



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.

2018 Ohio IT 1040 Individual Income Tax Return



Sequence No. 1

Use only black ink and UPPERCASE letters.

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

Taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD#

First name M.I. Last name

Spouse's first name (only if married filing jointly) M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

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

Ohio Residency Status - Check applicable box
Full-year resident Part-year resident Nonresident Indicate state
Check applicable box for spouse (only if married filing jointly)

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

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

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

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

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

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

Postmark date Code

Do not staple or paper clip.



2018 Ohio IT 1040 Individual Income Tax Return



18000202

Sequence No. 2

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

7a. Amount from line 7 on page 1 7a. [] [] [] [] [] [] [] [] [] [] 0 0
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)..... 8a. [] [] [] [] [] [] [] [] [] [] 0 0
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE) 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 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. [] [] [] [] [] [] [] [] [] [] 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. [] 12. [] [] [] [] [] [] [] [] [] [] 0 0
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... 13. [] [] [] [] [] [] [] [] [] [] 0 0
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return 14. [] [] [] [] [] [] [] [] [] [] 0 0
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return 15. [] [] [] [] [] [] [] [] [] [] 0 0
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE) 16. [] [] [] [] [] [] [] [] [] [] 0 0
17. Amended return only – amount previously paid with original and/or amended return 17. [] [] [] [] [] [] [] [] [] [] 0 0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... 18. [] [] [] [] [] [] [] [] [] [] 0 0
19. Amended return only – overpayment previously requested on original and/or amended return..... 19. [] [] [] [] [] [] [] [] [] [] 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 to line 13..... 21. [] [] [] [] [] [] [] [] [] [] 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 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. Original return only – amount of line 24 to be credited toward 2019 income tax liability..... 25. [] [] [] [] [] [] [] [] [] [] 0 0
26. Original return only – amount of line 24 to be donated:
a. Breast / cervical cancer [] [] [] [] [] [] [] [] [] [] 0 0
b. Wishes for Sick Children [] [] [] [] [] [] [] [] [] [] 0 0
c. Wildlife species [] [] [] [] [] [] [] [] [] [] 0 0
d. Military injury relief [] [] [] [] [] [] [] [] [] [] 0 0
e. Ohio History Fund [] [] [] [] [] [] [] [] [] [] 0 0
f. State nature preserves [] [] [] [] [] [] [] [] [] [] 0 0
Total 26g. [] [] [] [] [] [] [] [] [] [] 0 0
27. REFUND (line 24 minus lines 25 and 26g)..... YOUR REFUND ▶ 27. [] [] [] [] [] [] [] [] [] [] 0 0

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.
Your signature _____ Phone number _____
Spouse's signature _____ Date (MM/DD/YY) _____
[] Check here to authorize your preparer to discuss this return with Taxation
Preparer's printed name _____
Phone number _____ Preparer's TIN (PTIN) P [] [] [] [] [] [] [] [] [] []

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679
Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Do not staple or paper clip.



Department of Taxation
Rev. 10/18

2018 Ohio Schedule A

Income Adjustments – Additions and Deductions



18000302

Use only black ink.

SSN of primary filer

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Sequence No. 3

Additions

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

1. Non-Ohio state or local government interest and dividends.....	1.									0	0
2. Certain Ohio pass-through entity and financial institutions taxes paid.....	2.									0	0
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account.....	3.									0	0
4. Losses from sale or disposition of Ohio public obligations.....	4.									0	0
5. Nonmedical withdrawals from a medical savings account.....	5.									0	0
6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income.....	6.									0	0

Federal

7. Internal Revenue Code 168(k) and 179 depreciation expense addback.....	7.									0	0
8. Federal interest and dividends subject to state taxation.....	8.									0	0
9. Federal conformity additions.....	9.									0	0
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a.....	10.									0	0

Deductions

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

11. Business income deduction – Ohio Schedule IT BUS, line 11.....	11.									0	0
12. Employee compensation earned in Ohio by residents of neighboring states.....	12.									0	0
13. State or municipal income tax overpayments shown on the federal 1040, Schedule 1, line 10.....	13.									0	0
14. Taxable Social Security benefits.....	14.									0	0
15. Certain railroad retirement benefits.....	15.									0	0
16. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; or income from a transfer agreement.....	16.									0	0
17. Amounts contributed to an Ohio county's individual development account program.....	17.									0	0
18. Amounts contributed to STABLE account: Ohio's ABLE Plan.....	18.									0	0
19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....	19.									0	0

Federal

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

Do not staple or paper clip.



2018 Ohio Schedule A

Income Adjustments – Additions and Deductions



18000402

SSN of primary filer

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Sequence No. 4

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

Uniformed Services

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

Education

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

Medical

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

Do not staple or paper clip.



2018 Ohio Schedule IT BUS

Business Income



18260102

Sequence No. 5

Use only black ink and UPPERCASE letters.

SSN of primary filer [][][]-[][][]-[][][][][][]

Check to indicate which taxpayer earned this income:

Primary Spouse

Include on this schedule any income included in federal adjusted gross income that constitutes business income. See Ohio Revised Code (R.C.) section 5747.01(B). On page 2 of this schedule, list the sources of business income and your ownership percentage. Include the Ohio Schedule IT BUS with Ohio IT 1040 if filing by paper (see instructions if filing electronically).

