

File No.

VOLUNTARY DISCLOSURE AGREEMENT INDIVIDUAL & SCHOOL DISTRICT INCOME TAXES

Taxpayer (Primary):	 _ SSN: XXX-XX	
Taxpayer (Spouse):	 SSN: XXX-XX-	(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 1/1/2019 through 12/31/2022.

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 2020 and 2023 and 3% for calendar years 2021 and 2022.

taxable year ending in calendar year 2022 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 2022, even if Taxpayer is not submitting the 2022 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.

Patricia Harris, 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. Department of Taxation

2019 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters



Check here if claiming a Net Opera	, ,	•				OL.	N N 10	J		Fnte	r sch	nool di	strict :	# for
Primary taxpayer's SSN (required)	If deceased	Sp	oouse's SSN (i	i filing jointly	y)		P ▶ If	dece	ased			n (see		
	check box						(check	box	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.C	O. Box													
Address line 2 (apartment number, suite	number, etc.)													
City				State	ZIP c	ode		Oh	io coun	ity (first	t four	letters)	
Foreign country (if the mailing address is	outside the U.S.)			Foreign r	oostal c	code								
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Code

MM-DD-YY

2019 Ohio IT 1040

Individual Income Tax Return



SSN	19000202 Sequence No. 2
7a. Amount from line 7 on page 1	0 0
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)8a.	0 0
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8b.	0 0
8c. Income tax liability before credits (line 8a plus line 8b)8c.	0 0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)9.	00
	00
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.	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 due12.	0 0
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	00
	00
14. Ohio income tax withheld (include copies of W-2, box 17; W-2G, box 15; 1099-R, box 12)	
from last year's return	0 0
16. Refundable credits – Ohio Schedule of Credits, line 41 (INCLUDE SCHEDULE)16.	0 0
17. <u>Amended return only</u> – amount previously paid with original and/or amended return17.	0 0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)18.	0 0
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	00
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 1321.	0 0
22. Interest and penalty due on late filing or late payment of tax (see instructions)22.	0 0
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or 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.	00
	00
25. <u>Original return only</u> – amount of line 24 to be credited toward 2020 income tax liability	
a. State nature preserves b. Breast/Cervical Cancer c. Wishes for Sick Children	
0 0 Total 26g.	0 0
d. Wildlife species e. Military injury relief f. Ohio History Fund	
0 0	0 0
27. REFUND (line 24 minus lines 25 and 26g)	
and belief, the return and all enclosures are true, correct and complete.	our refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
Primary signature Phone number	NO Payment Included – Mail to: Ohio Department of Taxation
Spouse's signature Date (MM/DD/YY)	P.O. Box 2679 Columbus, OH 43270-2679
Check here to authorize your preparer to discuss this return with the Department	Payment Included – Mail to:
Preparer's printed name Phone number	Ohio Department of Taxation
Preparer's TIN (PTIN)	P.O. Box 2057 Columbus, OH 43270-2057



2019 Ohio Schedule A



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

Primary taxpayer's SSN

Sequence No. 3

Additions

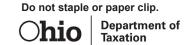
	<u>rtaationo</u>		
	(add income items only to the extent not included on Ohio IT 1040, line 1)		0 0
1.	Non-Ohio state or local government interest and dividends	1.	0 0
2	Certain Ohio pass-through entity and financial institutions taxes paid	2	0 0
	Ohio 529 plan funds used for non-qualified expenses and reimbursement of college expenses		0 0
	previously deducted	3.	0 0
4.	Losses from sale or disposition of Ohio public obligations	4.	0 0
			0 0
5.	Nonmedical withdrawals from a medical savings account	5.	0 0
6.	Reimbursement of expenses previously deducted on an Ohio income tax return	6.	0 0
Fed	<u>eral</u>		0 0
7.	Internal Revenue Code 168(k) and 179 depreciation expense addback	7.	UU
8.	Federal interest and dividends subject to state taxation	8.	0 0
			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 2a10.		0 0
	<u>Deductions</u>		
	(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
12.	Employee compensation earned in Onio by residents of neighboring states	12.	
13.	State or municipal income tax overpayments shown on the federal 1040, Schedule 1, line 1	13.	0 0
14	Taxable Social Security benefits	14	0 0
			0 0
	Certain railroad retirement benefits	15.	0 0
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.	0 0
			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		0 0
-	work conducted during a disaster response period	19.	U U
<u>Fec</u>	<u>eral</u>		0 0
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
	Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal		0 0
	itemized deductions claimed on a prior year return	22.	0 0

2019 Ohio Schedule A

Income Adjustments – Additions and Deductions
Primary taxpayer's SSN



23. Repayment of income reported in a prior year		•	
25. Federal conformity deductions	23. Repayment of income reported in a prior year	23.	0 0
Uniformed Services 26. Military pay received by Ohio residents while stationed outside Ohio	24. Wage expense not deducted based on the federal work opportunity tax credit	24.	0 0
26. Military pay received by Ohio residents while stationed outside Ohio	25. Federal conformity deductions	25.	0 0
27. Compensation earned by nonresident military servicemembers and their civilian spouses	Uniformed Services		
28. Uniformed services retirement income	26. Military pay received by Ohio residents while stationed outside Ohio	26.	0 0
29. 0 0 0 30. Certain Ohio National Guard reimbursements and benefits. 30. 0 0 Education 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan 31. 0 0 32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board 32. 0 0 0 Medical 33. Disability benefits 33. 0 0 0 34. Survivor benefits 34. 0 0 0 35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy) 35. 0 0 0 36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy) 36. 0 0 0	27. Compensation earned by nonresident military servicemembers and their civilian spouses	27.	0 0
30. Certain Ohio National Guard reimbursements and benefits	28. Uniformed services retirement income	28.	0 0
Education 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan	29. Military injury relief fund	29.	0 0
31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan	30. Certain Ohio National Guard reimbursements and benefits	30.	0 0
32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	Education		
Medical 33. Disability benefits 33. 34. Survivor benefits 34. 35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy) 35. 36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy) 36. 37. Qualified organ donor expenses 37.	31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan	31.	0 0
33. Disability benefits	32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	32.	0 0
34. Survivor benefits	<u>Medical</u>		
35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy)35. 0 0 0 36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy)36. 0 0 37. Qualified organ donor expenses	33. Disability benefits	33.	0 0
36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy)36. 37. Qualified organ donor expenses	34. Survivor benefits	34.	0 0
37. Qualified organ donor expenses	35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy	y) 35.	0 0
57. Qualified digan dollor expenses	36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy)	36.	0 0
38. Total deductions (add lines 11 through 37 ONLY). Enter here and on Ohio IT 1040, line 2b	37. Qualified organ donor expenses	37.	0 0
	38. Total deductions (add lines 11 through 37 ONLY). Enter here and on Ohio IT 1040, line 2b38		0 0



not staple or paper clip.

