

File No.

VOLUNTARY DISCLOSURE AGREEMENT INDIVIDUAL & SCHOOL DISTRICT INCOME TAXES

Taxpayer (Primary): ₋	SSN:	
Taxpayer (Spouse): _	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 1/1/2018 through 12/31/2021.

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. 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

¹ The applicable interest rates are 5% for calendar years 2019 and 2020 and 3% for calendar years 2021 and 2022.

taxable year ending in calendar year 2021 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 2021, even if Taxpayer is not submitting the 2021 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	Primary Taxpayer Signature and Name
	Spouse 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 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

Check here if this is a Net O	perating Loss (NOL) carry	раск.	Include Ohio	Schedule	II NOL.					
Taxpayer's SSN (required)	▶▶ If deceased	Sp	oouse's SSN (i	f filing join	tly)	*	If deceased	Enter scho this return		
	check box						check box	SD# >>		
First name		M.I.	Last name							
Spouse's first name (only if marri	ed filing jointly)	M.I.	Last name							
Address line 1 (number and stree	et) or P.O. Box									
Address line 2 (apartment numbe	er, suite number, etc.)									
City				State	ZIP code		Ohio cour	ity (first four le	tters)	
Foreign country (if the mailing ad	dress is outside the U.S.)			Foreign	postal code					
Ohio Residency Status –	Check applicable box	_		Filing S	tatus – Ch	eck one	(as reported o	n federal inco	ome tax re	
Full-year Part-yea	n Nonresident	>>					old or qualifying			
resident resident Check applicable box for spouse		y)		= '			, , ,			
Full-year Part-year resident resident	Nonresident	>>			ied filing join	-				
Ohio Political Party Fund	<u>l</u>			=-						
Check here if you want \$1 to	go to this fund.			Chec	ck here if you	filed th	e federal exten	sion 4868.		
Check here if your spouse w	•	•	• • • • • • • • • • • • • • • • • • • •				else is able to cl	aim you (or y	our spous	se if
Note: Checking this box will not	<u>.</u>				return) as a o	aepena	ent.			
 Federal adjusted gross inco 2 of your federal return if the a 										
if negative						1				0 (
2a. Additions – Ohio Schedule A,	line 10 (INCLUDE SCHEI	OULE)			2	а.				0 (
2b. Deductions – Ohio Schedule	A line 37 (INCLUDE SCH	FDIII	F)		21					0 (
3. Ohio adjusted gross income (line 1 plus line 2a minus lir	ne 2b)	. Place a "-" iı	n the box a	nt					0 (
the right if the amount is less	than zero					3.				
4. Exemption amount (if claiming Number of exemptions claime		SCH	EDULE J)		2	1.				0
5. Ohio income tax base (line 3	minus line 4; if less than ze	ero, er	nter zero)			5.				0 (
6. Taxable business income – O	hio Schedule IT BUS, line	13 (IN	ICLUDE SCH	IEDULE)	6	5.				0 (
7. Line 5 minus line 6 (if less tha	n zero, enter zero)				ī	7.				0 (
Do not writ	e in this area; for de	part	ment use	only.						
							Б .	ark date	Code	



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 SCHEDUL	E)8b.	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 SCHEDU	LE)9.	0 0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter z	ero)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. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 a		0 0
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2 and 1099-R(s) with the return	?(s), W-2G(s)	0 0
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and 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	ı17.	0 0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	0 0
19. <u>Amended return only</u> – overpayment previously requested on original and/or amen	ded 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.	
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20	0 to line 1321.	0 0
22. Interest and penalty due on late filing or late payment of tax (see instructions)	22	0 0
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or		0 0
amended return) and make check payable to "Ohio Treasurer of State"	AMOUNT DUE \$ 23.	0 0
24. Overpayment (line 20 minus line 13)	24.	
25. <u>Original return only</u> – amount of line 24 to be credited toward 2019 income tax liabilit 26. <u>Original return only</u> – amount of line 24 to be donated:	ty25.	0 0
a. Breast / cervical cancer b. Wishes for Sick Children c. Wildlife species		
0 0 0 0		
d. Military injury relief e. Ohio History Fund f. State nature preserv		0.0
0 0	O Total 26g.	0 0
27. REFUND (line 24 minus lines 25 and 26g)	OUR REFUND ▶ 27.	0 0
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the and belief, the return and all enclosures are true, correct and complete.	best of my knowledge If you owe \$1.00 or	or less, no refund will be issued. less, no payment is necessary.
Your signature Phone number		t Included – Mail to:
Spouse's signature Date (MM/DD/YY)	Ohio Depa P.C	artment of Taxation D. Box 2679 S. OH 43270-2679
Check here to authorize your preparer to discuss this return with Taxation Preparer's printed name	Payment I	Included – Mail to: artment of Taxation
Phone number Prenarer's TIN (PTIN)	P.C	D. Box 2057

Department of **Taxation** Rev. 10/18

2018 Ohio Schedule A

Income Adjustments - Additions and Deductions

Use only black ink.

SSN of primary filer

Sequence No. 3

		- Coquono	3 1 to. 0
	<u>Additions</u>		
	(add income items only to the extent not included on Ohio IT 1040, line 1)		0 0
1.	Non-Ohio state or local government interest and dividends	1.	
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
Fed	<u>leral</u>		0 0
7.	Internal Revenue Code 168(k) and 179 depreciation expense addback7.		0 0
8.	Federal interest and dividends subject to state taxation		0 0
9.	Federal conformity additions9.		0 0
10.	Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a10.		0 0
	<u>Deductions</u>		
	(deduct income items only to the extent included on Ohio IT 1040, line 1)		0 0
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 conducte during a disaster response period		0 0
<u>Fed</u>	leral		
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



2018 Ohio Schedule A

Income Adjustments – Additions and Deductions



SSN of primary filer

	Sequence No. 4
23. Repayment of income reported in a prior year	23.
24. Wage expense not deducted due to claiming the federal work opportunity tax credit	24.
25. Federal conformity deductions	0.0
Uniformed Services	
26. Military pay for Ohio residents received while the military member was stationed outside Ohio	26.
27. Certain income earned by military nonresidents and civilian nonresident spouses	27.
28. Uniformed services retirement income	28.
29. Military injury relief fund	29.
30. Certain Ohio National Guard reimbursements and benefits	30.
Education	
31. Ohio 529 contributions, tuition credit purchases	31.
32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	32.
<u>Medical</u>	
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)	0 0
35. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet)	0 0
36. Qualified organ donor expenses	0 0
37. Total deductions (add lines 11 through 36 ONLY). Enter here and on Ohio IT 1040, line 2b37.	0 0



2018 Ohio Schedule IT BUS

Business Income

Use only black ink and UPPERCASE letters.

18260102 Sequence No. **5**

	SSN of primary filer C	Check to indicate which taxpayer earned this income:	
		Primary Spouse	
	Include on this schedule any income included in federal adjusted gross 5747.01(B). On page 2 of this schedule, list the sources of business incours 17 1040 if filing by paper (see instructions if filing electronically).		
	Part 1 – Business Income From IRS Schedules		
	Note: Do not include amounts listed on the IRS schedules below that at See R.C. 5747.01(C). If the amount on a line is negative, place a "-" in t		
	Schedule B – Interest and Ordinary Dividends	1.	0 0
	2. Schedule C – Profit or Loss From Business (Sole Proprietorship)	2.	0 0
	Schedule D – Capital Gains and Losses	3.	0 0
	Schedule E – Supplemental Income and Loss		0 0
	Guaranteed payments, compensation and/or wages from each pa you have at least a 20% direct or indirect ownership interest	ass-through entity in which5.	0 0
	6. Schedule F – Profit or Loss From Farming		0 0
	 Other items of income and gain separately stated on the federal Sc and/or losses reported on the federal 4797 and federal conformity adjustments, if any 		0 0
ilp.			0 0
aper	Part 2 – Business Income Deduction		
Do not staple or paper clip.	All business income (enter the lesser of line 8 above or Ohio IT 104 stop here and do not complete Part 3		0 0
Do not st	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 the lesser of line 9 or line 10. Enter here and on Ohio Schedule	A, line 1111.	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.	0 0
	13. Taxable business income (enter the lesser of line 12 above or Ohio on Ohio IT 1040, line 6		0 0
	14. Business income tax liability – multiply line 13 by 3% (.03). Enter her	re and on Ohio IT 1040, line 8b14.	0 0

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



2018 Ohio Schedule IT BUS

Business Income

SSN of primary filer



18260202

	Sequence No. 6
clude with your income tax retu	
FEIN / SSN	Percentage of ownership
FEIN / SSN	Percentage of ownership
FEIN / SSN	Percentage of ownership
FEIN / SSN	Percentage of ownership
FEIN / SSN	Percentage of ownership
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	FEIN / SSN FEIN / SSN



2018 Ohio Schedule of Credits

Nonrefundable and Refundable

Use only black ink.



SSN of primary filer

Sequence No. 7 **Nonrefundable Credits** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Do not staple or paper clip 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).______% times the amount on line 11......12. 0 0 0 0 0 0 0 0 16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ... 16. 0 0 0 0 0 0 0 0 0 0 22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit 0 0 0 0 0 0

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



2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer



Sequence No. 8

Noni	esident Credit			
Date	of nonresidency to State of residency			
25.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)25.	0	0	
26.	Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)26.	0	0	
27.	Divide line 25 by line 26 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 to calculate your nonresident credit	27.		0 0
Resi	dent Credit			
28.	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		0	
	resident		0	
29.	Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)29.	0	0	
30.	Divide line 28 by line 29 and enter the result here (four digits; do not round).			
	Multiply this factor by the amount on line 24 and enter	0	0	
31.	the result here	0	0	
	the District of Columbia		U	
32.	Enter the lesser of line 30 or line 31. 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			0 0
33.	Total nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, I	ine 9) 33.		0 0
	Refundable Credits			0 0
34.	Historic preservation credit (include a copy of the credit certificate)	34.		0 0
35.	Job creation credit and job retention credit, refundable portion (include a copy of the credit cert	ificate)35.		0 0
36.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	36.		0 0
37.	Motion picture production credit (include a copy of the credit certificate)	37.		0 0
38.	Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	38.		0 0
	Venture capital credit (include a copy of the credit certificate)			0 0
40.	Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16).	40.		0 0

Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



Use only black ink and UPPERCASE letters.