Part 1 - Business Income From IRS Schedules

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

1. Schedule B – Interest and Ordinary Dividends	1.	[][][][][][][][][][][][]	0 0
2. Schedule C – Profit or Loss From Business (Sole Proprietorship).....	<input type="checkbox"/> 2.	[][][][][][][][][][][][]	0 0
3. Schedule D – Capital Gains and Losses.....	<input type="checkbox"/> 3.	[][][][][][][][][][][][]	0 0
4. Schedule E – Supplemental Income and Loss.....	<input type="checkbox"/> 4.	[][][][][][][][][][][][]	0 0
5. Guaranteed payments, compensation and/or wages from each pass-through entity in which you have at least a 20% direct or indirect ownership interest	5.	[][][][][][][][][][][][]	0 0
6. Schedule F – Profit or Loss From Farming	<input type="checkbox"/> 6.	[][][][][][][][][][][][]	0 0
7. Other items of income and gain separately stated on the federal Schedule K-1, gains and/or losses reported on the federal 4797 and federal conformity adjustments, if any	<input type="checkbox"/> 7.	[][][][][][][][][][][][]	0 0
8. Total of business income (add lines 1 through 7).....	<input type="checkbox"/> 8.	[][][][][][][][][][][][]	0 0

Part 2 - Business Income Deduction

9. All business income (enter the lesser of line 8 above or Ohio IT 1040, line 1). If zero or negative, stop here and do not complete Part 3	<input type="checkbox"/> 9.	[][][][][][][][][][][][]	0 0
10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	10.	[][][][][][][][][][][][]	0 0
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.....	11.	[][][][][][][][][][][][]	0 0

Part 3 - Taxable Business Income

Note: If Ohio IT 1040, line 5 equals 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 IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	13.	[][][][][][][][][][][][]	0 0
14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.....	14.	[][][][][][][][][][][][]	0 0

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

Do not staple or paper clip.



18260202

SSN of primary filer

SSN input boxes

Part 4 - Business Entity

Sequence No. 6

If you have more than 18 entities, complete additional copies of this page and include with your income tax return.

Table with 3 columns: Name of entity, FEIN / SSN, and Percentage of ownership. Rows 1-18.

Do not staple or paper clip.



Department of Taxation Rev. 9/18

2018 Ohio Schedule of Credits

Nonrefundable and Refundable

Use only black ink.

SSN of primary filer

SSN input boxes



18280102

Sequence No. 7

Nonrefundable Credits

Do not staple or paper clip.

Table with 24 rows for Nonrefundable Credits, including items like Tax liability before credits, Retirement income credit, etc.

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



2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer

SSN input boxes



18280202

Sequence No. 8

Nonresident Credit

Date of nonresidency and State of residency input boxes

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

Resident Credit

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

Refundable Credits

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

Do not staple or paper clip.



Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



18230102

Use only black ink and UPPERCASE letters.

Tax Year

SSN of primary filer (required)

2018

SSN of primary filer (required) boxes

Sequence No. 9

Do not list the primary filer and/or spouse as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Do not staple or paper clip.

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

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

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

OHIO IT 40P

Rev. 7/18

Original Income Tax Payment Voucher

- Do **NOT** staple or paper clip.
- Do **NOT** send cash.

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

Taxable Year

2018

Do **NOT** fold check or voucher.

Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

[][]

Spouse's last name (only if joint filing)

[][]

Taxpayer's SSN

[][]
[][][][]

Spouse's SSN (only if joint filing)

[][]
[][][][]

- **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 \$

[][]
[][][][]
[][]
.00

Do not staple or paper clip.



Department of Taxation Rev. 10/18

2018 Ohio SD 100 School District Income Tax Return



Use only black ink and UPPERCASE letters.

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

Check here if this is an amended return. Check here if this is a Net Operating Loss (NOL) carryback. Taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD#

First name M.I. Last name

Spouse's first name (only if married filing jointly) M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

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

School District Residency - Check applicable box Full-year resident Part-year resident of SD# above Full-year nonresident of SD# above Enter date of nonresidency to

Check applicable box for spouse (only if married filing jointly) Full-year resident Part-year resident of SD# above Full-year nonresident of SD# above Enter date of nonresidency to

Filing Status - Check one (must match the Ohio IT 1040): Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Tax Type - Check one (for an explanation, see instructions) The school district for which this return is being filed is a(n): Traditional tax base school district. Earned income tax base school district.

Table with 6 rows for tax liability calculation. Columns include description and amount in dollars and cents.

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

Postmark date Code



Department of
Taxation
Rev. 10/18

2018 Ohio SD 100 School District Income Tax Return



18020202

SSN SD#

- 6a. Amount from line 6 on page 1 6a.
- 7. School district income tax withheld. School district number on W-2(s) and/or 1099-R(s) must agree with the school district number on this return. Include W-2(s) and 1099-R(s) with the return 7.
- 8. Estimated (2018 Ohio SD 100ES) and extension (2018 Ohio SD 40P) payments and credit carryforward from previous year return 8.
- 9. **Amended return only** – amount previously paid with original and/or amended return 9.
- 10. **Total school district income tax payments** (add lines 7, 8 and 9) 10.
- 11. **Amended return only** – 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 12.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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.
- 14. Interest and penalty due on late filing or late payment of tax (see instructions) 14.
- 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) 16.
- 17. **Original return only** – amount of line 16 to be credited toward 2019 school district income tax liability 17.
- 18. **REFUND** (line 16 minus line 17) **YOUR REFUND** ▶ 18.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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 19.
- 20. Business income deduction add-back (from Ohio Schedule A, line 11) 20.
- 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 21.
- 22. The amount from line 21, if any, that you earned while **not** a resident of the school district whose number you entered on this return 22.
- 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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 24.
- 25. Net earnings from self-employment earned while a resident of the school district and included in Ohio adjusted gross income 25.
- 26. Federal conformity adjustments (see instructions) 26.
- 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Your signature _____ Phone Number _____
 ▶ Spouse's signature _____ Date (MM/DD/YY) _____

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

Preparer's printed name _____
 Phone number _____ Preparer's TIN (PTIN) P

**If your refund is \$1.00 or less, no refund will be issued.
 If you owe \$1.00 or less, no payment is necessary.**

NO Payment Included – Mail to:
 School District Income Tax
 P.O. Box 182197
 Columbus, OH 43218-2197

Payment Included – Mail to:
 School District Income Tax
 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.
- 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

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

OHIO SD 40P

Rev. 11/18

Original School District Income Tax Payment Voucher

- Do **NOT** staple or paper clip.
- Do **NOT** send cash.