2019 Ohio Schedule IT BUS Business Income

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



Sequence No. 5

0 0

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

Part 1 - Business Income From IRS Schedules Note: Do not include amounts listed on the IRS schedules below that are nonbusiness income. See R.C. 5747.01(C). If the amount on a line is negative, place a "-" in the box provided. 0 0 Schedule B – Interest and Ordinary Dividends 0 0 2. Schedule C – Profit or Loss From Business (Sole Proprietorship)..... 0 0 3. Schedule D – Capital Gains and Losses..... 0 0 4. Schedule E – Supplemental Income and Loss..... 5. Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct 0 0 0 0 6. Schedule F – Profit or Loss From Farming 0 0 7. Other business income or loss not reported above (i.e. form 4797 amounts)..... 0 0 8. Total business income (add lines 1 through 7)..... Part 2 - Business Income Deduction 9. Enter the lesser of line 8 above or Ohio IT 1040, line 1. If less than zero, enter zero; 0 0 10. Enter \$250,000 if filing status is single or married filing jointly; OR 0 0 0 0 11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11......11. Part 3 - Taxable Business Income Note: If Ohio IT 1040, line 5 equals zero, do not complete Part 3. 0 0 13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and 0 0

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

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

2019 Ohio Schedule IT BUS **Business Income**

Primary taxpayer's SSN





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

Do not staple or paper clip. Department of Taxation

2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Sequence No. 7

		Nonrefundable Credits				0.0
	1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.			0 0
	2.	Retirement income credit (see instructions for table; include 1099-R forms)	2.			0 0
	3.	Lump sum retirement credit (see instructions for worksheet; include a copy)	3.			0 0
	4.	Senior citizen credit (must be 65 or older to claim this credit)	4.			0 0
	5.	Lump sum distribution credit (see instructions for worksheet; include a copy)	5.			0 0
	6.	Child care & dependent care credit (see instructions for worksheet; include a copy)	6.			0 0
	7.	Displaced worker training credit (see instructions for all required documentation; include copies)	7.			0 0
	8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.			0 0
	9.	Income-based exemption credit (\$20 times the number of exemptions)	9.			0 0
	10.	Total (add lines 2 through 9)	10.			0 0
clip.	11.	Tax less credits (line 1 minus line 10; if less than zero, enter zero)	11.			0 0
paper cl	12.	Joint filing credit (see instructions for table). % times the amount on line 11	12.			0 0
e or pa	13.	Earned income credit	13.			0 0
Do not staple or	14.	Ohio adoption credit	14.			0 0
Do no	15.	Nonrefundable job retention credit (include a copy of the credit certificate)	15.			0 0
	16.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) .	16.			0 0
	17.	Credit for purchases of grape production property	17.			0 0
	18.	InvestOhio credit (include a copy of the credit certificate)	18.			0 0
	19.	Opportunity zone investment credit (include a copy of the credit certificate)	19.			0 0
	20.	Technology investment credit carryforward (include a copy of the credit certificate)	20.			0 0
	21.	Enterprise zone day care & training credits (include a copy of the credit certificate)	21.			0 0
	22.	Research & development credit (include a copy of the credit certificate)	22.			0 0
	23.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.			0 0
	24.	Total (add lines 12 through 23)	24.			0 0
	25.	Tax less additional credits (line 11 minus line 24; if less than zero, enter zero)	25.			0 0

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

2019 Ohio Schedule of Credits

Primary taxpayer's SSN



Nonr	resident Credit			Sequence No. 8
Date	of nonresidency to State of residency			
26.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)26.	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
Resi	dent Credit			
29.	Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident 29.	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	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	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. Chio Department Taxation

Ohio Schedule J

Department of Dependents Claimed on the Ohio IT 1040 Return



Use only black ink/UPPERCASE letters.

Tax Year	Primary taxpayer's SSN (required)
2019	

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if there are not enough boxes to spell it out completely. 1. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required) Dependent's first name (required) M.I. Dependent's last name (required) 2. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required) M.I. Dependent's first name (required) Dependent's last name (required) 3. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required) Dependent's first name (required) Dependent's last name (required) M.I. Dependent's date of birth (MM-DD-YYYY - required) 4. Dependent's SSN (required) Dependent's relationship to you (required) Dependent's first name (required) M.I. Dependent's last name (required) 5. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required) Dependent's first name (required) M.I. Dependent's last name (required) 6. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required) Dependent's first name (required) M.I. Dependent's last name (required) 7. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required) Dependent's first name (required) M.I. Dependent's last name (required)

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

2019 Ohio IT 40P

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

Important

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

Let use the dotted lines. Use only black ink.

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

Electronic Payment Options

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

Electronic Check Credit Card Debit Card

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

Federal Privacy Act Notice

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

ORIGINAL PAYMENT

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

Do not staple or paper clip. Department of Taxation

Do not staple or paper clip.

2019 Ohio SD 100

School District Income Tax Return



Use only black ink/UPPERCASE letters.

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

Check here if claiming a Net Ope	erating Loss (NOL) ca	arryba	ick. Inclu	ide Ohio	Sched	ule IT N	NOL.								
Primary taxpayer's SSN (required)	▶ If deceased	Sp	oouse's S	SSN (if filing jointly)				••	If dec	eased	Enter school district # for this return (see instructions				ns)
	check box								chec	k box	SD#				
First name		M.I.	Last na	ame											
Spouse's first name (only if married filir	na iointly)	M.I.	Last na	ame											
opouse s instriante (only il married illi	ig jointly)		Last ne												
Address line 1 (number and street) or F	P.O. Box														
Address line 2 (apartment number, suit	e number, etc.)														
City				S	ate	ZIP	code		Oł	nio cour	nty (first fo	ur lett	ers)		
Foreign country (if the mailing address	is outside the U.S.)			E.	reian	postal	code								
Toroigh country (if the maining dudiese					or origin	poolai									
School District Residency – C	Sheck applicable box			Chec	k annli	icable l	nov for	enous	e (only	, if ma	rried filing	ı ioint	11/1		
Full-year Part-year reside	nt Full-year ı	nonre	sident		-ull-ye	ar	Par	t-year	reside		Full	-year	nonres	ident	
resident of SD# above Enter date	of SD# ab	ove		Enter			of S	SD# al	bove		01 8	D# a	bove		
of nonresidency Filing Status - Check one (must m	to Ohio IT 10/	10)		_	Type		ock one	(for an	ovnlar	to	see instru	ctions	-)		
Single, head of household or qua		10)									u must sta			9 on pa	age
					2 of thi	s retur	n.								
Married filing jointly	Spouse's SS	N					me tax this retu		scnoo	oi aisti	rict. You	must	start w	ith line	24
Married filing separately			l' 00												_
School district taxable income: Tradition Earned	income tax base: Amou								1.					0	0
School district income tax liability: line	e 1 times tax rate			(rates for	ınd in 1	the inst	ructions	s) 2	2.					0	0
3. Senior citizen credit (you must be 65	or older to claim this	cred	it· limit (50 ner re	aturn)				3					0	0
														0	n
4. Line 2 minus line 3 (if less than zero	, enter zero)								4. L						
5. Interest penalty on underpayment of	estimated tax (include	de Oh	io IT/SD	2210)					5.					0	U
6. Total school district income tax lia	ability before withhol	ding c	or estima	ted paym	ents (l	ine 4 p	lus line	5)	6.					0	0
	Do not write	in tl	nis are	a; for c	lepar	<u>tmen</u>	t use	only	<u>'.</u>		лм-DD-Y			ode	