Tax Year

SSN of primary filer (required)

2018

Sequence No. 9

here are not enough boxes to spell it ou	t completely.	
. 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)	
. 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)	
. 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)	
. 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)	
. 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)	
. 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)	
. 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 write in this area; for department use only.

2018 Ohio IT 40P

Include the voucher below with your payment for your **ORIGINAL** 2018 Ohio income tax return.

Important

- · Make payment payable to: Ohio Treasurer of State
- Do not send cash.
- Do not use this voucher to make a payment for an amended return. Use Ohio IT 40XP.
- Do not use this voucher to make a payment for a school district income tax return.
 Use Ohio SD 40P for an original school district income tax return. Use Ohio SD 40XP for an amended school district income tax return.

Electronic Payment Options

You can eliminate writing a paper check by using any of our electronic payment methods. If you make a payment using an electronic check, it is the equivalent of using a debit card to withdraw money directly from your checking or savings account. Go to our website at **tax.ohio.gov** for all electronic payment options.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

Let use only black ink. OHIO IT 40P **Taxable Year** Do NOT fold check or voucher. **Original Income Tax Payment Voucher** 2018 Use UPPERCASE letters • Do NOT staple or paper clip. · Do NOT send cash. to print the first three letters of First name Last name Taxpayer's Spouse's last name last name (only if joint filing) Spouse's first name (only if joint filing) M.I. Last name Address Taxpayer's SSN Spouse's SSN (only if joint filing) City, state, ZIP code • Make payment payable to: Ohio Treasurer of State • Sending with return - Mail to: Ohio Department of Taxation, Amount of P.O. Box 2057, Columbus, OH 43270-2057 **Payment**

• Sending without return - Mail to: Ohio Department of Taxation,

P.O. Box 182131, Columbus, OH 43218-2131



Department of Taxation
Rev. 10/18

f 2018 Ohio SD 100 School District Income Tax Return



Use only black ink and UPPERCASE letters.

Observation of the Control of the Co	L (NICL)			. 0 . 1. 1 1								
Check here if this is a Net Operating I Taxpayer's SSN (required)	Loss (NOL) carry ▶▶ If deceased		Include Ohio ouse's SSN				If dece	ased	Enter s	schoo	ol distri	ct # for
, in the second	, , iii dooddodd			(,		ii dooo					structions)
	check box						check	box	SD#	>>		
First name		M.I.	Last name						-			
Chausala first name (anh.) if marriad filing is	ainthu)	MI	Last name					ш		Ш		
Spouse's first name (only if married filing jo	oiriuy)	M.I.	Last name									
Address line 1 (number and street) or P.O.	Box							-				
Address line 2 (apartment number, suite nu	umber, etc.)	_						_				
City				Ctata	ZID oo	da	Obje	o o unt	/ (first for	r lotte	ara)	
City				State	ZIP co	ae	Onic	county	/ (first fou	riette	ers)	
Foreign country (if the mailing address is o	outside the U.S.)			Foreign	postal co	ode						
School District Residency – Che				Check appl		x for spou	se (only	f marri	ed filing	jointl	y)	
School District Residency – Cher Full-year Part-year resident of SD# above	ck applicable box Full-year i of SD# ab	nonres	sident	Check appl Full-ye resider	ar	•	ır resider		-	- /ear	nonres	sident
Full-year Part-year resident	Full-year	nonres		Full-ye	ar nt	Part-yea	ır resider		Full-y	- /ear	nonres	sident
Full-year resident resident of SD# above Enter date	Full-year of SD# ab	nonres		Full-ye resider Enter date	ar nt ency	Part-yea of SD# a	r resider above	to	Full-y of SE	/ear O# ab	nonres pove	sident
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Postmark date

Code

○hio

Department of Taxation

School District Income Tax Return



18020202

	10020202
SSN SD# 6a. Amount from line 6 on page 1	0 0
7. School district income tax withheld. School district number on W-2(s) and/or 1099-R(s) must	0.0
agree with the school district number on this return. Include W-2(s) and 1099-R(s) with the return	
carryforward from previous year return	0 0
9. <u>Amended return only</u> – amount previously paid with original and/or amended return9.	0 0
10. Total school district income tax payments (add lines 7, 8 and 9)10.	0 0
11. <u>Amended return only</u> – overpayment previously requested on original and/or amended return11.	0 0
12. Line 10 minus line 11. Place a "-" in the box at the right if the amount is less than zero	0 0
If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.	
13. Tax liability (line 6a minus line 12). If line 12 is negative, ignore the "-" and add line 12 to line 6a	0 0
	0.0
14. Interest and penalty due on late filing or late payment of tax (see instructions)	
(if amended return) and make check payable to "School District Income Tax"AMOUNT DUE ▶ 15.	0 0
16. Overpayment (line 12 minus line 6a)	0 0
17. Original return only – amount of line 16 to be credited toward 2019 school district income tax liability17.	0 0
18. REFUND (line 16 minus line 17)	0 0
Schedule A – Traditional Tax Base School District Amounts (see instructions)	
Complete this schedule only if filing a traditional tax base school district return.	
19. Ohio income tax base (Ohio IT 1040, line 3 minus Ohio IT 1040, line 4). Place a "-" in the box at the right if the amount is less than zero	0 0
20. Business income deduction add-back (from Ohio Schedule A, line 11)	0 0
21. Total traditional tax base school district income (line 19 plus line 20). Place a "-" in the box at the right if the amount is less than zero	0 0
22. The amount from line 21, if any, that you earned while <u>not</u> a resident of the school district whose number you entered on this return	0 0
23. School district taxable income (line 21 minus line 22; if less than zero, enter zero). Enter here and on line 1 of this return	0 0
Schedule B – Earned Income Tax Base School District Amounts (see instructions)	
Complete this schedule only if filing an earned income tax base school district return.	
24. Wages and other compensation earned while a resident of the school district and included in Ohio adjusted gross income	0 0
25. Net earnings from self-employment earned while a resident of the school district and included in Ohio adjusted gross income	0 0
26. Federal conformity adjustments (see instructions)	0 0
27. School district taxable income (add lines 24, 25 and 26; if less than zero, enter zero). Enter here and on	00
line 1 of this return27.	
	your refund is \$1.00 or less, no refund will be issued.
and solid, the folian and an endocured are true, correct and complete.	If you owe \$1.00 or less, no payment is necessary.
Your signature Phone Number Spouse's signature Date (MM/DD/YY)	NO Payment Included – Mail to: School District Income Tax P.O. Box 182197
	Columbus, OH 43218-2197
Check here to authorize your preparer to discuss this return with Taxation. Preparer's printed name	Payment Included – Mail to: School District Income Tax
Phone number Preparer's TIN (PTIN)	P.O. Box 182389 Columbus, OH 43218-2389

2018 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2018 school district income tax return.

Important

- Make payment payable to: School District Income Tax
- Do not send cash.

Columbus, OH 43218-2389

- Do not use this voucher to make a payment for an amended school district income tax return. Use Ohio SD 40XP.
- Do not use this voucher to make a payment for an Ohio income tax return. Use Ohio IT 40P for an original Ohio income tax return. Use Ohio IT 40XP for an amended Ohio income tax return.

Electronic Payment Options

You can eliminate writing a paper check by using any of our electronic payment methods. If you make a payment using an electronic check, it is the equivalent of using a debit card to withdraw money directly from your checking or savings account. Go to our website at **tax.ohio.gov** for all electronic payment options.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

Let use only black ink. OHIO SD 40P Rev. 11/18 Do NOT fold check or voucher. 2018SP **Original School District Income Tax Payment Voucher** Use UPPERCASE letters • Do NOT staple or paper clip. • Do NOT send cash. to print the first three letters of First name MI Last name School district Taxpayer's Spouse's last name last name number (only if joint filing) Spouse's first name (only if joint filing) M.I. Last name Address Taxpayer's SSN City, state, ZIP code Spouse's SSN (only if joint filing) Amount of • Make payment payable to: School District Income Tax **Payment** Mail to: School District Income Tax, P.O. Box 182389

Do not staple or paper clip. Department of Taxation

2019 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



Soguence No

Primary taxpayer's SSN (required)	▶ If deceased	Sp	oouse's SSN	if filing join		NOL		▶ If c	leceas	sed				strict :	# for actions
	check box							oh	eck b	OV		# 🌗	. (555		
First name	CHECK DOX	M.I.	Last name					CI	ieck D	UΧ	OD.	., , ,			
Spouse's first name (only if married filin	ng jointly)	M.I.	Last name												
Address line 1 (number and street) or F	P.O. Box														
Address line 2 (apartment number, suite	e number, etc.)														
City				State	ZIF	cod	е		Ohio	o coun	ity (first	four l	etters)	
Foreign country (if the mailing address	is outside the U.S.)			Foreign	posta	al coc	le								
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Code

