1. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY – required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

2. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY – required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

3. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY – required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

4. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY – required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

5. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY – required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

6. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY – required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

7. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY – required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

Do not staple or paper clip.

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