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 of W-2 and 1099-R)		0 0
Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return	8.	00
9. <u>Amended return only</u> – amount previously paid with original and/or amended return	9.	0 0
10. Total school district income tax payments (add lines 7, 8 and 9)	10.	0 0
11. <u>Amended return only</u> – overpayment previously requested on original and/or amended r	return11.	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 li	ine 6a13.	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 Oh (if amended return) and make check payable to "School District Income Tax"		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	liability17.	0 0
18. REFUND (line 16 minus line 17)	R 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 am is less than zero		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 hon line 1 of this return	here and	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 include in modified adjusted gross income (see instructions)		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 on line 1 of this return		0 0
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of and belief, the return and all enclosures are true, correct and complete.		or less, no refund will be issued. ess, no payment is necessary.
Primary signature Phone number		Included – Mail to:
Spouse's signature Date (MM/DD/YY)	P.Ò. I	rtment of Taxation Box 182197 OH 43218-2197
Check here to authorize your preparer to discuss this return with the Department Preparer's printed name Phone number Preparer's TIN (PTIN) P	Ohio Depar	ncluded – Mail to: rtment of Taxation Box 182389
Tiepaiers Tilly (Tilly)	Columbus.	OH 43218-2389

2019 Ohio SD 40P

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

<u>Important</u>

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

Electronic Payment Options

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

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

Federal Privacy Act Notice

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

ORIGINAL PAYMENT

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



2020 Ohio IT 1040

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



Sequence No. 1

rimary taxpayer's SSN (required)	If deceased	Spo	ouse's	SSN (if	filing joi	ntly))	If de	cease	ed		ool dis instru			
	check box								che	ck bo	X	SD	# >>			
irst name		M.I.	Last r	name												
pouse's first name (only if married filin	ng jointly)	M.I.	Last r	name												
ddress line 1 (number and street) or F	P.O. Box															
ddress line 2 (apartment number, suit	e number, etc.)															
ity					State	71	P code			Ohio	count	v (firet	four le	etters'	1	
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oreign country (if the mailing address	is outside the U.S.)				Foreig	n post	al code									
0 1.d					Lew	01	-4									
Residency Status – Check only o	Nonresident						atus - e, head			•					ne tax	re
resident	Indicate state	,				Sirigit	, rieau	OI HOU	156110	iu oi c	_q uaiii	ying w	nuow((CI)		
Check only one for spouse (if married f	filing jointly)					Marrie	ed filing	jointly	,			0		00		
Resident Part-year resident	Nonresident Indicate state	>				Marria	ed filing	canar	rataly			Sp	ouse's	s SS	N	
						Marris	ou ming	оора	atory					Ш		
					 											
<u> Dhio Nonresident Statement</u>	 See instructions for 	requir	red cri	teria												
Primary meets the five criteria for in						Check	there if	you file	ed the	feder	al ex	tensio	n form	1486	8.	
	rebuttable presumption	n as no	onresio	lent.		Check	here if	some	one el	se is a						ous
Primary meets the five criteria for in	rebuttable presumption	n as no	onresio	lent. lent.		Check joint re		some	one el	se is a						ous
Primary meets the five criteria for in Spouse meets the five criteria for in Federal adjusted gross income (for of your federal return if the amount in the income in th	rebuttable presumption rebuttable presumption ederal 1040 and 1040 is zero or negative. Pl	n as no n as no 0-SR, I lace a	onresionresionresionresionresione 11	lent. lent.). Inclu he box	de page at the ri	Check joint re 1 ght	there if eturn) as	some	one el	se is a						ous
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Code

MM-DD-YY

2020 Ohio IT 1040

Individual Income Tax Return



	Щ		

		Sequence No. 2
7a. Amount from line 7 on page 1	7a.	
8a. Nonbusiness income tax liability on line 7a (see instructions to	or tax tables)	.8a. 0 0
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. 0 0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 3	34 (INCLUDE SCHEDULE)	9.
10. Tax liability after nonrefundable credits (line 8c minus line 9;	f less than zero, enter zero)	.10.
11. Interest penalty on underpayment of estimated tax (include 6	Ohio IT/SD 2210)	.11.
12. Use tax due on internet, mail order or other out-of-state purch	nases (see instructions)	.12.
13. Total Ohio tax liability before withholding or estimated payr	nents (add lines 10, 11 and 12)	.13.
14. Ohio income tax withheld – Schedule of Ohio Withholding, pa	ort A line 1 (INCLUDE SCHEDULE)	14
15. Estimated and extension payments (from Ohio IT 1040ES ar		.14.
from last year's return		.15.
40 70 70 10 10 10 10 10 10 10 10 10 10 10 10 10		
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCL	.UDE SCHEDULE)	.16.
17. <u>Amended return only</u> – amount previously paid with origina	l and/or amended return	.17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		.18.
19. <u>Amended return only</u> – overpayment previously requested	on original and/or amended return	.19.
20. Line 18 minus line 19. Place a "-" in the box at the right if the amo	unt is less than zero	.20.
If line 20 is MORE THAN line 13, skip to line 24. OT		
21. Tax liability (line 13 minus line 20). If line 20 is negative, igno	re the "-" and add line 20 to line 13	.21.
22. Interest due on late payment of tax (see instructions)		.22.
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio (if amended return) and make check payable to "Ohio T	o IT 40P (if original return) or IT 40XP reasurer of State" AMOUNT DUE ▶	23.
24. Overpayment (line 20 minus line 13)		.24.
25. Original return only – amount of line 24 to be credited towar	d next year's income tax liability	.25.
26. Original return only – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves	c. Breast/Cervical Cancer	
d Wiches for Cick Children - Wildlifei	f Military injury relief	26g.
d. Wishes for Sick Children e. Wildlife species	f. Military injury relief	
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND	27
Sign Here (required): I have read this return. Under penalties of pe		
and belief, the return and all enclosures are true, correct and complete.		If you owe \$1.00 or less, no payment is necessary.
Primary signature		NO Payment Included – Mail to: Ohio Department of Taxation
Spouse's signature	_ Date (MM/DD/YY)	P.O. Box 2679 Columbus, OH 43270-2679
Check here to authorize your preparer to discuss this return with the	Department.	Payment Included – Mail to:
Preparer's printed name		Ohio Department of Taxation P.O. Box 2057
Preparer's TIN	(PTIN) P	Columbus, OH 43270-2057



2020 Ohio Schedule A

Income Adjustments
Use only black ink/UPPERCASE letters.



Sequence No. 3

Primary taxpayer's SSN

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

2020 Ohio Schedule A

Income Adjustments
Primary taxpayer's SSN



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



2020 Ohio Schedule IT BUS

Business Income Use only black ink/UPPERCASE letters.



Sequence No. 5

Primary taxpayer's SSN

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

Part 1 - Business Income From IRS Schedules

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

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

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

2020 Ohio Schedule IT BUS **Business Income**

20260202	

Sequence No. 6

Primary taxpayer's SSN

Part 4 - Business Sources

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

1.	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
			%	%	
	Business name				
2	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
			%	%	
			, 0	,,,	
	Business name				
3.	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
			%	%	
	Business name				
4	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
٠.	1 Lint / Gold	Timery ownership	%	%	o digit iv tioe code
			70	70	
	Business name				
5.	FEIN / SSN	Primary ownership		Spouse's ownership	6-digit NAICS code
			%	%	
	Business name				
6	FEIN / SSN				
٥.		Primary ownership		Snouse's ownership	6-digit NAICS code
	T EINY GOIN	Primary ownership	%	Spouse's ownership	6-digit NAICS code
		Primary ownership	%	Spouse's ownership %	6-digit NAICS code
	Business name	Primary ownership	%		6-digit NAICS code
		Primary ownership	%		6-digit NAICS code
7.		Primary ownership Primary ownership	%		6-digit NAICS code 6-digit NAICS code
7.	Business name		%	%	
7.	Business name			% Spouse's ownership	
7.	Business name FEIN / SSN			% Spouse's ownership	
	Business name FEIN / SSN Business name	Primary ownership		Spouse's ownership %	6-digit NAICS code
	Business name FEIN / SSN		%	Spouse's ownership % Spouse's ownership	
	Business name FEIN / SSN Business name FEIN / SSN	Primary ownership		Spouse's ownership %	6-digit NAICS code
	Business name FEIN / SSN Business name	Primary ownership	%	Spouse's ownership % Spouse's ownership	6-digit NAICS code