MM-DD-YY

2019 Ohio IT 1040

Individual Income Tax Return



SSN	19000202 Sequence No. 2
7a. Amount from line 7 on page 1	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)8b.	0 0
8c. Income tax liability before credits (line 8a plus line 8b)8c.	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)9.	0 0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)10.	0.0
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11	
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	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	
14. Ohio income tax withheld (include copies of W-2, box 17; W-2G, box 15; 1099-R, box 12)14.	0 0
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	00
16. Refundable credits – Ohio Schedule of Credits, line 41 (INCLUDE SCHEDULE)	00
17. <u>Amended return only</u> – amount previously paid with original and/or amended return17.	0 0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)18.	0 0
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero20.	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	0.0
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 1321.	
22. Interest and penalty due on late filing or late payment of tax (see instructions)22	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.	0 0
24. Overpayment (line 20 minus line 13)24	0 0
25. <u>Original return only</u> – amount of line 24 to be credited toward 2020 income tax liability25.	0 0
26. <u>Original return only</u> – amount of line 24 to be donated: a. State nature preserves b. Breast/Cervical Cancer c. Wishes for Sick Children	
0000000	
Total 26a.	0 0
d. Wildlife species e. Military injury relief f. Ohio History Fund 0 0 0 0	
27. REFUND (line 24 minus lines 25 and 26g)	0 0
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge	your refund is \$1.00 or less, no refund will be issued
and belief, the return and all enclosures are true, correct and complete. Primary signature — Phone number — P	If you owe \$1.00 or less, no payment is necessary. NO Payment Included – Mail to:
Spouse's signature Date (MM/DD/YY)	Ohio Department of Taxation
Date (WINI/DD/11)	P.O. Box 2679 Columbus, OH 43270-2679
Check here to authorize your preparer to discuss this return with the Department	Payment Included – Mail to: Ohio Department of Taxation
Preparer's printed name Phone number Preparer's TIN (PTIN) P	P.O. Box 2057 Columbus, OH 43270-2057
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2019 Ohio Schedule A



Income Adjustments – Additions and Deductions Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 3

Additions

(add income items only to the extent not included on Ohio IT 1040, line 1) 0 0 0 0 3. Ohio 529 plan funds used for non-qualified expenses and reimbursement of college expenses 0 0 0 0 4. Losses from sale or disposition of Ohio public obligations..... 0 0 0 0 **Federal** 0 0 0 0 0 0 9. Federal conformity additions 0 0 10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a10. **Deductions** (deduct income items only to the extent included on Ohio IT 1040, line 1) 0 0 0 0 0 0 0 0 0 0 16. Interest income from Ohio public obligations and purchase obligations; gains from the 0 0 disposition of Ohio public obligations, or income from a transfer agreement.......16. 0 0 0 0 19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster 0 0 **Federal** 0 0 0 0 22. Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal 0 0 itemized deductions claimed on a prior year return......22.

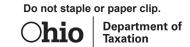
2019 Ohio Schedule A

Income Adjustments - Additions and Deductions Primary taxpayer's SSN



Sequence No. 4

0 0 23. Repayment of income reported in a prior year 0 0 0 0 **Uniformed Services** 0 0 0 0 0 0 0 0 29. Military injury relief fund 0 0 Education 0 0 0 0 <u>Medical</u> 0 0 0 0 0 0 35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy) 35. 0 0 Medical savings account contributions/earnings (see instructions for worksheet; include a copy) 36. 0 0 0 0



not staple or paper clip.

2019 Ohio Schedule IT BUS Business Income

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



Sequence No. 5

0 0

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. 0 0 Schedule B – Interest and Ordinary Dividends 0 0 2. Schedule C – Profit or Loss From Business (Sole Proprietorship)..... 0 0 3. Schedule D – Capital Gains and Losses..... 0 0 4. Schedule E – Supplemental Income and Loss..... 5. Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct 0 0 0 0 6. Schedule F – Profit or Loss From Farming 0 0 7. Other business income or loss not reported above (i.e. form 4797 amounts)..... 0 0 8. Total business income (add lines 1 through 7)..... 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; 0 0 10. Enter \$250,000 if filing status is single or married filing jointly; OR 0 0 0 0 11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11......11. Part 3 - Taxable Business Income Note: If Ohio IT 1040, line 5 equals zero, do not complete Part 3. 0 0 13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and 0 0

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

14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.......14.

2019 Ohio Schedule IT BUS **Business Income**

	1	a	วลด	202)	

Sequence No. 6

Primary taxpayer's SSN

Part 4 - Business Sources

List all sources of business income. If you are filing a joint return and you are listing a business owned by your spouse, check the "Spouse's ownership" box. If you and your spouse both have ownership in a business, list the business twice to report each of your ownership percentages separately. List any Ohio sources of business income first. If necessary, complete additional copies of this page and include with your income tax return.

1. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
2. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
3. FEIN/SSN	Ownership percentage	Spouse's ownership	Business name
4. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
5. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
6. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
7. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
8. FEIN/SSN	Ownership percentage	Spouse's ownership	Business name
9. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
IO. FEIN/SSN	Ownership percentage	Spouse's ownership	Business name
11. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
12. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
13. FEIN/SSN	Ownership percentage	Spouse's ownership	Business name
14. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
15. FEIN/SSN	Ownership percentage	Spouse's ownership	Business name

Do not staple or paper clip. Chio Department of Taxation

2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Sequence No. 7

	1.	Nonrefundable Credits Tax liability before credits (from Ohio IT 1040, line 8c)	1.	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
dil.	11.	Tax less credits (line 1 minus line 10; if less than zero, enter zero)	11.	0 0
or paper clip.	12.	Joint filing credit (see instructions for table). % times the amount on line 11	12.	0 0
le or p	13.	Earned income credit	13.	0 0
Oo not staple	14.	Ohio adoption credit	14.	0 0
Do no	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

Primary taxpayer's SSN



Sequence No. 8

<u>Nonr</u>	resident Credit	Sequence No. 8
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)	
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	0 0
Resi	dent 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)	
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	
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	
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	0 0
34.	Total nonrefundable credits (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) 34.	0 0
	Refundable Credits	
35.	. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	0 0
36.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	0 0
37.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	0 0
38.	. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 38.	0 0
39.	Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	0 0
40.	Venture capital credit (include a copy of the credit certificate)	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 staple or paper clip. Chio Department Taxation

Ohio Schedule J

Department of Dependents Claimed on the Ohio IT 1040 Return



Use only black ink/UPPERCASE letters.

Tax Year	Primary taxpayer's SSN (required)
2019	

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) M.I. Dependent's first name (required) 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) Dependent's last name (required) M.I. Dependent's date of birth (MM-DD-YYYY - required) 4. Dependent's SSN (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 write in this area; for department use only.

2019 Ohio IT 40P

Include the voucher below with your payment for your **ORIGINAL** 2019 Ohio income tax return.

Important

- Make payment payable to: Ohio Treasurer of State
- Include the tax year and the last four digits of your SSN on the "Memo" line of your payment.
- Do not send cash.

Let use the dotted lines. Use only black ink.

- Do not use this voucher to make a payment for an amended return. Use Ohio IT 40XP.
- Do not use this voucher to make a payment for a school district income tax return.
 Use Ohio SD 40P for an <u>original</u> school district income tax return. Use Ohio SD 40XP for an <u>amended</u> school district income tax return.

Electronic Payment Options

You can eliminate writing a paper check by using any of our electronic payment options.

Electronic Check Credit Card Debit Card

For more information, go to our website at **tax.ohio.gov**.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

OHIO IT 40P **Taxable Year** Do NOT fold check or voucher. **Original** Income Tax Payment Voucher Do NOT staple or paper clip. Do NOT send cash. First name МΙ Last name Use UPPERCASE letters to print the first three letters of Spouse's first name (only if joint filing) M.I. Last name Spouse's last name Taxpayer's last name (only if joint filing) Address City, State, ZIP code Taxpayer's SSN Spouse's SSN Make payment payable to: Ohio Treasurer of State (only if joint filing) Sending with return - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057 Sending without return - Mail to: Ohio Department of Taxation, Amount of P.O. Box 182131, Columbus, OH 43218-2131 **Payment**

Do not staple or paper clip. Department of Taxation

Do not staple or paper clip.

2019 Ohio SD 100

School District Income Tax Return



Use only black ink/UPPERCASE letters.

File a separate Ohio SD 100 for each taxing school district in which you lived during the tax year.

Check here if this is an amended	I return. Include the 0	Ohio S	SD RE (c	lo <u>NOT</u> in	clude a	а сору	of the	previo	ously	filed r	eturr	າ).				
Check here if claiming a Net Ope	erating Loss (NOL) ca	arryba	ack. Inclu	ude Ohio	Sched	ule IT N	NOL.									
Primary taxpayer's SSN (required)	▶ ▶ If deceased	Sp	oouse's S	SSN (if filir	ıg joint	ly)		>>	If de	eceas	ed	Enter :				
	check box								che	eck bo	X	SD#	>>			
First name		M.I.	Last na	ame												
Spouse's first name (only if married fili	ng jointly)	M.I.	Last na	ame												
Address line 1 (number and street) or F	P.O. Box															
Address line 2 (apartment number, suit	e number, etc.)															
City				S	ate	ZIP	code		(Ohio c	ount	y (first fo	ur lett	ters)		
Foreign country (if the mailing address	is outside the U.S.)			F	oreign	postal	code									
School District Residency -	Check applicable box			Chec	k appl	icable l	box for	spou	se (o	nly if r	narri	ied filing	join	tly)		
Full-year Part-year reside of SD# above	nt Full-year i of SD# ab		sident		-ull-ye esider			art-yea SD# a					•	nonre	esiden	t
Enter date of nonresidency	to			Enter of no	date rreside	ency]-[to					
Filing Status - Check one (must n	natch the Ohio IT 104	10)		<u>Tax</u>	Type	– Che	eck one	e (for a	n exp	lanatio	n, se	ee instru	ctions	s)		
Single, head of household or qua	alifying widow(er)					nal tax s retur		schoo	ol dis	trict.	You	must sta	art wi	th line	19 on	page
Married filing jointly	Spouse's SS	N						c base	sch	ool di	istri	ct. You	must	start v	with lir	ne 24
Married filing separately					on pag	e 2 of	this ret	turn.								
School district taxable income: Traditi	anal tay basa: Amou	nt fron	a lina 23	on page 3)											
	d income tax base: A								1.						(0 0
2. School district income tax liability: line	e 1 times tax rate			(rates for	und in 1	the inst	ruction	ns)	2.						C	0 0
3. Senior citizen credit (you must be 65	or older to claim this	cred	it; limit \$	\$50 per re	eturn).				3.						(0 0
4. Line 2 minus line 3 (if less than zero	, enter zero)								4.						(0 0
5. Interest penalty on underpayment of	estimated tax (includ	de Oh	io IT/SD	2210)					5.						(0 0
6. Total school district income tax lia	ability before withhol	ding c	or estima	ated paym	ents (I	ine 4 p	lus line	e 5)	6.						(0
	Do not write	in tl	his are	a; for c	lepar	tmen	t use	only	<u>v.</u>							
								-			N 4 N	M DD V	V	,	2-4-	