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

2018SP

Do **NOT** fold check or voucher. ■

Use UPPERCASE letters to print the first three letters of

School district number

Taxpayer's last name

Spouse's last name (only if joint filing)

Taxpayer's SSN

Spouse's SSN (only if joint filing)

- **Make payment payable to:** School District Income Tax
- **Mail to:** School District Income Tax, P.O. Box 182389
Columbus, OH 43218-2389

Amount of Payment → \$

Do not staple or paper clip.



Department of Taxation

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



19000102

Sequence No. 1

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

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

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD#

First name M.I. Last name Spouse's first name (only if married filing jointly) M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

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

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

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

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

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

Do not staple or paper clip.

1. Federal adjusted gross income (from the federal 1040, line 8b). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero. 2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE) 2b. Deductions - Ohio Schedule A, line 38 (INCLUDE SCHEDULE) 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero. 4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J) Number of exemptions claimed: 5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero). 6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE) 7. Line 5 minus line 6 (if less than zero, enter zero)

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

MM-DD-YY Code

2019 Ohio Schedule A



19000302

Income Adjustments – Additions and Deductions

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

SSN input boxes

Sequence No. 3

Additions

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

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

Deductions

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

Table with 12 rows for deductions, including items like Business income deduction, State or municipal income tax overpayments, and Federal interest and dividends exempt from state taxation.

Do not staple or paper clip.

2019 Ohio Schedule A

Income Adjustments – Additions and Deductions

Primary taxpayer's SSN



19000402

Sequence No. 4

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- | | | | | | |
|--|-----|--|--|--|----|
| 23. Repayment of income reported in a prior year | 23. | | | | 00 |
| 24. Wage expense not deducted based on the federal work opportunity tax credit | 24. | | | | 00 |
| 25. Federal conformity deductions | 25. | | | | 00 |

Uniformed Services

- | | | | | | |
|---|-----|--|--|--|----|
| 26. Military pay received by Ohio residents while stationed outside Ohio..... | 26. | | | | 00 |
| 27. Compensation earned by nonresident military servicemembers and their civilian spouses | 27. | | | | 00 |
| 28. Uniformed services retirement income..... | 28. | | | | 00 |
| 29. Military injury relief fund | 29. | | | | 00 |
| 30. Certain Ohio National Guard reimbursements and benefits..... | 30. | | | | 00 |

Education

- | | | | | | |
|--|-----|--|--|--|----|
| 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan | 31. | | | | 00 |
| 32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board | 32. | | | | 00 |

Medical

- | | | | | | |
|---|-----|--|--|--|----|
| 33. Disability benefits | 33. | | | | 00 |
| 34. Survivor benefits..... | 34. | | | | 00 |
| 35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy) | 35. | | | | 00 |
| 36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy) | 36. | | | | 00 |
| 37. Qualified organ donor expenses | 37. | | | | 00 |
| 38. Total deductions (add lines 11 through 37 ONLY). Enter here and on Ohio IT 1040, line 2b..... | 38. | | | | 00 |

Do not staple or paper clip.



Department of Taxation

2019 Ohio Schedule IT BUS Business Income

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



19260102

Sequence No. 5

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

Part 1 – Business Income From IRS Schedules

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

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

Part 2 – Business Income Deduction

9. Enter the lesser of line 8 above or Ohio IT 1040, line 1. If less than zero, enter zero; stop here and do not complete Part 3.....	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.....	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

Part 3 – Taxable Business Income

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

12. Line 9 minus line 11	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6.....	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.....	14.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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

Do not staple or paper clip.

2019 Ohio Schedule IT BUS

Business Income



19260202

Primary taxpayer's SSN

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Sequence No. 6

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
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
2. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
3. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
4. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
6. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
7. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
8. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
9. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
10. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
11. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
12. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
13. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
14. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
15. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Do not staple or paper clip.



Department of Taxation

2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

SSN input boxes



19280102

Sequence No. 7

Nonrefundable Credits

Table with 25 rows of credit categories and corresponding input boxes for amounts.

Do not staple or paper clip.

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

2019 Ohio Schedule of Credits



19280202

Primary taxpayer's SSN

Sequence No. 8

Nonresident Credit

Date of nonresidency **to** **State of residency**

- 26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) 26. 0 0
- 27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) 27. 0 0
- 28. Divide line 26 by line 27 and enter the result here (four digits; do not round).
Multiply this factor by the amount on line 25 to calculate your nonresident credit 28. 0 0

Resident Credit

- 29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident 29. 0 0
- 30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) 30. 0 0
- 31. Divide line 29 by line 30 and enter the result here (four digits; do not round).
Multiply this factor by the amount on line 25 and enter the result here 31. 0 0
- 32. Enter the 2019 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia 32. 0 0
- 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. 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) 35. 0 0
- 36. Refundable job creation credit & job retention credit (include a copy of the credit certificate) 36. 0 0
- 37. Pass-through entity credit (include a copy of the Ohio IT K-1s) 37. 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) 39. 0 0
- 40. Venture capital credit (include a copy of the credit certificate) 40. 0 0
- 41. **Total refundable credits** (add lines 35 through 40; enter here and on Ohio IT 1040, line 16) 41. 0 0

Do not staple or paper clip.



Department of Taxation

Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return

Use only black ink/UPPERCASE letters.



19230102

Tax Year

Primary taxpayer's SSN (required)

2019

SSN input boxes

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if there are not enough boxes to spell it out completely.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Do not staple or paper clip.

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

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.
- 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 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

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

OHIO IT 40P Original Income Tax Payment Voucher

Rev. 10/19

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

Taxable Year
2019



Do **NOT** fold check or voucher.
Do **NOT** staple or paper clip.
Do **NOT** send cash.

Use UPPERCASE letters
to print the first three letters of

Taxpayer's
last name

Spouse's last name
(only if joint filing)

Taxpayer's SSN

Spouse's SSN
(only if joint filing)

Amount of
Payment → \$

00

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

Do not staple or paper clip.



Department of Taxation

2019 Ohio SD 100 School District Income Tax Return



19020102

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 return. Include the Ohio SD RE (do NOT include a copy of the previously filed return).

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

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions).