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280102

Sequence No. 7

Nonrefundable Credits

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.			
2.	Retirement income credit (see instructions for table; include 1099-R forms)	2.			
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)	3.			
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.			
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)	5.			
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)	6.			
7.	Displaced worker training credit (see instructions for all required documentation; include copies)	7.			
7a.	Campaign contribution credit for Ohio statewide office or General Assembly	7a.			
8.	Income-based exemption credit (\$20 times the number of exemptions)	8.			
9.	Total (add lines 2 through 8)	9.			
10.	Tax less credits (line 1 minus line 9; if less than zero, enter zero)	10.			
11.	Joint filing credit (see instructions for table). % times line 10, up to \$650	11.			
12	Farnad income gradit	40			
12.	Earned income credit	12.			
	Ohio adoption credit				
13.		13.			
13. 14.	Ohio adoption credit	13.			
13. 14. 15.	Ohio adoption credit Nonrefundable job retention credit (include a copy of the credit certificate)	13.			
13. 14. 15. 16.	Ohio adoption credit Nonrefundable job retention credit (include a copy of the credit certificate) Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	13. 14. 15. 16.			
13. 14. 15. 16.	Ohio adoption credit Nonrefundable job retention credit (include a copy of the credit certificate) Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) Credit for purchases of grape production property	13. 14. 15. 16.			
13. 14. 15. 16. 17.	Ohio adoption credit Nonrefundable job retention credit (include a copy of the credit certificate) Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) Credit for purchases of grape production property InvestOhio credit (include a copy of the credit certificate)	13. 14. 15. 16. 17.			
13. 14. 15. 16. 17. 18.	Ohio adoption credit	13. 14. 15. 16. 17. 18.			
13. 14. 15. 16. 17. 18. 19.	Ohio adoption credit Nonrefundable job retention credit (include a copy of the credit certificate) Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) Credit for purchases of grape production property InvestOhio credit (include a copy of the credit certificate) Lead abatement credit (include a copy of the credit certificate) Opportunity zone investment credit (include a copy of the credit certificate)	13 14 15 16 17 18 19.			
13. 14. 15. 16. 17. 18. 19. 20.	Ohio adoption credit	13 14 15 16 17 18 19 20 21.			
13. 14. 15. 16. 17. 18. 19. 20. 21.	Ohio adoption credit Nonrefundable job retention credit (include a copy of the credit certificate) Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) Credit for purchases of grape production property	13 14 15 16 17 18 19 20 21.			
13. 14. 15. 16. 17. 18. 19. 20. 21. 22.	Ohio adoption credit	1314151617181920212223.			

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2020 Ohio Schedule of Credits

Primary taxpayer's SSN





			Seq	uence No. 8
	esident Credit of nonresidency to State of residency			
26.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)26.			
27.	Ohio adjusted gross income (Ohio IT 1040, line 3)27.			
28.	Divide line 26 by line 27 and enter the result here (four digits; do not round).			
	Multiply this factor by line 25 to calculate your nonresident credit	28.		
Resi	dent Credit			
29.	Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident-Ohio IT RC, line 1a (include a copy)			
30.	Ohio adjusted gross income (Ohio IT 1040, line 3)30.			
31.	Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result 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)32.			
33.	Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	33.		
34.	Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)	34.		
	Refundable Credits			
35.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	35.		
36.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	36.		
37.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	37.		
38.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	38.		
39.	Venture capital credit (include a copy of the credit certificate)	39.		
40.	Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16)	40.		



Ohio Schedule J

Use only black ink/UPPERCASE letters.



Sequence No. 9

Tax Year Primary taxpayer's SSN 2 0 2 0

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

for each dependent you list. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if there are not enough boxes to spell it out completely. 1. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name M.I. Dependent's last name 2. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's last name Dependent's first name 3. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name Dependent's last name Dependent's date of birth (MM-DD-YYYY) 4. Dependent's SSN Dependent's relationship to you Dependent's first name Dependent's last name 5. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name M.I. Dependent's last name 6. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name M.I. Dependent's last name 7. Dependent's SSN Dependent's date of birth (MM-DD-YYYY) Dependent's relationship to you Dependent's first name M.I. Dependent's last name

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Ohio Schedule J Dependents



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



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



Sequence No. 11

Primary taxpayer's SSN

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

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

2020 Schedule of Ohio Withholding Primary taxpayer's SSN



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

2020 Ohio IT 40P

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

Important

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

Electronic Payment Options

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

Federal Privacy Act Notice

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

ORIGINAL PAYMENT

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

Do not staple or paper clip. Department of Taxation

Do not staple or paper clip.