2019 Ohio SD 100

School District Income Tax Return



19020202

S	SN SD#			
62	Amount from line 6 on page 1	62		0 0
	School district income tax withheld for the school district number entered above (include copies	. 0a.		
	of W-2 and 1099-R)	7.		0 0
	Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return	8.		0 0
9.	Amended return only – amount previously paid with original and/or amended return	9.		0 0
10.	Total school district income tax payments (add lines 7, 8 and 9)	10.		0 0
11.	<u>Amended return only</u> – overpayment previously requested on original and/or amended return	11.		0 0
12.	Line 10 minus line 11. Place a "-" in the box at the right if the amount is less than zero	12.		0 0
	If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.			
13.	Tax liability (line 6a minus line 12). If line 12 is negative, ignore the "-" and add line 12 to line 6a	13.		0 0
14.	Interest and penalty due on late filing or late payment of tax (see instructions)	14.		0 0
15.	TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SD 40P (if original return) or Ohio SD 40XP (if amended return) and make check payable to "School District Income Tax"AMOUNT DUE	15.		0 0
16.	Overpayment (line 12 minus line 6a)	16.		0 0
17.	Original return only – amount of line 16 to be credited toward 2020 school district income tax liability	17.		0 0
18.	REFUND (line 16 minus line 17)	→ 18.		0 0
	ditional Tax Base School District Amounts (lines 19 to 23)			
19.	Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a "-" in the box at the right if the amount	10		0 0
	is less than zero	19.		
20.	Business income deduction add-back (from Ohio Schedule A, line 11)	20.		0 0
21	Line 19 plus line 20. Place a "-" in the box at the right if the amount is less than zero	21		0 0
	The portion of line 21 received while a nonresident of the school district entered above	22		0 0
23.	School district taxable income (line 21 minus line 22; if less than zero, enter zero). Enter here and on line 1 of this return	23.		0 0
Ear	ned Income Tax Base School District Amounts (lines 24 to 27)			
	Wages and other compensation received while a resident of the school district and included in modified adjusted gross income (see instructions)	24.		0 0
25.	Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions)	25.		0 0
26.	Federal conformity adjustments (see instructions)	26.		0 0
27.	School district taxable income (add lines 24, 25 and 26; if less than zero, enter zero). Enter here and on line 1 of this return	27.		0 0
and	In Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge belief, the return and all enclosures are true, correct and complete.	If you	·	s, no refund will be issued. no payment is necessary.
	imary signature Phone number	N	IO Payment Inc Ohio Departme	luded – Mail to: ent of Taxation
Sp	pouse's signature Date (MM/DD/YY)		P.O. Box Columbus, OH	182197
Prep	Check here to authorize your preparer to discuss this return with the Department parer's printed name		Payment Inclu Ohio Departme	ded – Mail to:
	Preparer's TIN (PTIN)		P.O. Box	182389

2019 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2019 school district income tax return.

<u>Important</u>

- Make payment payable to: School District Income Tax
- Include the tax year, the last four digits of your SSN, and the school district number on the "Memo" line of your payment.
- Do not send cash.
- Do not use this voucher to make a payment for an amended school district income tax return. Use Ohio SD 40XP.
- Do not use this voucher to make a payment for an Ohio income tax return. Use Ohio IT 40P for an <u>original</u> Ohio income tax return. Use Ohio IT 40XP for an <u>amended</u> Ohio income tax return.

Electronic Payment Options

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For more information, go to our website at **tax.ohio.gov**.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

 Cut on the dotted lines. Use only black ink. OHIO SD 40P Rev. 10/19 Do NOT fold check or voucher. **Original School District Income Tax Payment Voucher** Do NOT staple or paper clip. Do NOT send cash. First name Last name Use UPPERCASE letters School district to print the first three letters of Spouse's first name (only if joint filing) number Taxpayer's Spouse's last name last name (only if joint filing) Address City, State, ZIP code Taxpayer's SSN Spouse's SSN Make payment payable to: School District Income Tax (only if joint filing) Mail to: School District Income Tax. P.O. Box 182389, Columbus, OH 43218-2389 Amount of **Payment**



2020 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



Sequence No. 1

rimary taxpayer's SSN (required)	If deceased	Spo	ouse's	SSN (if	filing joi	ntly))	If de	cease	ed		ool dis instru			
	check box								che	ck bo	X	SD	# >>			
irst name		M.I.	Last r	name												
pouse's first name (only if married filin	ng jointly)	M.I.	Last r	name												
ddress line 1 (number and street) or F	P.O. Box															
ddress line 2 (apartment number, suit	e number, etc.)															
ity					State	71	P code			Ohio	count	v (firet	four le	etters'	1	
ity .					Otato	7	louc			Onio	OOUIT	y (mot	loui ic	Julio 10,	,	
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0 1.d					Lew	01	-4									
Residency Status – Check only o	Nonresident						atus - e, head			•					ne tax	re
resident	Indicate state	,				Sirigit	, rieau	OI HOU	156110	iu oi c	_q uaiii	ying w	nuow((CI)		
Check only one for spouse (if married f	filing jointly)					Marrie	ed filing	jointly	,			0		00		
Resident Part-year resident	Nonresident Indicate state	>				Marrie	ed filing	canar	rataly			Sp	ouse's	s SS	N	
						Marris	ou ming	оора	atory					Ш		
					 											
<u> Dhio Nonresident Statement</u>	 See instructions for 	requir	red cri	teria												
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	rebuttable presumption	n as no	onresio	lent.		Check	here if	some	one el	se is a						ous
Primary meets the five criteria for in	rebuttable presumption	n as no	onresio	lent. lent.		Check joint re		some	one el	se is a						ous
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Code

MM-DD-YY

2020 Ohio IT 1040

Individual Income Tax Return



	Щ		

		Sequence No. 2
7a. Amount from line 7 on page 1	7a.	
8a. Nonbusiness income tax liability on line 7a (see instructions to	for tax tables)	.8a. 0 0
8b. Business income tax liability – Ohio Schedule IT BUS, line 14	4 (INCLUDE SCHEDULE)	.8b.
8c. Income tax liability before credits (line 8a plus line 8b)		8c.
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 3	34 (INCLUDE SCHEDULE)	9.
10. Tax liability after nonrefundable credits (line 8c minus line 9;	if less than zero, enter zero)	.10.
11. Interest penalty on underpayment of estimated tax (include 6	Ohio IT/SD 2210)	.11.
12. Use tax due on internet, mail order or other out-of-state purch	nases (see instructions)	.12.
13. Total Ohio tax liability before withholding or estimated payr	nents (add lines 10, 11 and 12)	.13.
14. Ohio income tax withheld – Schedule of Ohio Withholding, pa	ort A line 1 (INCLUDE SCHEDULE)	14
15. Estimated and extension payments (from Ohio IT 1040ES ar		14.
from last year's return		.15.
40.70 () () () () () () () () () (
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCL	.UDE SCHEDULE)	.16.
17. <u>Amended return only</u> – amount previously paid with origina	.17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		18.
19. <u>Amended return only</u> – overpayment previously requested	on original and/or amended return	.19.
20. Line 18 minus line 19. Place a "-" in the box at the right if the amo	ount is less than zero	20.
If line 20 is MORE THAN line 13, skip to line 24. OT		
21. Tax liability (line 13 minus line 20). If line 20 is negative, igno	re 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 (if amended return) and make check payable to "Ohio T	o IT 40P (if original return) or IT 40XP reasurer of State" AMOUNT DUE ▶	23.
24. Overpayment (line 20 minus line 13)		.24.
25. Original return only – amount of line 24 to be credited towar	d next year's income tax liability	.25.
26. Original return only – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves	c. Breast/Cervical Cancer	
d Wishan for Cists Children a Wildlife an arise	Total 2	26g. 0 0
d. Wishes for Sick Children e. Wildlife species	f. Military injury relief	
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND	27
Sign Here (required): I have read this return. Under penalties of pe		
and belief, the return and all enclosures are true, correct and complete.		If you owe \$1.00 or less, no payment is necessary.
Primary signature		Ohio Department of Taxation
Spouse's signature	_ Date (MM/DD/YY)	P.O. Box 2679 Columbus, OH 43270-2679
Check here to authorize your preparer to discuss this return with the	Department.	Payment Included – Mail to:
Preparer's printed name		Ohio Department of Taxation P.O. Box 2057
Preparer's TIN	(PTIN) P	Columbus, OH 43270-2057



2020 Ohio Schedule A

Income Adjustments
Use only black ink/UPPERCASE letters.



Sequence No. 3

Primary taxpayer's SSN

<u>Additions</u>						
(Add the following if not included on Ohio IT 1040, line 1)						
Non-Ohio state or local government interest and dividends	1.					
2. Certain Ohio pass-through entity taxes paid	2.					
Ohio 529 plan funds used for non-qualified expenses	3.					
Losses from sale or disposition of Ohio public obligations	1					
Nonmedical withdrawals from a medical savings account	5.					
6. Reimbursement of expenses previously deducted on an Ohio income tax return	6.					
<u>Federal</u>						
7. Internal Revenue Code 168(k) and 179 depreciation expense addback	7.					
Exempt federal interest and dividends subject to state taxation	8.					
9. Federal conformity additions	9.					
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a10.						
Deductions				 _	_	_
(Deduct the following if included on Ohio IT 1040, line 1)						
11. Business income deduction – Ohio Schedule IT BUS, line 11	11.					
12. Employee compensation earned in Ohio by residents of neighboring states	12.					
13. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1)	13					
14. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)	14.					
15. Certain railroad retirement benefits	15.					
Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement	16.					
17. Amounts contributed to an Ohio county's individual development account program	17.					
18. Amounts contributed to STABLE account: Ohio's ABLE plan	18.					
Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period	19					
Federal						
20. Federal interest and dividends exempt from state taxation	20.					
21. Deduction of prior year 168(k) and 179 depreciation addbacks	21.					
22. Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal						
itemized deductions claimed on a prior year return	22.					