First name M.I. Last name

Spouse's first name (only if married filing jointly) M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

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

School District Residency - Check applicable box Full-year resident Part-year resident Full-year nonresident Enter date of nonresidency

Check applicable box for spouse (only if married filing jointly) Full-year resident Part-year resident Full-year nonresident Enter date of nonresidency

Filing Status - Check one (must match the Ohio IT 1040) Single, head of household or qualifying widow(er) Married filing jointly Spouse's SSN Married filing separately

Tax Type - Check one (for an explanation, see instructions) Traditional tax base school district. You must start with line 19 on page 2 of this return. Earned income tax base school district. You must start with line 24 on page 2 of this return.

Table with 6 rows and 2 columns: Description of tax liability and amount. Includes Traditional tax base, Earned income tax base, Senior citizen credit, Interest penalty, and Total school district income tax liability.

Do not staple or paper clip.

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

MM-DD-YY Code

2019 Ohio SD 100
School District Income Tax Return



19020202

SSN [] [] [] [] [] [] [] [] SD# [] [] [] []

6a. Amount from line 6 on page 1 6a. [] [] [] [] [] [] 0 0
7. School district income tax withheld for the school district number entered above (include copies of W-2 and 1099-R) 7. [] [] [] [] [] [] 0 0
8. 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. Amended return only - 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) YOUR REFUND ▶ 18. [] [] [] [] [] [] 0 0
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 19. [] [] [] [] [] [] 0 0
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
22. 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
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) 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

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.
Primary signature _____ Phone number _____
Spouse's signature _____ Date (MM/DD/YY) _____
Check here to authorize your preparer to discuss this return with the Department
Preparer's printed name _____ Phone number _____
Preparer's TIN (PTIN) P [] [] [] [] [] []

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
NO Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 182197
Columbus, OH 43218-2197
Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 182389
Columbus, OH 43218-2389

2019 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2019 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 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 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

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

OHIO SD 40P
Original School District Income Tax Payment Voucher

Rev. 10/19

Taxable Year
2019SP

Do **NOT** fold check or voucher.
Do **NOT** staple or paper clip.
Do **NOT** send cash.

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

School district number

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Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

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--	--	--

Taxpayer's SSN

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

Spouse's SSN (only if joint filing)

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

Make payment payable to: School District Income Tax
Mail to: School District Income Tax,
P.O. Box 182389, Columbus, OH 43218-2389

Amount of Payment → \$

										0	0
--	--	--	--	--	--	--	--	--	--	---	---

Do not staple or paper clip.



2020 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



20000102

Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE. Do NOT include a copy of the previously filed return. Check here if claiming an NOL carryback. Include Schedule IT NOL.

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

First name M.I. Last name Spouse's first name (only if married filing jointly) M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

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

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

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

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

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

Do not staple or paper clip.

1. Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Include page 1 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero. 2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE). 2b. Deductions - Ohio Schedule A, line 39 (INCLUDE SCHEDULE). 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero. 4. Exemption amount (INCLUDE SCHEDULE J if claiming dependents). Number of exemptions including you and your spouse/dependents, if applicable. 5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero). 6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE). 7. Line 5 minus line 6 (if less than zero, enter zero).

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

MM-DD-YY Code

2020 Ohio IT 1040
Individual Income Tax Return



20000202

Sequence No. 2

SSN

7a. Amount from line 7 on page 1 7a.
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....8a.
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8b.
8c. Income tax liability before credits (line 8a plus line 8b)8c.
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 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 Ohio IT/SD 2210)..... 11.
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions) 12.
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... 13.
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE) 14.
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return 15.
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE) 16.
17. Amended return only – amount previously paid with original and/or amended return 17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... 18.
19. Amended return only – overpayment previously requested on original and/or amended return..... 19.
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero..... 20.
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....21.
22. Interest due on late payment of tax (see instructions)22.
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"..... AMOUNT DUE ▶ 23.
24. Overpayment (line 20 minus line 13)24.
25. Original return only – amount of line 24 to be credited toward 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. Wishes for Sick Children e. Wildlife species f. Military injury relief Total26g.
27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number

Spouse's signature Date (MM/DD/YY)

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name Phone number

Preparer's TIN (PTIN) P

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:

Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:

Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057



Primary taxpayer's SSN

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Sequence No. 3

Additions

(Add the following if not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends.....	1.	□□	□□	□□	□□	.00
2. Certain Ohio pass-through entity taxes paid	2.	□□	□□	□□	□□	.00
3. Ohio 529 plan funds used for non-qualified expenses	3.	□□	□□	□□	□□	.00
4. Losses from sale or disposition of Ohio public obligations.....	4.	□□	□□	□□	□□	.00
5. Nonmedical withdrawals from a medical savings account	5.	□□	□□	□□	□□	.00
6. Reimbursement of expenses previously deducted on an Ohio income tax return	6.	□□	□□	□□	□□	.00
Federal						
7. Internal Revenue Code 168(k) and 179 depreciation expense addback	7.	□□	□□	□□	□□	.00
8. Exempt federal interest and dividends subject to state taxation	8.	□□	□□	□□	□□	.00
9. Federal conformity additions	9.	□□	□□	□□	□□	.00
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a	10.	□□	□□	□□	□□	.00

Deductions

(Deduct the following if included on Ohio IT 1040, line 1)

11. Business income deduction – Ohio Schedule IT BUS, line 11	11.	□□	□□	□□	□□	.00
12. Employee compensation earned in Ohio by residents of neighboring states.....	12.	□□	□□	□□	□□	.00
13. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1) ..	13.	□□	□□	□□	□□	.00
14. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)	14.	□□	□□	□□	□□	.00
15. Certain railroad retirement benefits	15.	□□	□□	□□	□□	.00
16. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement.....	16.	□□	□□	□□	□□	.00
17. Amounts contributed to an Ohio county's individual development account program	17.	□□	□□	□□	□□	.00
18. Amounts contributed to STABLE account: Ohio's ABLE plan	18.	□□	□□	□□	□□	.00
19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....	19.	□□	□□	□□	□□	.00
Federal						
20. Federal interest and dividends exempt from state taxation.....	20.	□□	□□	□□	□□	.00
21. Deduction of prior year 168(k) and 179 depreciation addbacks.....	21.	□□	□□	□□	□□	.00
22. Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal itemized deductions claimed on a prior year return.....	22.	□□	□□	□□	□□	.00