2020 Ohio SD 100

School District Income Tax Return



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

Primary taxpayer's SSN (required)	If deceased	Sp	ouse's SS	N (if filing join	tly)	>>	If deceased	School distri this return (s		ions
	check box						check box	SD# ▶▶		
First name		M.I.	Last nan	ne						
Spouse's first name (only if married filing jointl	y)	M.I.	Last nan	ne						
Address line 4 (number and street) at DO Do										
Address line 1 (number and street) or P.O. Box	X									
Address line 2 (apartment number, suite numb	er, etc.)									
							01:	. (5 . 1 . 1 . 1	`	
City				State	ZIP code		Ohio coun	ty (first four lette	rs)	
Foreign country (if the mailing address is outsi	de the U.S.)			Foreign	postal code					
				i oreigii	p = = = = = = = = = = = = = = = = = = =					
				Toreign						
Residency Status — Check only one for	primary				one for spou		narried filing jo	ointly)		
Resident Part-year resident	primary Nonreside	ent		Check only	one for spou		narried filing jo	ointly) Nonreside	nt	
Resident Part-year resident Dates of		ent		Check only	one for spou				nt	
Resident Part-year resident Dates of nonresidency to	Nonreside			Check only Reside Dates of nonresiden	one for spou	art-year	r resident to		nt	
Resident Part-year resident Dates of nonresidency to	Nonreside			Check only Reside Dates of nonresiden Tax Type	one for spou	art-year	r resident to	Nonreside	nt	
Resident Part-year resident Dates of nonresidency to Filing Status - Check one (as reported or	Nonreside n the Ohio IT	1040)		Check only Reside Dates of nonresiden Tax Type Traditio	one for spou	e (see ir	to to nstructions) with line 19 of	Nonreside	_	
Dates of nonresidency to Filing Status - Check one (as reported or Single, head of household or qualifying to status)	Nonreside	1040)		Check only Reside Dates of nonresiden Tax Type Traditio	one for spou	e (see ir	to to nstructions) with line 19 of	Nonreside	_	
Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying Married filing jointly Married filing separately 1. School district taxable income: Traditional tax	Nonreside In the Ohio IT widow(er) Spouse's SS (base: Amoun	1040)		Check only Reside Dates of nonresiden Tax Type Traditi Earne	one for spou	e (see ir Start	to to structions) with line 19 of	Nonreside	_	
Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying of Married filing jointly Married filing separately 1. School district taxable income: Traditional tax Earned income	Nonreside The Ohio IT widow(er) Spouse's SS Chase: Amounte tax base: A	1040)	from line	Check only Reside Dates of nonresiden Tax Type Traditi Earne n page 2. 27 on page 2.	one for spou	e (see ir	to nstructions) with line 19 of . Start with line 1.	Nonreside	_	
Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying of Married filing jointly Married filing separately 1. School district taxable income: Traditional tax Earned income	Nonreside The Ohio IT widow(er) Spouse's SS Chase: Amounte tax base: A	1040)	from line	Check only Reside Dates of nonresiden Tax Type Traditi Earne	one for spou	e (see ir	to nstructions) with line 19 of . Start with line 1.	Nonreside	_	
Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying Married filing jointly Married filing separately 1. School district taxable income: Traditional tax	Nonreside In the Ohio IT widow(er) Spouse's SS (base: Amounte tax base: A s tax rate	1040)	from line	Check only Reside Dates of nonresiden Tax Type Traditi Earne page 2. 27 on page 2.	one for spou	e (see ir	to nstructions) with line 19 of	Nonreside	_	
Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying of Married filing jointly Married filing separately 1. School district taxable income: Traditional tax Earned income 2. School district income tax liability: line 1 time 3. Senior citizen credit (you must be 65 or older	Nonreside In the Ohio IT widow(er) Spouse's SS (base: Amounte tax base: A s tax rate er to claim this	1040) int from mount	t; limit \$5	Check only Reside Dates of nonresiden Tax Type Traditi Earne 1 page 2. 27 on page 2. rates found in 0 per return)	one for spou	e (see in see start see base.	to nestructions) with line 19 of 1.	Nonreside	_	
Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying of Married filing jointly Married filing separately 1. School district taxable income: Traditional tax Earned income 2. School district income tax liability: line 1 time 3. Senior citizen credit (you must be 65 or older 4. Line 2 minus line 3 (if less than zero, enter 2)	Nonreside In the Ohio IT widow(er) Spouse's SS C base: Amount the tax base: A s tax rate er to claim this zero)	1040) The frommount is a credit	from line (I	Check only Reside Dates of nonresiden Tax Type Traditi Earne n page 2. 27 on page 2. rates found in 0 per return)	one for spou	e (see ir e. Start d base.	to nstructions) with line 19 of Start with line 1.	Nonreside	_	
Resident Part-year resident Dates of nonresidency to Filing Status — Check one (as reported or Single, head of household or qualifying of Married filing jointly Married filing separately 1. School district taxable income: Traditional tax Earned income 2. School district income tax liability: line 1 time	Nonreside In the Ohio IT widow(er) Spouse's SS to base: Amount te tax base: A s tax rate er to claim this zero)	1040) SN Int from mount S credit	t; limit \$5	Check only Reside Dates of nonresiden Tax Type Traditi Earne 1 page 2. 27 on page 2. 27 on page 2. 10 per return)	one for spoul ent Party	e (see ir	to nstructions) with line 19 of Start with line 1. 2. 3. 4.	Nonreside	_	

Code

MM-DD-YY

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.	
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. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	ırn11.	
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 6	6a13.	
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 S (if amended return) and make check payable to "School District Income Tax"AMOUN		
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	ax liability17.	
18. REFUND (line 16 minus line 17)	EFUND ▶ 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		
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		
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 on line 1 of this return	e and	
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 he on line 1 of this return		
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my k and belief, the return and all enclosures are true, correct and complete.	knowledge If your refund is \$1.00 or less, no refund will be issue If you owe \$1.00 or less, no payment is necessary.	
Primary signature Phone number		
Spouse's signature Date (MM/DD/YY)	1.0. 80% 102101	
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH 43218-2197 Payment Included – Mail to:	
Preparer's printed namePhone number Preparer's TIN (PTIN) P	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 #				
		and 1099-R forms only if they have school dis the primary taxpayer's and enter "S" if it is the					
		nool district withholding in box 14 of the W-2 instead appropriate fields and report the Ohio state wag					
Part A	A - Total Withholding						
		the school district entered above. Enter here and o					
Part	: B - W-2s						
1. P/s	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tax withheld			
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax			
2. P/S	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tax withheld			
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax			
	Dex 10 Employer of the 12 manuser		Dex 16 Geneel				
0 0"	Doub 5IN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	toy withhold			
3. P/s	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tax withheld			
				1 100			
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax			
4. P/	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld				
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School	district tax			
5. P/S	S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income	tax withheld			
	Box 15 - Employer's Ohio ID number	Box 19 - School	district tax				
Pari	: C - 1099-Rs						
1. P/s		Box 1 - Gross distribution	Box 4 - Federal income	tax withheld			
	Box 15 - Payer's Ohio number	Box 19 - School district distribution	Box 17 - School	district tax			

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2020 Ohio SD 40P

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

<u>Important</u>

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

Electronic Payment Options

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

Federal Privacy Act Notice

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

ORIGINAL PAYMENT

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

Payment



2021 Ohio IT 1040

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



Sequence No. 1

Primary taxpayer's SSN (required)	✓ If deceased	Sp	oouse's	SSN (if fil	ing jointly	y)	✓ If	decea	ased		S	choc	ol dis	strict	#	
irst name		M.I.	Last r	name												
pouse's first name (if filing jointly)		M.I.	Last r	name												
ddress line 1 (number and street) or l	P.O. Box															
ddress line 2 (apartment number, sui	te number, etc.)															
ity					State	ZIP c	ode			Ohio d	count	(first	four	letters	:)	
ity					State	ZIF	oue			Office	Journey	(III St	loui	icticis	?)	
oreign country (if the mailing address	is outside the U.S.)				Foreign p	oostal o	code									
esidency Status - Check only	one for primary				<u>Filing</u>	Statu	<u>is</u> - C	heck o	one (as rep	orted	on fe	edera	al inco	me ta	ax re
Resident Part-year resident	Nonresident Indicate state				Si	ngle, h	ead of	hous	ehol	d or q	ualify	ing w	idow	v(er)		
Check only one for spouse (if filing join					M	arried f	filing jo	intly								
Resident Part-year	Nonresident	>>					3,	,				Sp	ouse	e's SS	SN	
resident	Indicate state	•			M	arried f	filing se	eparat	ely							
Ohio Nonresident Statement	- See instructions f	or regu	ired cri	teria												
Primary meets the five criteria for it				- 1	Fe	ederal e	extens	ion fil	ers -	chec	k here) .				
Spause mosts the five criteria for it	rrabuttable programat	ion oo r	onrocio	lont	lf /	nomoor	no oon	oloim	\ (O.L.	(or vo	ur one	uuoo i	f filin	a ioin	thu) oc	
Spouse meets the five criteria for in	Tebuliable presumpl	1011 a5 1	loniesio	ient.		someor epender				(or yo	ui spc	juse i	1 1111111	ig joiri	uy) as	o a
1. Federal adjusted gross income (federal 1040 or 104	0-SR, li	ne 11).	Place a	'-" in the	box										
if negative			,				1.									
a. Additions – Ohio Schedule of Adjus	stments line 10 (inc	lude si	chedul	a)			2a									
b. Deductions – Ohio Schedule of Adj	•			,			2b.									
Ohio adjusted gross income (line 1 if negative							3.									
Exemption amount (include Scheon Number of exemptions including you							4.									
5. Ohio income tax base (line 3 minus		•					5.									
,																
		13 /in	clude :	chodule	.)		6									
6. Taxable business income – Ohio So		e 13 (in	clude	schedule)		6.									