2020 Ohio Schedule A

Income Adjustments
Primary taxpayer's SSN



23.	Repayment of income reported in a prior year	23.	
24.	Wage expense not deducted based on the federal work opportunity tax credit	24.	
25.	Federal conformity deductions	25.	
<u>Unit</u>	ormed Services		
26.	Military pay received by Ohio residents while stationed outside Ohio	26.	
27.	Compensation earned by nonresident military servicemembers and their civilian spouses	27.	
28.	Uniformed services retirement income	28.	
29.	Military injury relief fund grants and veteran's disability severance payments	29.	
30.	Certain Ohio National Guard reimbursements and benefits	30.	
<u>Edu</u>	<u>cation</u>		
31.	Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan	31.	
32.	Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	32.	
33.	Ohio educator expenses in excess of federal deduction	33.	
Med	<u>ical</u>		
34.	Disability benefits	34.	
35.	Survivor benefits	35.	
36.	Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy)	36.	
37.	Medical savings account contributions/earnings (see instructions for worksheet; include a copy)	37.	
38.	Qualified organ donor expenses	38.	
39.	Total deductions (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b39.		



2020 Ohio Schedule IT BUS

Business Income Use only black ink/UPPERCASE letters.



Sequence No. 5

Primary taxpayer's SSN

Enter all business income that you (and your spouse, if filing jointly) received during the tax year 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.

Schedule B – Interest and Ordinary Dividends	1.	
Schedule C – Profit or Loss From Business (Sole Proprietorship)	2.	
Schedule D – Capital Gains and Losses	3.	
Schedule E – Supplemental Income and Loss		
Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner		
6. Schedule F – Profit or Loss From Farming	6.	
7. Other business income or loss not reported above (e.g. form 4797 amounts)	7.	
8. Total business income (add lines 1 through 7)	8.	
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.	
10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately		
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11	11.	
Part 3 – Taxable Business Income		
Note: If Ohio IT 1040, line 5 is zero, do <u>not</u> complete Part 3.		
12. Line 9 minus line 11	12.	
13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter her on Ohio IT 1040, line 6		
14. Rusiness income tay liability – multiply line 13 by 3% (03). Enter here and on Ohio IT 1040, line	e 8h 14	

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

2020 Ohio Schedule IT BUS **Business Income**

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Sequence No. 6

Primary taxpayer's SSN

Part 4 - Business Sources

List all sources of business income, with Ohio sources listed first. Also separately list your, and your spouse's if filing jointly, ownership percentage (if any) in the spaces provided. You must enter the 6-digit NAICS code of the business, found at naics.com/search. If necessary, complete additional copies of this page and include with your return.

1.	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
			%	%	
	Business name				
2	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
			%	%	
			, 0		
	Business name				
3.	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
			%	%	
	Business name				
4	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
٠.	1 Lint / Gold	Timery ownership	%	%	o digit to tipe code
			70	70	
	Business name				
5.	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
			%	%	
	Business name				
6	FEIN / SSN				
Ο.		Primary ownership		Snouse's ownershin	6-digit NAICS code
	T EIN / SON	Primary ownership	%	Spouse's ownership	6-digit NAICS code
		Primary ownership	%	Spouse's ownership %	6-digit NAICS code
	Business name	Primary ownership	%		6-digit NAICS code
		Primary ownership	%		6-digit NAICS code
7.		Primary ownership Primary ownership	%		6-digit NAICS code 6-digit NAICS code
7.	Business name		%	%	
7.	Business name FEIN / SSN			% Spouse's ownership	
7.	Business name			% Spouse's ownership	
	Business name FEIN / SSN Business name	Primary ownership		Spouse's ownership	6-digit NAICS code
	Business name FEIN / SSN		%	Spouse's ownership Spouse's ownership	
	Business name FEIN / SSN Business name FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
	Business name FEIN / SSN Business name	Primary ownership	%	Spouse's ownership Spouse's ownership	6-digit NAICS code



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



Sequence No. 7

Nonrefundable Credits

	Nomeraliable Cleans		
1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	
2.	Retirement income credit (see instructions for table; include 1099-R forms)	2.	
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)	6.	
7.	Displaced worker training credit (see instructions for all required documentation; include copies)	7.	
7a.	Campaign contribution credit for Ohio statewide office or General Assembly	7a.	
8.	Income-based exemption credit (\$20 times the number of exemptions)	8.	
9.	Total (add lines 2 through 8)	9.	
10.	Tax less credits (line 1 minus line 9; if less than zero, enter zero)	. 10.	
11.	Joint filing credit (see instructions for table). % times line 10, up to \$650	.11.	
12.	Earned income credit	. 12.	
13.	Ohio adoption credit	.13.	
14.	Nonrefundable job retention credit (include a copy of the credit certificate)	. 14.	
15.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	. 15.	
16.	Credit for purchases of grape production property	.16.	
17.	InvestOhio credit (include a copy of the credit certificate)	.17.	
18.	Lead abatement credit (include a copy of the credit certificate)	. 18.	
19.	Opportunity zone investment credit (include a copy of the credit certificate)	.19.	
	To be about a six of the second secon		
20.	Technology investment credit carryforward (include a copy of the credit certificate)	. 20.	
	Enterprise zone day care & training credits (include a copy of the credit certificate)		
21.		.21.	
21. 22.	Enterprise zone day care & training credits (include a copy of the credit certificate)	.21.	
21.22.23.	Enterprise zone day care & training credits (include a copy of the credit certificate)	.21.	
21.22.23.24.	Enterprise zone day care & training credits (include a copy of the credit certificate)	.2122	

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2020 Ohio Schedule of Credits

Primary taxpayer's SSN



Saguanaa Na

			Sequence No. 8
<u>Non</u>	esident 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.	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 line 25 to calculate your nonresident credit	28.	
<u>Resi</u>	dent Credit		
29.	Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident-Ohio IT RC, line 1a (include a copy)		
30.	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 line 25 and enter the result here31.		
32.	2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)		
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 9, 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.	Venture capital credit (include a copy of the credit certificate)	39.	
40.	Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16)	40.	



Ohio Schedule J

Use only black ink/UPPERCASE letters.



Sequence No. 9

Tax Year Primary taxpayer's SSN 2 0 2 0

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. Complete all fields

for each dependent you list. 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 Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name M.I. Dependent's last name 2. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's last name Dependent's first name 3. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name Dependent's last name Dependent's date of birth (MM-DD-YYYY) 4. Dependent's SSN Dependent's relationship to you Dependent's first name Dependent's last name 5. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name M.I. Dependent's last name 6. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name M.I. Dependent's last name 7. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name M.I. Dependent's last name

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

Ohio Schedule J Dependents



	2020	Sequence No. 10
8. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
9. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
0. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	



2020 Schedule of Ohio Withholding Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's Complete additional copies if necessary. Place state cop

1. Total	Total Withholding of all Ohio state tax withheld on pages 1 and on line 14 of your Ohio IT 1040			1.	
Part B -	<u>- W-2s</u>				
. P/S	Box b - EIN	Box 1 - Wages, tips, o	other compensation	Box 2 - Federal in	come tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages,	tips, etc.	Box 17 - C	Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, o	other compensation	Box 2 - Federal in	come tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages,	tips, etc.	Box 17 - C	Ohio income tax
8. P/S	Box b - EIN	Box 1 - Wages, tips, o	other compensation	Box 2 - Federal in	come tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages,	tips, etc.	Box 17 - C	Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, o	other compensation	Box 2 - Federal in	come tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages,	tips, etc.	Box 17 - C	Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, o	other compensation	Box 2 - Federal in	come tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages,	tips, etc.	Box 17 - C	Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, o	other compensation	Box 2 - Federal in	come tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages,	tips, etc.	Box 17 - C	Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, o	other compensation	Box 2 - Federal in	come tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages,	tips, etc.	Box 17 - C	Ohio income tax

2020 Schedule of Ohio Withholding Primary taxpayer's SSN



Part C -	1099-Rs			Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
			distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	В	Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	T	5 7
			Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	В	Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Tatal	Day 7
			Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	В	Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Takal	D 7
			Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	В	Box 14 - Ohio tax withheld
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	Box 15 - Ohio income tax withheld
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - F	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	B	Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - F	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	В	Box 5 - Ohio tax withheld

2020 Ohio IT 40P

Include the voucher below with your payment for your **ORIGINAL** 2020 Ohio income tax return.

Important

- Make payment payable to: Ohio Treasurer of State
- Include the tax year and the last four digits of your SSN on the "Memo" line of your payment.
- Do not send cash.
- Do not use this voucher to make a payment for an amended return. Use Ohio IT 40XP.
- Do not use this voucher to make a payment for a school district income tax return.
 Use Ohio SD 40P for an <u>original</u> school district income tax return. Use Ohio SD 40XP for an amended school district income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. Pay by electronic check, credit card or debit card via the Department's Online Services. Go to **tax.ohio.gov** for more information.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

Let use the dotted lines. Use only black ink. Do NOT send cash OHIO IT 40P Tax Year Do NOT fold, staple, or paper clip **Original Income Tax Payment Voucher** First name M.I. Last name Use UPPERCASE letters to print the first three letters of Spouse's first name (only if joint filing) M.I. Last name Spouse's last name Taxpayer's last name (only if joint filing) Address City, State, ZIP code Taxpayer's SSN Spouse's SSN Make payment payable to: Ohio Treasurer of State (only if joint filing) Sending with return - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057 Sending without return - Mail to: Ohio Department of Taxation, Amount of P.O. Box 182131, Columbus, OH 43218-2131 **Payment**

Do not staple or paper clip. Department of Taxation

Do not staple or paper clip.

2020 Ohio SD 100

School District Income Tax Return



Use only black ink/UPPERCASE letters. File a separate Ohio SD 100 for each taxing school district in which you lived during the tax year.