2020 Ohio Schedule A

Income Adjustments

Primary taxpayer's SSN



20000402

Sequence No. 4

- 23. Repayment of income reported in a prior year 23. .00
- 24. Wage expense not deducted based on the federal work opportunity tax credit 24. .00
- 25. Federal conformity deductions 25. .00

Uniformed Services

- 26. Military pay received by Ohio residents while stationed outside Ohio 26. .00
- 27. Compensation earned by nonresident military servicemembers and their civilian spouses 27. .00
- 28. Uniformed services retirement income 28. .00
- 29. Military injury relief fund grants and veteran's disability severance payments 29. .00
- 30. Certain Ohio National Guard reimbursements and benefits 30. .00

Education

- 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan 31. .00
- 32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board 32. .00
- 33. Ohio educator expenses in excess of federal deduction 33. .00

Medical

- 34. Disability benefits 34. .00
- 35. Survivor benefits 35. .00
- 36. Unreimbursed medical and health care expenses (see instructions for worksheet; **include a copy**) 36. .00
- 37. Medical savings account contributions/earnings (see instructions for worksheet; **include a copy**) 37. .00
- 38. Qualified organ donor expenses 38. .00
- 39. **Total deductions** (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b 39. .00



2020 Ohio Schedule IT BUS Business Income

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



20260102

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: 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.

Form with 8 lines for business income from IRS Schedules B through F, including total business income. Each line has a checkbox and a numeric input field.

Part 2 - Business Income Deduction

Form with 3 lines for business income deduction. Line 9 includes a 'stop here' instruction. Each line has a numeric input field.

Part 3 - Taxable Business Income

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

Form with 3 lines for taxable business income. Line 14 is for business income tax liability. Each line has a numeric input field.

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

2020 Ohio Schedule IT BUS Business Income



20260202

Primary taxpayer's SSN

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Sequence No. 6

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
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
Business name			
<input type="text"/>			

2. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
Business name			
<input type="text"/>			

3. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
Business name			
<input type="text"/>			

4. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
Business name			
<input type="text"/>			

5. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
Business name			
<input type="text"/>			

6. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
Business name			
<input type="text"/>			

7. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
Business name			
<input type="text"/>			

8. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
Business name			
<input type="text"/>			



SSN input boxes

Nonrefundable Credits

Table with 25 rows of tax credits and their corresponding input boxes. Includes items like 'Tax liability before credits', 'Retirement income credit', 'Lump sum retirement credit', etc.

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

2020 Ohio Schedule of Credits



20280202

Primary taxpayer's SSN

SSN input boxes

Sequence No. 8

Nonresident Credit

Date of nonresidency to State of residency

- 26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)
27. 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 line 25 to calculate your nonresident credit

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

Refundable Credits

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

Ohio Schedule J Dependents



Use only black ink/UPPERCASE letters.

Tax Year 2020 Primary taxpayer's SSN

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. 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 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.

Ohio Schedule J Dependents



20230202

Tax Year Primary taxpayer's SSN
2020

Sequence No. **10**

8. Dependent's SSN <input type="text"/>	Dependent's date of birth (MM-DD-YYYY) <input type="text"/>	Dependent's relationship to you <input type="text"/>
Dependent's first name <input type="text"/>	M.I. Dependent's last name <input type="text"/>	
9. Dependent's SSN <input type="text"/>	Dependent's date of birth (MM-DD-YYYY) <input type="text"/>	Dependent's relationship to you <input type="text"/>
Dependent's first name <input type="text"/>	M.I. Dependent's last name <input type="text"/>	
10. Dependent's SSN <input type="text"/>	Dependent's date of birth (MM-DD-YYYY) <input type="text"/>	Dependent's relationship to you <input type="text"/>
Dependent's first name <input type="text"/>	M.I. Dependent's last name <input type="text"/>	
11. Dependent's SSN <input type="text"/>	Dependent's date of birth (MM-DD-YYYY) <input type="text"/>	Dependent's relationship to you <input type="text"/>
Dependent's first name <input type="text"/>	M.I. Dependent's last name <input type="text"/>	
12. Dependent's SSN <input type="text"/>	Dependent's date of birth (MM-DD-YYYY) <input type="text"/>	Dependent's relationship to you <input type="text"/>
Dependent's first name <input type="text"/>	M.I. Dependent's last name <input type="text"/>	
13. Dependent's SSN <input type="text"/>	Dependent's date of birth (MM-DD-YYYY) <input type="text"/>	Dependent's relationship to you <input type="text"/>
Dependent's first name <input type="text"/>	M.I. Dependent's last name <input type="text"/>	
14. Dependent's SSN <input type="text"/>	Dependent's date of birth (MM-DD-YYYY) <input type="text"/>	Dependent's relationship to you <input type="text"/>
Dependent's first name <input type="text"/>	M.I. Dependent's last name <input type="text"/>	
15. Dependent's SSN <input type="text"/>	Dependent's date of birth (MM-DD-YYYY) <input type="text"/>	Dependent's relationship to you <input type="text"/>
Dependent's first name <input type="text"/>	M.I. Dependent's last name <input type="text"/>	

2020 Schedule of Ohio Withholding



20350102

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

SSN input boxes

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 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.....1.

Part B - W-2s

Table with 7 rows for W-2 forms, columns for P/S, EIN, Ohio ID, Wages, Federal tax, and Ohio tax.

2020 Schedule of Ohio Withholding

Primary taxpayer's SSN



20350202

Sequence No. 12

Part C - 1099-Rs

1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>		<input type="text"/>
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>		<input type="text"/>
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>		<input type="text"/>
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>		<input type="text"/>

Part D - W-2Gs

1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part E - 1099-NECs

1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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. 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 IT 40P

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

Tax Year

2020



- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

Taxpayer's SSN

Spouse's SSN (only if joint filing)

Amount of Payment → \$

0 0

Do not staple or paper clip.