Code

MM-DD-YY

2021 Ohio IT 1040

Individual Income Tax Return



						Ш	II
	Ш	Ш	Ш		Ш	Ш	II
240				_			•••

		Sequence No. 2
7a. Amount from line 7 on page 1	7	a
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 li	ne 8b)	8c. 8c.
9. Ohio nonrefundable credits – Ohio Schedule of	Credits, line 38 (include schedule)	9.
10. Tax liability after nonrefundable credits (line 8c r	ninus line 9; if negative, enter zero)	10.
11. Interest penalty on underpayment of estimated t	ax (include Ohio IT/SD 2210)	11.
12.Unpaid use tax (see instructions)		12.
13. Total Ohio tax liability before withholding or es	stimated payments (add lines 10, 11 and 12)	13.
14. Ohio income tax withheld – Schedule of Ohio W income statements)	ithholding, part A, line 1 (include schedule and	14.
15. Estimated and extension payments (from Ohio I from last year's return	T 1040ES and IT 40P), and credit carryforward	15.
16. Refundable credits – Ohio Schedule of Credits,	line 44 (include schedule)	16.
17. <u>Amended return only</u> – amount previously paid	d with original and/or amended return	17.
18. Total Ohio tax payments (add lines 14, 15, 16	and 17)	18.
19. <u>Amended return only</u> – overpayment previous	ly requested on original and/or amended return	19.
20. Line 18 minus line 19. Place a "-" in the box if nega	tive	20.
	to line 24. OTHERWISE, continue to line 21.	
21. Tax due (line 13 minus line 20). If line 20 is nega		21.
22. Interest due on late payment of tax (see instruct	ions)	22.
23. TOTAL AMOUNT DUE (line 21 plus line 22). I (if amended return) and make check payable to	Include Ohio IT 40P (if original return) or IT 40X o "Ohio Treasurer of State" AMOUNT D	
24. Overpayment (line 20 minus line 13)		24.
25. <u>Original return only</u> – portion of line 24 carried 26. <u>Original return only</u> – portion of line 24 you wis a. Military Injury Relief b. Ohio History F	h to donate:	25.
d. Breast/Cervical Cancer e. Wishes for Sie	Tot ck Children f. Wildlife Species	tal 26g.
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFU	JND ▶ 27.
Sign Here (required): I have read this return. Under and belief, the return and all enclosures are true, correct and	r penalties of perjury, I declare that, to the best of my known complete	wledge If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
Primary signature	•	NO Payment Included – Mail to: Ohio Department of Taxation
Spouse's signature	Date	P.O. Box 2679
Check here to authorize your preparer to discuss this		Payment Included – Mail to:
Preparer's printed name	Phone number	Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057
	D	

Preparer's TIN (PTIN)



2021 Ohio Schedule of Adjustments

Use only black ink/UPPERCASE letters.



Sequence No. 3

Primary taxpayer's SSN

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

2021 Ohio Schedule of Adjustments

21000402 Sequence No. **4**

Primary taxpayer's SSN

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



2021 Ohio Schedule IT BUS

Business Income Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN





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

Part 1 - Business Income From IRS Schedules

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

Schedule B – Interest and Ordinary Dividends	1.	
2. Schedule C – Profit or Loss From Business (Sole Proprietorship)	2.	
3. Schedule D – Capital Gains and Losses	3.	
Schedule E – Supplemental Income and Loss	4.	
Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.	
6. Schedule F – Profit or Loss From Farming	6.	
7. Other business income or loss not reported above (e.g. form 4797 amounts)	7.	
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	9.	
10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	10.	
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule of Adjustments, line 11	11.	
Part 3 – Taxable Business Income		
Note: If Ohio IT 1040, line 5 is zero, do <u>not</u> complete Part 3.		
12. Line 9 minus line 11	12.	
13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	13.	
14. Business income tax liability – multiply line 13 by 3% (03). Enter here and on Ohio IT 1040, line 8b	14	

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

2021 Ohio Schedule IT BUS **Business Income**

Primary taxpayer's SSN





Sequence No. 6

Part 4 - Business Sources

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

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



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Sequence No. 7

	Nonrefundable Credits		Seq	uence No. 7
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 or	nly.		

2021 Ohio Schedule of Credits

Primary taxpayer's SSN



0202

			Sequ	ence 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.		
<u>Nonr</u>	esident Credit			
Date	s of Ohio residency to Other state of resi	dency		
30.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)30.			
31.	Ohio adjusted gross income (Ohio IT 1040, line 3)31.			
32a.	Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)			
32.	Nonresident credit (line 29 times line 32a)	32.		
	dent Credit			
	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)			
34.	Ohio adjusted gross income (Ohio IT 1040, line 3)34.			
	Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)			
35.	Line 29 times line 35a			
36.	2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)			
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.		00
	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

Sequence No. 9

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

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

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

2021 Ohio Schedule of Dependents



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



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Sequence No. 11

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

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

2021 Schedule of Ohio Withholding Primary taxpayer's SSN



Part (C - 1099-Rs			Sequence No. 12
1. P/s	S Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
			distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/	S Payer's TIN	Box 1 - Gross distribution		D 7
			Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/	S Payer's TIN	Box 1 - Gross distribution		
			Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	Box 13 - Payer's Office flumber	box 4 - Federal Income tax withheld		Box 14 - Official withheld
4. P/	S Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
	J [distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Part I	O - W-2Gs			
1. P/		Box 1 - Reportable winnings	Box 4	4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/	S Payer's federal ID number	Box 1 - Reportable winnings	Box 4	4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/	S Payer's federal ID number	Box 1 - Reportable winnings	Box 4	4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
	BOX 13 - Office state 1D Huffiber	Box 14 - Onlo state withings		Box 13 - Office income tax withheld
Part I 1. P/3	<u>E - 1099-NECs</u> S Payer's TIN	Box 1 - Nonemployee compensation	Box 4	4 - Federal income tax withheld
1. 17	a layers inv			
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/	S Payer's TIN	Box 1 - Nonemployee compensation	Box 4	4 - Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld

2021 Ohio IT 40P

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

<u>Important</u>

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

Electronic Payment Options

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



Federal Privacy Act Notice

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

ORIGINAL PAYMENT

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

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

Original Income Tax Payment Voucher

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

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

Amount of Payment

Do NOT send cash Do NOT fold, staple.