Primary taxpayer's SSN (required)	If deceased	Sp	ouse's SS	N (if filing join	tly)	>>	If deceased	School distri this return (s		tions
	check box						check box	SD# ▶▶		
First name		M.I.	Last nan	ne						
Spouse's first name (only if married filing jointl	y)	M.I.	Last nan	ne						
Address line 1 (number and street) or DO Do										
Address line 1 (number and street) or P.O. Bo	X									
Address line 2 (apartment number, suite numb	er, etc.)									
							01:	. (5: 1.5: 1.4)	,	
City				State	ZIP code		Ohio coun	ty (first four lette	ers)	
Foreign country (if the mailing address is outsi	de the U.S.)			Foreign	postal code					
Foreign country (if the mailing address is outsi				i oreigii	p = = = = = = = = = = = = = = = = = = =					
roleigh country (ii the mailing address is outsi				Toreign						
					one for spou		narried filing jo	pintly)		
Residency Status — Check only one for Resident Part-year resident		ent		Check only	one for spou		narried filing jo	ointly) Nonreside	ent	
Residency Status — Check only one for Resident Part-year resident Dates of	primary	ent		Check only	one for spou				ent	
Residency Status — Check only one for Resident Part-year resident Dates of nonresidency to	primary Nonreside			Check only Reside Dates of nonresiden	one for spou	art-year	r resident to		ent	
Residency Status — Check only one for Resident Part-year resident Dates of nonresidency to	primary Nonreside			Check only Reside Dates of nonresiden Tax Type	one for spou	art-year	r resident to	Nonreside	ent	
Residency Status — Check only one for Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or	primary Nonreside the Ohio IT awidow(er)	1040)		Check only Reside Dates of nonresiden Tax Type Traditio	one for spou	e (see ir	to to nstructions) with line 19 of	Nonreside	-	
Dates of nonresidency to Filing Status - Check one (as reported or Single, head of household or qualifying to status)	primary Nonreside	1040)		Check only Reside Dates of nonresiden Tax Type Traditio	one for spou	e (see ir	to to nstructions) with line 19 of	Nonreside	-	
Residency Status — Check only one for Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying of Married filing jointly Married filing separately 1. School district taxable income: Traditional tax	primary Nonreside n the Ohio IT widow(er) Spouse's SS	1040)		Check only Reside Dates of nonresiden Tax Type Traditi Earne	one for spou	e (see ir Start	to to structions) with line 19 of	Nonreside	-	
Residency Status — Check only one for Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying Married filing jointly Married filing separately	primary Nonreside n the Ohio IT widow(er) Spouse's SS	1040)		Check only Reside Dates of nonresiden Tax Type Traditi Earne	one for spou	e (see ir Start	to to structions) with line 19 of	Nonreside	-	
Residency Status — Check only one for Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying of Married filing jointly Married filing separately 1. School district taxable income: Traditional tax	primary Nonreside In the Ohio IT widow(er) Spouse's SS Chase: Amount the tax base: A	1040)	from line	Check only Reside Dates of nonresiden Tax Type Traditi Earne	one for spou	e (see ir	to nstructions) with line 19 of . Start with line 1.	Nonreside	-	
Residency Status — Check only one for Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying Married filing jointly Married filing separately 1. School district taxable income: Traditional tax Earned income	primary Nonreside the Ohio IT widow(er) Spouse's SS the base: Amounte tax base: A s tax rate	1040) N nt from mount	from line	Check only Reside Dates of nonresiden Tax Type Traditi Earne page 2. 27 on page 2.	one for spou	e (see ir	to nstructions) with line 19 of	Nonreside	-	
Residency Status — Check only one for Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying of Married filing jointly Married filing separately 1. School district taxable income: Traditional tax Earned income 2. School district income tax liability: line 1 time	primary Nonreside n the Ohio IT widow(er) Spouse's SS the base: Amounte tax base: A s tax rate er to claim this	1040) IN Int from mount	t; limit \$5	Check only Reside Dates of nonresiden Tax Type Traditi Earne 1 page 2. 27 on page 2. rates found in 0 per return)	one for spou	e (see in see start see base.	to nestructions) with line 19 of 1.	Nonreside	-	
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Code

MM-DD-YY

2020 Ohio SD 100

School District Income Tax Return



20020202

SSN SD#	
6a. Amount from line 6 on page 1	
7. School district income tax withheld – Schedule of School District Withholding, part A, line 1 (INCLUDE SCHEDULE)	
8. Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return	00
9. Amended return only – amount previously paid with original and/or amended return9.	
10. Total school district income tax payments (add lines 7, 8 and 9)	
11. <u>Amended return only</u> – overpayment previously requested on original and/or amended return 11.	
12. Line 10 minus line 11. Place a "-" in the box at the right if the amount is less than zero	
If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.	
13. Tax liability (line 6a minus line 12). If line 12 is negative, ignore the "-" and add line 12 to line 6a 13.	
14. Interest due on late payment of tax (see instructions)	
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SD 40P (if original return) or Ohio SD 40XP (if amended return) and make check payable to "School District Income Tax"AMOUNT DUE ▶ 15.	
16. Overpayment (line 12 minus line 6a)	
17. Original return only – amount of line 16 to be credited toward next year's school district income tax liability 17.	
18. REFUND (line 16 minus line 17)	
Traditional Tax Base School District Amounts (lines 19 to 23)	
19. Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a "-" in the box at the right if the amount is less than zero	00
20. Business income deduction add-back (from Ohio Schedule A, line 11)	
21. Line 19 plus line 20. Place a "-" in the box at the right if the amount is less than zero	
22. The portion of line 21 received while a nonresident of the school district entered above22	
23. School district taxable income (line 21 minus line 22; if less than zero, enter zero). Enter here and on line 1 of this return	
Earned Income Tax Base School District Amounts (lines 24 to 27)	
24. Wages and other compensation received while a resident of the school district and included in modified adjusted gross income (see instructions)	
25. Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions)	00
26. Federal conformity adjustments (see instructions)	
27. School district taxable income (add lines 24, 25 and 26; if less than zero, enter zero). Enter here and on line 1 of this return	
	your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
Primary signature Phone number	NO Payment Included – Mail to:
Spouse's signature Date (MM/DD/YY)	Ohio Department of Taxation P.O. Box 182197
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH 43218-2197
Preparer's printed name Phone number Preparer's TIN (PTIN) P	Payment Included – Mail to: Ohio Department of Taxation



2020 Schedule of School **District Withholding**



Use only black ink/UPPERCASE letters.

Complete a separate schedule for each SD 100 you file that reports school district withholding.

		Primary taxpayer's SSN	School District #	
		and 1099-R forms only if they have school dis s the primary taxpayer's and enter "S" if it is the		
		hool district withholding in box 14 of the W-2 instead e appropriate fields and report the Ohio state wag		
Part A	A - Total Withholding			
		r the school district entered above. Enter here and o		
Part	t B - W-2s			
1. P/s	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax
2. P/S	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax
	Box to Employer's Gille 12 Hamber		Box 10 Concor	
0 0"	2 Pout FIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tay withhold
3. P/s	S Box b - EIN	Box 1 - wages, tips, other compensation	Box 2 - Federal Income	tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax
4. P/	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax
5. P/S	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax
Part	t C - 1099-Rs			
1. P/S		Box 1 - Gross distribution	Box 4 - Federal income	tax withheld
	Box 15 - Payer's Ohio number	Box 19 - School district distribution	Box 17 - School	district tax

2020 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2020 school district income tax return.

<u>Important</u>

- Make payment payable to: School District Income Tax
- Include the tax year, the last four digits of your SSN, and the school district number on the "Memo" line of your payment.
- Do not send cash.
- Do not use this voucher to make a payment for an amended school district income tax return. Use Ohio SD 40XP.
- Do not use this voucher to make a payment for an Ohio income tax return. Use Ohio IT 40P for an <u>original</u> Ohio income tax return. Use Ohio IT 40XP for an <u>amended</u> Ohio income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. Pay by electronic check, credit card or debit card via the Department's Online Services. Go to **tax.ohio.gov** for more information.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

Cut on the dotted lines. Use only black ink. OHIO SD 40P Do NOT send cash School district Tax Year Do NOT fold, staple, number **Original School District Income Tax Payment Voucher** or paper clip First name Last name Use UPPERCASE letters to print the first three letters of Spouse's first name (only if joint filing) Spouse's last name Taxpayer's last name (only if joint filing) Address City, State, ZIP code Taxpayer's SSN Spouse's SSN Make payment payable to: School District Income Tax (only if joint filing) Mail to: School District Income Tax. P.O. Box 182389, Columbus, OH 43218-2389 Amount of

Payment



2021 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



Sequence No. 1

rimary taxpayer's SSN (required)	✓ If deceased	Spo	ouse's S	SN (if filing	jointly)	✓ If c	ecease	ed	S	chool	distri	ct#		
irst name		M.I.	Last na	ame											
Spouse's first name (if filing jointly)		M.I.	Last na	ame											
ddress line 1 (number and street) or F	P.O. Box														
ddress line 2 (apartment number, suit	te number, etc.)														
ity				St	ate	ZIP cod	de		Ohio	county	/ (first f	our lett	ers)		
oreign country (if the mailing address	is outside the U.S.)			Fo	reign p	ostal co	de								
Check only one for spouse (if filing join Resident Part-year resident	Nonresident Indicate state					rried fili			,		Spo	use's	SSN		
Resident Part-year resident	Nonresident Indicate state - See instructions for	or requi			Ма	rried fili rried fili	ng se	parately		ck here		use's	SSN		
resident Ohio Nonresident Statement	Nonresident Indicate state - See instructions for rebuttable presumpti	or requi	onreside	ent.	Fed If so	rried fili	ng se	oarately on filers	s - chec		e.			as a	
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Part-year resident Phio Nonresident Statement Primary meets the five criteria for in Spouse meets the five criteria for in Spouse meets the five criteria for in Federal adjusted gross income (fi fi negative	Nonresident Indicate state See instructions for rebuttable presumption rebuttable presumption federal 1040 or	or required on as no	onreside onreside ne 11). F hedule schedu	ent. Place a "-"	Fed If so dep	deral ex	ng selectenside can control co	oarately on filers	s - chec		e.			as a	
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Part-year resident Phio Nonresident Statement Primary meets the five criteria for in Spouse meets the five criteria for in Spouse meets the five criteria for in 1. Federal adjusted gross income (finegative	Nonresident Indicate state See instructions for rebuttable presumption rebuttable presumption federal 1040 or 1040 control of the street, line 10 (inclustments, line 39 (inclustments, line 2a minus line) plus line 2a minus line line 2a minus line line 4; if negative, estime 4; if negative, estime 10 control of the state of the	or required on as not on as not on as not on as not one on as not one on as not one of the original original original original original original original original original or	onreside onreside ne 11). F hedule schedu Place a cable) ts, if app	ent. Place a "-"	Fee dep	deral exomeone bendent	ng selectenside can concentrate can concentrat	oarately on filers	s - chec		e.			as a	
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Code

MM-DD-YY

2021 Ohio IT 1040

Individual Income Tax Return



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	Ш	Ш	Ш	Ш	П	Ш	П	Ш
240					_		•	٠.