Department of Taxation

2020 Ohio SD 100 School District Income Tax Return



20020102

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 return. Include the Ohio SD RE. Do NOT include a copy of the previously filed return. Check here if claiming an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased School district # for this return (see instructions). SD#

First name M.I. Last name

Spouse's first name (only if married filing jointly) M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

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

Residency Status - Check only one for primary: Resident, Part-year resident, Nonresident. Check only one for spouse (if married filing jointly): Resident, Part-year resident, Nonresident. Dates of nonresidency.

Filing Status - Check one (as reported on the Ohio IT 1040): Single, head of household or qualifying widow(er); Married filing jointly; Married filing separately. Spouse's SSN. Tax Type - Check one (see instructions): Traditional tax base; Earned income tax base.

Do not staple or paper clip.

1. School district taxable income: Traditional tax base: Amount from line 23 on page 2. Earned income tax base: Amount from line 27 on page 2. 2. School district income tax liability: line 1 times tax rate (rates found in the instructions). 3. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return). 4. Line 2 minus line 3 (if less than zero, enter zero). 5. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210). 6. Total school district income tax liability before withholding or estimated payments (line 4 plus line 5).

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

MM-DD-YY Code

2020 Ohio SD 100
School District Income Tax Return



20020202

SSN [] [] [] [] [] [] [] [] SD# [] [] [] []

6a. Amount from line 6 on page 1 6a.
7. School district income tax withheld - Schedule of School District Withholding, part A, line 1 (INCLUDE SCHEDULE) 7.
8. Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return 8.
9. Amended return only - amount previously paid with original and/or amended return 9.
10. Total school district income tax payments (add lines 7, 8 and 9) 10.
11. Amended return only - 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 12.

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) 14.
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) 16.
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) YOUR REFUND ▶ 18.

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 19.
20. Business income deduction add-back (from Ohio Schedule A, line 11) 20.
21. Line 19 plus line 20. Place a "-" in the box at the right if the amount is less than zero 21.
22. The portion of line 21 received while a nonresident of the school district entered above 22.
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.

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) 24.
25. Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions) 25.
26. Federal conformity adjustments (see instructions) 26.
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.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.
Primary signature _____ Phone number _____
Spouse's signature _____ Date (MM/DD/YY) _____
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name _____ Phone number _____
Preparer's TIN (PTIN) P [] [] [] [] [] [] [] []

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 182197
Columbus, OH 43218-2197
Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 182389
Columbus, OH 43218-2389

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 #

SSN input boxes

School District # input boxes

List your and your spouse's (if filing jointly) W-2 and 1099-R forms only if they have school district 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.

Important: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

Part A - Total Withholding

1. Total of all school district income tax withheld for the school district entered above. Enter here and on line 7 of your SD 100 1.

Part B - W-2s

Grid for Part B - W-2s with 5 rows and 3 columns of fields for EIN, Ohio ID, Wages, Federal tax, and School district tax.

Part C - 1099-Rs

Grid for Part C - 1099-Rs with 1 row and 3 columns of fields for TIN, Ohio number, Gross distribution, School district distribution, and Federal tax.

2020 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2020 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 original Ohio income tax return. Use Ohio IT 40XP for an amended 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 Original School District 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: School District Income Tax
Mail to: School District Income Tax,
P.O. Box 182389, Columbus, OH 43218-2389

Tax Year
2020



- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

School district number

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Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

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Spouse's last name (only if joint filing)

--	--	--

Taxpayer's SSN

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

Spouse's SSN (only if joint filing)

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

Amount of Payment → \$

									0	0
--	--	--	--	--	--	--	--	--	---	---

Do not staple or paper clip.



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



21000102

Sequence No. 1

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

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

First name M.I. Last name Spouse's first name (if filing jointly) M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

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

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

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

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

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

Do not staple or paper clip.

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

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

MM-DD-YY Code

2021 Ohio Schedule of Adjustments

Use only black ink/UPPERCASE letters.



Primary taxpayer's SSN

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Sequence No. 3

Additions

(Only add the following amounts if they are not included on Ohio IT 1040, line 1)

- | | | | | | |
|--|-----|--|--|--|-----|
| 1. Non-Ohio state or local government interest and dividends..... | 1. | | | | .00 |
| 2. Ohio pass-through entity taxes excluded from federal adjusted gross income | 2. | | | | .00 |
| 3. Ohio 529 plan funds used for non-qualified expenses | 3. | | | | .00 |
| 4. Losses from sale or disposition of Ohio public obligations..... | 4. | | | | .00 |
| 5. Nonmedical withdrawals from a medical savings account | 5. | | | | .00 |
| 6. Reimbursement of expenses previously deducted on an Ohio income tax return | 6. | | | | .00 |
| Federal | | | | | |
| 7. Internal Revenue Code 168(k) and 179 depreciation expense addback | 7. | | | | .00 |
| 8. Exempt federal interest and dividends subject to state taxation | 8. | | | | .00 |
| 9. Federal conformity additions | 9. | | | | .00 |
| 10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a | 10. | | | | .00 |

Deductions

(Only deduct the following amounts if they are included on Ohio IT 1040, line 1)

- | | | | | | |
|--|-----|--|--|--|-----|
| 11. Business income deduction – Ohio Schedule IT BUS, line 11 | 11. | | | | .00 |
| 12. Employee compensation earned in Ohio by residents of neighboring states..... | 12. | | | | .00 |
| 13. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1) .. | 13. | | | | .00 |
| 14. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b) | 14. | | | | .00 |
| 15. Certain railroad benefits | 15. | | | | .00 |
| 16. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement..... | 16. | | | | .00 |
| 17. Amounts contributed to an Ohio county's individual development account program | 17. | | | | .00 |
| 18. Amounts contributed to a STABLE account: Ohio's ABLE plan | 18. | | | | .00 |
| 19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period..... | 19. | | | | .00 |
| Federal | | | | | |
| 20. Federal interest and dividends exempt from state taxation..... | 20. | | | | .00 |
| 21. Deduction of prior year 168(k) and 179 depreciation addbacks..... | 21. | | | | .00 |
| 22. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal itemized deductions claimed on a prior year return..... | 22. | | | | .00 |