Tax Year or paper clip



Taxpayer's SSN

Spouse's SSN (only if joint filing)

Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

0 0

Do not staple or paper clip. Department of Ohio

2021 Ohio SD 100

School District Income Tax Return



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

MM-DD-YY	Code

2021 Ohio SD 100

School District Income Tax Return



21020202

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

Preparer's TIN (PTIN)



2021 Schedule of School District Withholding

Primary taxpayer's SSN

School District #



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

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



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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

Let on the dotted lines. Use only black ink.				
OHIO SD 40P	Tax Year	 Do <u>NOT</u> ser Do <u>NOT</u> fold 	d, staple,	School district number
Original School District Income Tax Payment Voucher	2021	or paper clip)	Hamber
First name M.I. Last name				ERCASE letters
Spouse's first name (only if joint filing) M.I. Last name			Taxpayer's	'
Address			last name	(only if joint filing
City, State, ZIP code				
Make payment payable to: School District Income Tax	Taxpaye	r's SSN		
Mail to: Ohio Department of Taxation, P.O. Box 182389, Columbus, OH 43218-2389	Spouse' (only if joi			
	Amount of	→ □		0.0

2022 Ohio IT 1040

Individual Income Tax Return



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

Sequence No. 1

Primary taxpayer's SSN (required)	✓ If deceased	Spou	se's SSN (if fil	ing jointly)	✓ If dece	eased	Scho	ol district #
First name	N	Л.I.	Last name						
Spouse's first name (if filing jointly)	IV.	∕I.I.	Last name						
Address line 1 (number and street) or P	O. Box								
Address line 2 (apartment number, suite	e number, etc.)								
City				State	ZIP code		Ohio cou	unty (first fo	our letters)
Foreign country (if the mailing address i					postal code			4	I
Residency Status – Check only of Resident Part-year resident	Nonresident Indicate state	•			ingle, head				leral income tax dow(er)
Check only one for spouse (if filing joint Resident Part-year resident	Nonresident Indicate state				larried filing			Spo	use's SSN
Primary meets the five criteria for irr				F	ederal exte	nsion filers	- check h	nere.	
	ebuttable presumption	as n	onresident.	If		an claim you			filing jointly) as
Primary meets the five criteria for irr	ebuttable presumption	as n	onresident.	lf d	someone ca ependent, cl	an claim you			filing jointly) as
Primary meets the five criteria for irr Spouse meets the five criteria for irr 1. Federal adjusted gross income (fe	ebuttable presumption abuttable presumption	as n	onresident. onresident. ne 11). Place a	If d	someone ca ependent, cl box	an claim you heck here.			filing jointly) as
Primary meets the five criteria for irr Spouse meets the five criteria for irr 1. Federal adjusted gross income (feif negative	ebuttable presumption and ebuttable presumpt	as no	onresident. onresident. ne 11). Place a	If d	someone ca ependent, cl box	an claim you heck here.			filing jointly) as
Primary meets the five criteria for irr Spouse meets the five criteria for irr 1. Federal adjusted gross income (feif negative	ebuttable presumption and ebuttable presumption and ederal 1040 or 1040-Simments, line 10 (include stments, line 39 (include stments, line 39 (include stments)	as no	onresident. onresident. ne 11). Place a	If d	someone ca ependent, cl box	an claim you heck here.			filing jointly) as
Primary meets the five criteria for irr Spouse meets the five criteria for irr 1. Federal adjusted gross income (fer if negative	ebuttable presumption and ebuttable presumption and ederal 1040 or 1040-SF ments, line 10 (include stments, line 39 (include stments) line 2a minus line alle of Dependents if a	as no	onresident. onresident. ne 11). Place a hedule) schedule)	If d	someone ca ependent, cl box negative	an claim you heck here12a2b.			filing jointly) as
Primary meets the five criteria for irr Spouse meets the five criteria for irr 1. Federal adjusted gross income (feif negative	ebuttable presumption and ebuttable presumpt	as no	onresident. onresident. ne 11). Place a hedule) schedule) Place a "-" in cable)	If do	someone ca ependent, cl box negative	an claim you heck here			filing jointly) as
Primary meets the five criteria for irr Spouse meets the five criteria for irr 1. Federal adjusted gross income (fer if negative	ebuttable presumption and ebuttable presumption and ederal 1040 or 1040-SF ments, line 10 (include stments, line 39 (include stments) line 2a minus line and your spouse/dependents if and your spouse/dependents if negative, enter the education of the stand your spouse/dependents in edition your spouse/dependents in edition your spouse/dependents in edit	as no	ne 11). Place a hedule) Place a "-" in cable) s, if applicable	If do	someone ca ependent, cl box negative	2a			filing jointly) as

Code

MM-DD-YY

2022 Ohio IT 1040

Individual Income Tax Return



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Preparer's printed name Phone number Preparer's TIN (PTIN) P	Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH 43270-2679
Spouse's signature Date	Ohio Department of Taxation P.O. Box 2679
Primary signature Phone number	NO Payment Included – Mail to:
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.	If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
27. REFUND (line 24 minus lines 25 and 26g)YOUR REFU	UND ▶ 27.
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.
a. Wildlife Species b. Military Injury Relief c. Ohio History Fund	
26. Original return only – portion of line 24 you wish to donate:	23.
25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability	25
24. Overpayment (line 20 minus line 13)	24.
IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT I	DUE ▶ 23.
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or	
22. Interest due on late payment of tax (see instructions)	22.
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.
from last year's return	15.
income statements)	14.
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and	14
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.
12. Unpaid use tax (see instructions)	12.
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.
7a. Amount from line 7 on page 1	7a



2022 Ohio Schedule of Adjustments Use only black ink. Use whole dollars only.

Primary taxpayer's SSN



Sequence No. 3

	Additions (Only 1) In 10 (1) In 10				
1	(Only add the following amounts if they are not included on Ohio IT 1040, line 1) Non-Ohio state or local government interest and dividends	1			
1.	Non-Onio state or local government interest and dividends	1.			
2.	Ohio pass-through entity taxes excluded from federal adjusted gross income	2.			
3.	Ohio 529 plan funds used for non-qualified expenses	3.			
4.	Losses from sale or disposition of Ohio public obligations	4.			
5.	Nonmedical withdrawals from a medical savings account	5.			
6.	Reimbursement of expenses previously deducted on an Ohio income tax return	6.			
Fed	<u>eral</u>				
7.	Internal Revenue Code 168(k) and 179 depreciation expense addback	7.			
8.	Exempt federal interest and dividends subject to state taxation	8.			
9.	Federal conformity additions	9.			
10.	Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a				
	<u>Deductions</u> (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			
11.	Business income deduction – Onto scriedule it Bos, line it	11.			
12.	Employee compensation earned in Ohio by residents of neighboring states	12.			
13.	Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1)	13.			
14.	Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)	14.			
15.	Certain railroad benefits	15.			
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.			
17.	Amounts contributed to an Ohio county's individual development account program	17.			
18.	Amounts contributed to a STABLE account: Ohio's ABLE plan	18.			
19.	Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period	19.			
Fed	<u>eral</u>				
20.	Federal interest and dividends exempt from state taxation	20.			
21.	Deduction of prior year 168(k) and 179 depreciation addbacks	21.			
22.	Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal	22			

2022 Ohio Schedule of Adjustments

Sequence No. 4

Primary taxpayer's SSN

Uniformed Services Education Medical 37. Medical savings account contributions/earnings (see instructions for worksheet; include a copy).......37.



2022 Ohio Schedule IT BUS

Business Income Use only black ink/UPPERCASE letters.



Sequence No. 5

Primary taxpayer's SSN

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

Part 1 - Business Income From IRS Schedules

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

Schedule B – Interest and Ordinary Dividends	1.
Schedule C – Net Profit or Loss From Business (Sole Proprietorship)	2.
Schedule D – Capital Gains and Losses	3.
Schedule E – Supplemental Income and Loss	4.
Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.
6. Schedule F – Net Profit or Loss From Farming	6.
7. Other business income or loss not reported above (e.g. form 4797 amounts)	7.
8. Total business income (add lines 1 through 7)	8.
Part 2 – Business Income Deduction	
9. Enter the lesser of line 8 above or Ohio IT 1040, line 1. If negative, enter zero; stop here and do not complete Part 3	9.
10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	10.
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule of Adjustments, line 11	11.
Part 3 – Taxable Business Income	
Note: If Ohio IT 1040, line 5 is zero, do <u>not</u> complete Part 3.	
12. Line 9 minus line 11	12.
13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	13.
14. Rusiness income tay liability – multiply line 13 by 3% (03). Enter here and on Objo IT 1040, line 8b	14

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

2022 Ohio Schedule IT BUS **Business Income**

Primary taxpayer's SSN



Sequence No. 6

Part 4 - Business Sources

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

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



2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.