			Sequence No. 2
7a. Amount from line 7 on page 1		7a.	
8a. Nonbusiness income tax liability on line 7a (see ir	nstructions for tax tables)	8a.	
8b. Business income tax liability – Ohio Schedule IT I	BUS, line 14 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line	e 8b)	8c.	
9. Ohio nonrefundable credits – Ohio Schedule of C	redits, line 38 (include schedule)	9.	
10. Tax liability after nonrefundable credits (line 8c mi	nus line 9; if negative, enter zero)	10.	
11. Interest penalty on underpayment of estimated ta	x (include Ohio IT/SD 2210)	11.	
12.Unpaid use tax (see instructions)		12.	
13. Total Ohio tax liability before withholding or esti	mated payments (add lines 10, 11 and 12)	13.	
14. Ohio income tax withheld – Schedule of Ohio Wit income statements)			
15. Estimated and extension payments (from Ohio IT from last year's return			
16. Refundable credits – Ohio Schedule of Credits, lin	ne 44 (include schedule)	16.	
17. <u>Amended return only</u> – amount previously paid	with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 a	nd 17)	18.	
19. <u>Amended return only</u> – overpayment previously	requested on original and/or amended return	ı19.	
20. Line 18 minus line 19. Place a "-" in the box if negativ	/e	20.	
	line 24. OTHERWISE, continue to line 21.		
21. Tax due (line 13 minus line 20). If line 20 is negat		21.	
22. Interest due on late payment of tax (see instruction	ns)	22.	
23. TOTAL AMOUNT DUE (line 21 plus line 22). In (if amended return) and make check payable to	` -		
24. Overpayment (line 20 minus line 13)		24.	
25. <u>Original return only</u> – portion of line 24 carried fo 26. <u>Original return only</u> – portion of line 24 you wish a. Military Injury Relief b. Ohio History Fu	to donate:		
d. Breast/Cervical Cancer e. Wishes for Sick	Children f. Wildlife Species	Total 26g.	
27. REFUND (line 24 minus lines 25 and 26g)	YOUR RE	FUND ▶ 27.	
Sign Here (required): I have read this return. Under pand belief, the return and all enclosures are true, correct and	penalties of perjury, I declare that, to the best of my ki		d is \$1.00 or less, no refund will be issued.
Primary signature	·	NO F	\$1.00 or less, no payment is necessary. Payment Included – Mail to: nio Department of Taxation
Spouse's signature	Date		P.O. Box 2679 olumbus, OH 43270-2679
Check here to authorize your preparer to discuss this re		Pa	yment Included – Mail to:
Preparer's printed name	Phone number		io Department of Taxation P.O. Box 2057 Dlumbus, OH 43270-2057
_	D	_	,

Preparer's TIN (PTIN)



2021 Ohio Schedule of Adjustments

Use only black ink/UPPERCASE letters.



Sequence No. 3

Primary taxpayer's SSN

Additions (Only add the following amounts if they are not included on Ohio IT 1040, line 1) Non-Ohio state or local government interest and dividends...... **Federal** 7. Internal Revenue Code 168(k) and 179 depreciation expense addback 9. Federal conformity additions 10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a10. **Deductions** (Only deduct the following amounts if they are included on Ohio IT 1040, line 1) Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1) .. 13. Interest income from Ohio public obligations and purchase obligations; gains from the 17. Amounts contributed to an Ohio county's individual development account program17. 19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period......19. **Federal** 22. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal

2021 Ohio Schedule of Adjustments

21000402 Sequence No. **4**

Primary taxpayer's SSN

23. Repayment of income reported in a prior year	23.	
24. Wage expense not deducted based on the federal work opportunity tax credit	24.	
25. Federal conformity deductions	25.	
<u>Uniformed Services</u>		
26. Military pay received by Ohio residents while stationed outside Ohio	26.	
27. Compensation earned by nonresident military servicemembers and their civilian spouses	27.	
28. Uniformed services retirement income	28.	
29. Military injury relief fund grants and veteran's disability severance payments	29.	
30. Certain Ohio National Guard reimbursements and benefits	30.	
Education		
31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan	31.	
32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	32.	
33. Ohio educator expenses in excess of federal deduction	33.	
<u>Medical</u>		
34. Disability benefits	34.	
35. Survivor benefits	35.	
36. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy)	36.	
37. Medical savings account contributions/earnings (see instructions for worksheet; include a copy)	37.	
38. Qualified organ donor expenses	38.	
39. Total deductions (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b39.		



2021 Ohio Schedule IT BUS

Business Income
Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Sequence No. 5

Enter all business income that you (and your spouse, if filing jointly) received during the tax year 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: <u>Do not include</u> amounts listed on the IRS schedules below that are <u>nonbusiness income</u>. 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.	
2.	Schedule C – Profit or Loss From Business (Sole Proprietorship)	2.	
3.	Schedule D – Capital Gains and Losses	3.	
	Schedule E – Supplemental Income and Loss		
5.	Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.	
6.	Schedule F – Profit or Loss From Farming	6.	
7.	Other business income or loss not reported above (e.g. form 4797 amounts)	7.	
	Total business income (add lines 1 through 7)		
<u>Par</u>	t 2 – Business Income Deduction		
9.	Enter the lesser of line 8 above or Ohio IT 1040, line 1. If negative, enter zero; stop here and do not complete Part 3	9.	
10.	Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately		
11.	Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule of Adjustments, line 11	11.	
<u>Par</u>	t 3 – Taxable Business Income		
	e: If Ohio IT 1040, line 5 is zero, do <u>not</u> complete Part 3.		
	Line 9 minus line 11	12.	
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.	
14.	Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b	14.	

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

2021 Ohio Schedule IT BUS **Business Income**

Primary taxpayer's SSN





Sequence No. 6

Part 4 - Business Sources

List all sources of business income, with Ohio sources listed first. Also separately list your ownership percentage and/or your spouse's ownership percentage (if filing jointly). If necessary, complete additional copies of this page and include with your return.

	FEIN / SSN Business name	Primary ownership	%	Spouse's ownership %
2.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
3.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
4.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
5.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
6.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
7.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
8.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name		70	



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Seguence No. 7

Nonrefundable Credits 7. Displaced worker training credit (see instructions for all required documentation; include copies)...... 7. % times line 11, up to \$650......12. 12. Joint filing credit (see instructions for table). 19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ... 19. 24. Technology investment credit carryforward (include a copy of the credit certificate).......24. Do not write in this area; for department use only.

2021 Ohio Schedule of Credits

Primary taxpayer's SSN



0202

Sequence No. 8 27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)......27. Nonresident Credit **Dates of Ohio residency** Other state of residency 30. Nonresident Portion of Ohio adjusted gross income -Ohio IT NRC Section I, line 18 (include a copy) 30 31. Ohio adjusted gross income (Ohio IT 1040, line 3)......31. 32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000) 32. Nonresident credit (line 29 times line 32a) **Resident Credit** 33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident -34. Ohio adjusted gross income (Ohio IT 1040, line 3)......34. 35a. Divide line 33 by line 34 (four decimals: do not round: if greater than 1, enter 1.0000).......35a. 36. 2021 income tax liability after credits paid to another state or the District of Columbia -Ohio IT RC, line 1b (include a copy)......36. 37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation 38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) .. 38. **Refundable Credits** 40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)40. 41. Pass-through entity credit (include a copy of the Ohio IT K-1s).......41. 42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... 42. 44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)......44.



2021 Ohio Schedule of Dependents



Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 9

<u>Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule.</u> 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 necessary.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	

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

2021 Ohio Schedule of Dependents



	Primary taxpayer's 55N	
		Sequence No. 1
8. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
9. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
0. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
o. Dependent's 33N	Dependent's date of bitti (www-bb-1111)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	



2021 Schedule of Ohio Withholding

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



Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Enter "P" in the "P/S" box if the form is the

primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return. Part A - Total Withholding 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 3. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 5. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 7. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc.

2021 Schedule of Ohio Withholding Primary taxpayer's SSN



Part C	<u>- 1099-Rs</u>			Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
			distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution		B 7
			Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Tatal	Day 7
			Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Tatal	Day 7
			Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Part D	- W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
	- 1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld

2021 Ohio IT 40P

Include the voucher below with your payment for your **ORIGINAL** 2021 Ohio income tax return.

<u>Important</u>

- Make payment payable to: Ohio Treasurer of State
- Include the tax year and the last four digits of your SSN on the "Memo" line of your payment.
- Do not send cash.
- Do not use this voucher to make a payment for an amended return. Use Ohio IT 40XP.
- Do not use this voucher to make a payment for a school district income tax return. Use Ohio SD 40P for an original school district income tax return. Use Ohio SD 40XP for an amended school district income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. To pay by electronic check, credit card, or debit card, visit tax.ohio.gov/pay OR scan with your phone.



Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the Federal Privacy Act of 1974 requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

- Cut on the dotted lines. Use only black ink.

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СШ	$\mathbf{\cap}$	IT.	40P	
DHI	U		4 UP	

Original Income Tax Payment Voucher

First name	M.I.	Last name
Spouse's first name (only if joint filing)	M.I.	Last name
Address		
City, State, ZIP code		

Make payment payable to: Ohio Treasurer of State Sending with return - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057 Sending without return - Mail to: Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131

Amount of Payment

Do NOT send cash Do NOT fold, staple.