2021 Ohio Schedule of Adjustments



21000402

Sequence No. 4

Primary taxpayer's SSN

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- | | | | | | | |
|--|-----|--|--|--|--|----|
| 23. Repayment of income reported in a prior year | 23. | | | | | 00 |
| 24. Wage expense not deducted based on the federal work opportunity tax credit | 24. | | | | | 00 |
| 25. Federal conformity deductions | 25. | | | | | 00 |

Uniformed Services

- | | | | | | | |
|---|-----|--|--|--|--|----|
| 26. Military pay received by Ohio residents while stationed outside Ohio..... | 26. | | | | | 00 |
| 27. Compensation earned by nonresident military servicemembers and their civilian spouses | 27. | | | | | 00 |
| 28. Uniformed services retirement income..... | 28. | | | | | 00 |
| 29. Military injury relief fund grants and veteran's disability severance payments | 29. | | | | | 00 |
| 30. Certain Ohio National Guard reimbursements and benefits..... | 30. | | | | | 00 |

Education

- | | | | | | | |
|--|-----|--|--|--|--|----|
| 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan | 31. | | | | | 00 |
| 32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board | 32. | | | | | 00 |
| 33. Ohio educator expenses in excess of federal deduction..... | 33. | | | | | 00 |

Medical

- | | | | | | | |
|---|-----|--|--|--|--|----|
| 34. Disability benefits | 34. | | | | | 00 |
| 35. Survivor benefits..... | 35. | | | | | 00 |
| 36. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy) | 36. | | | | | 00 |
| 37. Medical savings account contributions/earnings (see instructions for worksheet; include a copy) | 37. | | | | | 00 |
| 38. Qualified organ donor expenses | 38. | | | | | 00 |
| 39. Total deductions (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b..... | 39. | | | | | 00 |

2021 Ohio Schedule IT BUS Business Income

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



21260102

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

- 1. Schedule B - Interest and Ordinary Dividends
2. Schedule C - Profit or Loss From Business (Sole Proprietorship)
3. Schedule D - Capital Gains and Losses
4. 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
6. Schedule F - Profit or Loss From Farming
7. Other business income or loss not reported above (e.g. form 4797 amounts)
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 negative, enter zero; stop here and do not complete Part 3
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

Part 3 - Taxable Business Income

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

- 12. Line 9 minus line 11
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
14. Business income tax liability - multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b

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

**2021 Ohio Schedule IT BUS
Business Income**



21260202

Primary taxpayer's SSN

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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.

1. FEIN / SSN	Primary ownership	Spouse's ownership	
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	
Business name	<input type="text"/>		

2. FEIN / SSN	Primary ownership	Spouse's ownership	
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	
Business name	<input type="text"/>		

3. FEIN / SSN	Primary ownership	Spouse's ownership	
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	
Business name	<input type="text"/>		

4. FEIN / SSN	Primary ownership	Spouse's ownership	
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	
Business name	<input type="text"/>		

5. FEIN / SSN	Primary ownership	Spouse's ownership	
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	
Business name	<input type="text"/>		

6. FEIN / SSN	Primary ownership	Spouse's ownership	
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	
Business name	<input type="text"/>		

7. FEIN / SSN	Primary ownership	Spouse's ownership	
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	
Business name	<input type="text"/>		

8. FEIN / SSN	Primary ownership	Spouse's ownership	
<input type="text"/>	<input type="text"/> %	<input type="text"/> %	
Business name	<input type="text"/>		



Primary taxpayer's SSN



21280102

Sequence No. 7

Nonrefundable Credits

SSN input boxes

- 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.
8. Campaign contribution credit for Ohio statewide office or General Assembly 8.
9. Income-based exemption credit (\$20 times the number of exemptions) 9.
10. Total (add lines 2 through 9) 10.
11. Tax less credits (line 1 minus line 10; if negative, enter zero) 11.
12. Joint filing credit (see instructions for table). % times line 11, up to \$650 12.
13. Earned income credit 13.
14. Home school expenses credit 14.
15. Scholarship donation credit 15.
16. Nonchartered, nonpublic school tuition credit 16.
17. Ohio adoption credit 17.
18. Nonrefundable job retention credit (include a copy of the credit certificate) 18.
19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ... 19.
20. Grape production credit 20.
21. InvestOhio credit (include a copy of the credit certificate) 21.
22. Lead abatement credit (include a copy of the credit certificate) 22.
23. Opportunity zone investment credit (include a copy of the credit certificate) 23.
24. Technology investment credit carryforward (include a copy of the credit certificate) 24.
25. Enterprise zone day care & training credits (include a copy of the credit certificate) 25.
26. Research & development credit (include a copy of the credit certificate) 26.

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

2021 Ohio Schedule of Credits



21280202

Primary taxpayer's SSN

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Sequence No. **8**

- 27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) 27. [][][][] [][][] [][][] [][][]
- 28. Total (add lines 12 through 27) 28. [][][][] [][][] [][][] [][][]
- 29. Tax less additional credits (line 11 minus line 28; if negative, enter zero)..... 29. [][][][] [][][] [][][] [][][]

Nonresident Credit

Dates of Ohio residency [][][][] to [][][][] 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) 32a. [] [][][][]
- 32. Nonresident credit (line 29 times line 32a) 32. [][][][] [][][] [][][] [][][]

Resident Credit

- 33. 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) 33. [][][][] [][][] [][][] [][][]
- 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. [] [][][][]
- 35. Line 29 times line 35a 35. [][][][] [][][] [][][] [][][]
- 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 in the boxes below for each state in which income was subject to tax 37. [][][][] [][][] [][][] [][][]
[][] [][] [][] [][] [][] [][]
- 38. **Total nonrefundable credits** (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) .. 38. [][][][] [][][] [][][] [][][]