Tax Year or paper clip



Taxpayer's SSN

Spouse's SSN (only if joint filing)

Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

0 0

Do not staple or paper clip. Department of Ohio

2021 Ohio SD 100

School District Income Tax Return



	OIN - CHECK	here and include Oh	ין חפי חייי	NΕ.	NOL	ARRYBA	iori - Of	ICUK II	sie aliū	a II ICIU	ue S	criedu	iic II	INUL
Primary taxpayer's SSN	(required)	✓ If deceased	Sp	oouse's	SSN (if filing jointly	/) ~	If dece	ased		Sch	ool d	istric	t #	
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 (apartme	ent number, su	ite number, etc.)												
City					State	ZIP code)	C)hio cou	ınty (fir	st fou	ır letter	rs)	
iauaundur (if the		a ia austaida tlaa II C			Famaian a	4-1								
Foreign country (if the r	nailing address	s is outside the U.S.,)		Foreign p	ostal cod	е							
Residency Status — Check only one for primary Check only one for spouse (if filing jointly)														
Resident Part-year resident Nonresident Resident Part-year resident Nonresident														
Resident	Part-year resid	ent Nonresid	dent			nt	Part-yea	ar resid	lent		Nonr	eside	nt	
Resident F Dates of residency	Part-year reside	ent Nonresid	dent			nt	Part-yea	ar resid	lent to		Nonr	eside	nt	
Dates of		to			Residen Dates of]-[]		to		Nonr	reside	nt	
Dates of residency Filing Status - Che	eck one (as rep	to			Dates of residency Tax Type		one (see	instruct	tons)				nt	
Dates of residency Filing Status - Che	eck one (as reposerbold or qu	to corted on the Ohio I	Г 1040)		Residen Dates of residency Tax Type Tradition	- Check o	one (see	instruct	tions)	of this	retur	rn.		
Dates of residency Filing Status — Che Single, head of head	eck one (as repousehold or qu	to ported on the Ohio Inalifying widow(er)	Г 1040)		Residen Dates of residency Tax Type Tradition	- Check on all tax ba	one (see	instruct	tions)	of this	retur	rn.		
Dates of residency Filing Status — Che Single, head of head of head Married filing join	eck one (as repousehold or quality arately income: Tradit	to ported on the Ohio In allifying widow(er) Spouse's S	Γ 1040)		Resident Dates of residency Tax Type Tradition Earned	- Check on all tax ba	one (see se. Star	instruct t with li	tions)	of this	retur	rn.		
Dates of residency Filing Status — Che Single, head of he Married filing join Married filing sep I. School district taxable	eck one (as repousehold or quality arately income: Tradit	oorted on the Ohio Inalifying widow(er) Spouse's Sectional tax base from and income tax base from	Γ 1040)		Residen Dates of residency Tax Type Tradition Earned	- Check on all tax ba	one (see se. Star tax base	instruct with li	tions)	of this	retur	rn.		
Dates of esidency Filing Status — Che Single, head of he Married filing join Married filing sep 1. School district taxable 2. School district income	eck one (as repousehold or quality arately income: Tradit Earne	spouse's S cional tax base from ed income tax base for the 1 times tax rate	T 1040)	∋ 27	Resident Dates of residency Tax Type Tradition Earned (see instructions	- Check on all tax ball income of the formate)	one (see se. Star tax base	instruct t with li	tions)	of this	retur	rn.		
Dates of residency Filing Status — Che Single, head of he Married filing join Married filing sep School district taxable School district income S. School district redit (eck one (as repousehold or quartly income: Tradit Earne e tax liability: lir	spouse's S cional tax base from the original tax	F 1040) SSN line 23 from line	e 27	Resident Dates of residency Tax Type Tradition Earned (see instructions it \$50 per return)	- Check on all tax bar income of for rate).	one (see se. Star tax base	instruct t with li	tions)	of this	retur	rn.		
Dates of residency Filing Status — Che Single, head of he Married filing join Married filing sep School district taxable School district income S. School district redit (eck one (as repousehold or quartly income: Tradit Earne e tax liability: lir	spouse's S cional tax base from the original tax	F 1040) SSN line 23 from line	e 27	Resident Dates of residency Tax Type Tradition Earned (see instructions it \$50 per return)	- Check on all tax bar income of for rate).	one (see se. Star tax base	instruct t with li	tions)	of this	retur	rn.		
Pates of residency Filing Status — Che Single, head of he Married filing join Married filing sep	eck one (as repousehold or quality arately income: Tradit Earne e tax liability: lir (you must be 6	spouse's S sional tax base from ad income tax base from the 1 times tax rate so or older to claim the ter zero)	Γ 1040) SSN line 23 from line	e 27	Resident Dates of residency Tax Type Tradition Earned (see instructions it \$50 per return)	- Check on all tax bar income in for rate)	one (see se. Star tax base	instruct t with li	tions)	of this	retur	rn.		

MM-DD-YY	Code

2021 Ohio SD 100

School District Income Tax Return



21020202

SSN SD#			
6a. Amount from line 6 on page 1	6	a.	
School district income tax withheld – Schedule of Schedule and income statements)	ool District Withholding, part A, line 1		
Estimated and extension payments (from Ohio SD 10 carryforward from last year's return	0ES and SD 40P), and credit		
9. Amended return only – amount previously paid with	original and/or amended return	9.	
10. Total school district income tax payments (add lin	es 7, 8 and 9)10	0.	
11. <u>Amended return only</u> – overpayment previously req	uested on original and/or amended return1	1.	
12. Line 10 minus line 11. Place a "-" in the box if negative		2.	
If line 12 is MORE THAN line 6a, go to line 1	6. OTHERWISE, continue to line 13.		
13. Tax due (line 6a minus line 12). If line 12 is negative,	gnore the "-" and add line 12 to line 6a13	3.	
14. Interest due on late payment of tax (see instructions)	14	4	
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include O (if amended return) and make check payable to "School		5.	
16. Overpayment (line 12 minus line 6a)	10	6.	
17. Original return only – amount of line 16 to be credited to	oward next year's school district income tax liability 17	7.	
18. REFUND (line 16 minus line 17)	YOUR REFUND ▶ 18	8.	
<u>Traditional Tax Base (lines 19 to 23)</u>			
19. Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place	a "-" in the box if negative	9.	
20. Business income deduction add-back (from Ohio Sch	edule of Adjustments, line 11)20	0.	
21. Line 19 plus line 20. Place a "-" in the box if negative.	2	1.	
22. The portion of line 21 received while a nonresident of		2	
23. School district taxable income (line 21 minus line 22; on line 1 of this return	• ,	3	
Earned Income Tax Base (lines 24 to 27)		0.	
24. Wages and other compensation received while a resi in modified adjusted gross income (see instructions).		4.	
25. Net earnings from self-employment received while a rincluded in modified adjusted gross income (see instr		5.	
26. Federal conformity adjustments (see instructions). Pla	ace a "-" in the box if negative	3.	
27. School district taxable income (add lines 24, 25 and 2 on line 1 of this return	,	7.	0
Sign Here (required): I have read this return. Under penalt and belief, the return and all enclosures are true, correct and com	plete.	If your refund is \$1.00 or less, no refund will be issue If you owe \$1.00 or less, no payment is necessary.	
Primary signature		NO Payment Included – Mail to: Ohio Department of Taxation	
Spouse's signature		P.O. Box 182197 Columbus, OH 43218-2197	
Check here to authorize your preparer to discuss this return	·	Payment Included – Mail to:	
Preparer's printed name	Phone number	Ohio Department of Taxation P.O. Box 182389 Columbus, OH 43218-2389	

Preparer's TIN (PTIN)



2021 Schedule of School District Withholding

Primary taxpayer's SSN

School District #



Complete a separate schedule for each SD 100 you file that reports school district withholding.

•		S S S S S S S S S S S S S S S S S S S	ad of the "local" boxes. In this case, enter the school es from box 16 as the school district wage amoun
	- Total Withholding		Ü
		the school district entered above. Enter here and o	
line 7	7 of your SD 100		1.
Part E	<u>3 - W-2s</u>		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
2. F/3	BOX B - LIN	Dox 1 Wages, ups, outer compensation	
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
	Box 13 - Employer's Office ID Humber	Box 16 - School district wages	Box 19 - School district tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
J. F/3	BOX B - LIN	Dox 1 Wages, ups, outer compensation	
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
Part C	<u> </u>		
1. P/S	Payer's TIN	Box 1 - Gross distribution	Box 4 - Federal income tax withheld
	Box 15 - Payer's Ohio number	Box 19 - School district distribution	Box 17 - School district tax

2021 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2021 school district income tax return.

Important

- Make payment payable to: School District Income Tax
- Include the tax year, the last four digits of your SSN, and the school district number on the "Memo" line of your payment.
- Do not send cash.
- Do not use this voucher to make a payment for an amended school district income tax return. Use Ohio SD 40XP.
- Do not use this voucher to make a payment for an Ohio income tax return. Use Ohio IT 40P for an <u>original</u> Ohio income tax return. Use Ohio IT 40XP for an <u>amended</u> Ohio income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. To pay by electronic check, credit card, or debit card, visit **tax.ohio.gov/pay** OR scan with your phone.



Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

Cut on the dotted lines. Use only black ink	Tax Year • Do NOT send cash	School district
Original School District Income Tax Payment Vo	• Do <u>NOT</u> fold, staple or paper clip	number
First name M.I. Last name		Use UPPERCASE letters
Spouse's first name (only if joint filing) M.I. Last name		print the first three letters of Taxpayer's Spouse's last name (only if joint filing)
Address		(only it joint filling)
City, State, ZIP code		
Make payment payable to: School District Income Ta	Taxpayer's SSN	
Mail to: Óhio Department of Taxation, P.O. Box 182389, Columbus, OH 43218-2389	Spouse's SSN (only if joint filing)	
	Amount of Paymont	0.0