Refundable Credits

- 39. Refundable Ohio historic preservation credit (include a copy of the credit certificate) 39. [][][][] [][][] [][][] [][][]
- 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. [][][][] [][][] [][][] [][][]
- 43. Venture capital credit (include a copy of the credit certificate) 43. [][][][] [][][] [][][] [][][]
- 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

SSN input boxes

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN, date of birth, relationship, first name, M.I., last name

2. Dependent's SSN, date of birth, relationship, first name, M.I., last name

3. Dependent's SSN, date of birth, relationship, first name, M.I., last name

4. Dependent's SSN, date of birth, relationship, first name, M.I., last name

5. Dependent's SSN, date of birth, relationship, first name, M.I., last name

6. Dependent's SSN, date of birth, relationship, first name, M.I., last name

7. Dependent's SSN, date of birth, relationship, first name, M.I., last name

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

2021 Ohio Schedule of Dependents



21230202

Primary taxpayer's SSN

Sequence No. 10

8. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's first name	M.I.	Dependent's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



21350102

Sequence No. 11

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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 here1.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part B - W-2s

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2021 Schedule of Ohio Withholding

Primary taxpayer's SSN



21350202

Sequence No. 12

Part C - 1099-Rs

1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>		<input type="text"/>
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>		<input type="text"/>
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>		<input type="text"/>
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>		<input type="text"/>

Part D - W-2Gs

1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part E - 1099-NECs

1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2021 Ohio IT 40P

Include the voucher below with your payment for your **ORIGINAL** 2021 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 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.

OHIO IT 40P

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

Tax Year

2021

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip



Taxpayer's SSN

Spouse's SSN
(only if joint filing)

Amount of Payment → \$

Use UPPERCASE letters
to print the first three letters of
Taxpayer's last name Spouse's last name
(only if joint filing)

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Do not staple or paper clip.



Department of Taxation

2021 Ohio SD 100 School District Income Tax Return



21020102

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.

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

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

First name M.I. Last name

Spouse's first name (if filing jointly) M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

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

Residency Status - Check only one for primary Check only one for spouse (if filing jointly) Resident Part-year resident Nonresident Dates of residency

Filing Status - Check one (as reported on the Ohio IT 1040) Single, head of household or qualifying widow(er) Married filing jointly Spouse's SSN Married filing separately Tax Type - Check one (see instructions) Traditional tax base. Earned income tax base.

Do not staple or paper clip.

1. School district taxable income: Traditional tax base from line 23 Earned income tax base from line 27 1. 2. School district income tax liability: line 1 times tax rate (see instructions for rate) 2. 3. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return) 3. 4. Line 2 minus line 3 (if negative, enter zero) 4. 5. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) 5. 6. Total school district income tax liability before withholding or estimated payments (line 4 plus line 5) 6.

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

MM-DD-YY Code

2021 Ohio SD 100

School District Income Tax Return



21020202

SSN SD#

6a. Amount from line 6 on page 1	6a.		00
7. School district income tax withheld – Schedule of School District Withholding, part A, line 1 (include schedule and income statements).....	7.		00
8. Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return	8.		00
9. Amended return only – amount previously paid with original and/or amended return	9.		00
10. Total school district income tax payments (add lines 7, 8 and 9).....	10.		00
11. Amended return only – overpayment previously requested on original and/or amended return.....	11.		00
12. Line 10 minus line 11. Place a “-” in the box if negative	12.	<input type="checkbox"/>	00
If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.			
13. Tax due (line 6a minus line 12). If line 12 is negative, ignore the “-” and add line 12 to line 6a.....	13.		00
14. Interest due on late payment of tax (see instructions).....	14.		00
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”	15.		00
AMOUNT DUE ▶			
16. Overpayment (line 12 minus line 6a)	16.		00
17. Original return only – amount of line 16 to be credited toward next year's school district income tax liability... 17.	17.		00
18. REFUND (line 16 minus line 17).....	18.		00
Traditional Tax Base (lines 19 to 23)			
19. Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a “-” in the box if negative	19.	<input type="checkbox"/>	00
20. Business income deduction add-back (from Ohio Schedule of Adjustments, line 11)	20.		00
21. Line 19 plus line 20. Place a “-” in the box if negative.....	21.	<input type="checkbox"/>	00
22. The portion of line 21 received while a nonresident of the school district entered above	22.		00
23. School district taxable income (line 21 minus line 22; if negative, enter zero). Enter here and on line 1 of this return.....	23.		00
Earned Income Tax Base (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)	24.		00
25. Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions). Place a “-” in the box if negative ..	25.	<input type="checkbox"/>	00
26. Federal conformity adjustments (see instructions). Place a “-” in the box if negative	26.	<input type="checkbox"/>	00
27. School district taxable income (add lines 24, 25 and 26; if negative, enter zero). Enter here and on line 1 of this return.....	27.		00

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Primary signature _____ Phone number _____

▶ Spouse's signature _____ Date _____

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name _____ Phone number _____

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 182197
Columbus, OH 43218-2197

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 182389
Columbus, OH 43218-2389

Preparer's TIN (PTIN) P

2021 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 #

SSN input boxes

School District # input boxes

List your and your spouse's (if filing jointly) W-2 and 1099-R forms only if they have school district 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.

Important: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

Part A - Total Withholding

1. Total of all school district income tax withheld for the school district entered above. Enter here and on line 7 of your SD 100

Part B - W-2s

Five rows of W-2 form fields including P/S, EIN, Ohio ID number, Wages, tips, other compensation, School district wages, Federal income tax withheld, School district tax.

Part C - 1099-Rs

One row of 1099-R form fields including Payer's TIN, Gross distribution, School district distribution, Federal income tax withheld, 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 original Ohio income tax return. Use Ohio IT 40XP for an amended 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.*

OHIO SD 40P

Original School District 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: School District Income Tax
Mail to: Ohio Department of Taxation,
P.O. Box 182389, Columbus, OH 43218-2389

Tax Year

2021

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

School district number

Use UPPERCASE letters to print the first three letters of

▼ Taxpayer's last name Spouse's last name (only if joint filing)



Taxpayer's SSN

Spouse's SSN (only if joint filing)

Amount of Payment →

 00