Primary taxpayer's SSN

Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits 2. Retirement income credit (include 1099-R forms) 2. 7. Displaced worker training credit (include a copy of the worksheet and all required documentation)......7. 9. Income-based exemption credit 9. 11. Tax less credits (line 1 minus line 10; if negative, enter zero).......11. % times line 11, up to \$650......12. 12. Joint filing credit (see instructions for table). 16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation).......16.

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

2022 Ohio Schedule of Credits

Primary taxpayer's SSN



			Seque	ence No. 8
25.	Technology investment credit carryforward (include a copy of the credit certificate)	25.		
26.	Enterprise zone day care & training credits (include a copy of the credit certificate)	26.		
27.	Research & development credit (include a copy of the credit certificate)	27.		
28.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	28.		
29.	Total (add lines 12 through 28)	29.		
30.	Tax less additional credits (line 11 minus line 29; if negative, enter zero)	30.		
Noni	esident Credit			
Date	s of Ohio residency to Other state of residency			
31.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			
32.	Ohio adjusted gross income (Ohio IT 1040, line 3) 32.			
33a.	Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)			
33.	Nonresident credit (line 30 times line 33a)	33.		
Resi	dent Credit			
34.	Resident credit – Ohio IT RC, line 7 (include a copy)	34.		
35.	Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35.		
	Refundable Credits			
36.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	36.		
37.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	37.		
38.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	38.		
39.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	39.		
40.	Venture capital credit (include a copy of the credit certificate)	40.		
41.	Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)	41.		



2022 Ohio Schedule of Dependents



Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 9

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

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	
. 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	
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	
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	
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	
Dependent's instrume	W.I. Dependents last name	
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	
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.

2022 Ohio Schedule of Dependents



	Primary taxpayer's SSN	
		Sequence No. 10
8. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
9. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
10. 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	
11. 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	
12. 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	
13. 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
Day and settle first a series	M. Book data hata and	
Dependent's first name	M.I. Dependent's last name	
15. 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	



2022 Schedule of Ohio Withholding

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

Sequence No. 11

	tal Withholding	1.2 co well on any additional nagge. Enter here	
		d 2 as well as any additional pages. Enter here	1.
art B - W	-2s		
	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
В	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
P/S B	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
В	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
P/S B	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
B	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
P/S B	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
В	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
P/S B	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
В	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
P/S B	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
В	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
P/S B	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
В	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax

2022 Schedule of Ohio Withholding Primary taxpayer's SSN



Pa	rt C -	1099-Rs			Sequence No. 12
1.	P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2.	P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	distribution	Box 14 - Ohio tax withheld
3.	P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	distribution	Distribution code Box 14 - Ohio tax withheld
1	D/C	Davasia TIN	Box 1 - Gross distribution		
4.	P/S	Payer's TIN	BOX 1 - Gross distribution	Total distribution	Box 7 - Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Pa	rt D -	W-2Gs			
1.	P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2.	P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3.	P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Da	t E	1000 NECo			
	P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
		Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2.	P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
		Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld



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2022 Ohio IT 40P

Include the voucher below with your payment for your **ORIGINAL** 2022 Ohio income tax return.

Important

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

 $\begin{cases} \label{eq:cut} \end{cases} \end{cases}$ Cut on the dotted lines. Use only black ink.

Original Income	Tax Payment	Voucher

OHIO IT 40P

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

Do <u>NOT</u> send cash Do <u>NOT</u> 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)

II FOR IT THE REALING							
Taxpayer's SSN							
Spouse's SSN (only if joint filing)							
Amount of Payment \$			0 0				

Do not staple or paper clip. Department of Taxation

2022 Ohio SD 100

School District Income Tax Return



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

File a separa	ate Ohio SD 100	for eac	taxing	school distric	t in wh	ich you	lived o	during	the tax	year.					
AMENDED RETURN - Check here	and include Ohi	io SD F	RE.	1	NOL C	ARRYB	ACK	- Che	ck her	e and	includ	de So	chedu	e IT N	IOI
rimary taxpayer's SSN (required)	If deceased	Spo	use's SS	N (if filing jo	ntly)		~	If ded	ceased		Sch	ool	distric	et#	
rst name		M.I.	Last na	ame											
istriane		IVI.I.	Last II	ame											
pouse's first name (if filing jointly)		M.I.	Last na	ame											
	_														
ddress line 1 (number and street) or P.O	. Box														
ddress line 2 (apartment number, suite n	umber, etc.)														
				0		710			Ohio		h . /6:ma4	· f	lattana	`	
ity				Stat	e 2	ZIP code	е		Onic	count	ty (first	four	letters)	
oreign country (if the mailing address is	outside the U.S.)			Fore	ign po	stal cod	le								
Residency Status – Check only one	e for primary			Check	only on	e for sp	ouse	(if filir	ng joint	ly)					
Resident Part-year resident	Nonresio	lent			sident		Part-	year r	esiden	t	N	lonre	siden	t	
ates of esidency	to			Dates o						to					
Single, head of household or qualify Married filing jointly Married filing separately	ving widow(er) Spouse's S	SN				ıl tax ba								ո.	
. School district taxable income: Traditiona															T
	come tax base f	rom line	e 27												
2. School district income tax liability: line 1	times tax rate			(see instruc	tions fo	or rate).				2.					
. Senior citizen credit (you must be 65 or	older to claim th	is cred	lit; limit \$	\$50 per retu	rn)					3.					
. Line 2 minus line 3 (if negative, enter ze	ero)								2	1.					
. Interest penalty on underpayment of es	timated tax (incl	ude O	hio IT/SI	D 2210)						5.					
. Total school district income tax liabil	lity before withho	olding	or estima	ated paymer	ts (line	4 plus	line 5)	6	6.					
	Do not write	e in t	his are	ea; for de	partn	nent u	ıse o	only.							
										М	M-DD	-YY		Co	de

2022 Ohio SD 100

School District Income Tax Return



22020202

SSN SD#		
6a. Amount from line 6 on page 1		6a
7. School district income tax withheld – Schedule of School Dis		
schedule and income statements)		7.
Estimated and extension payments (from Ohio SD 100ES a from last year's return		8.
9. <u>Amended return only</u> – amount previously paid with original	al and/or amended return	9.
10. Total school district income tax payments (add lines 7, 8	and 9)	10.
11. <u>Amended return only</u> – overpayment previously requested	on original and/or amended return	11.
12. Line 10 minus line 11. Place a "-" in the box if negative		12.
If line 12 is MORE THAN line 6a, go to line 16. OTH	ERWISE, 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.
14. Interest due on late payment of tax (see instructions)		14.
 TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SE Ohio SD 40XP (if amended return) and make check payable to 		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 REF	:UND ▶ 18.
Traditional Tax Base (lines 19 to 23)		
19. Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a "-" i	n the box if negative	19.
20. Business income deduction add-back (from Ohio Schedule	of Adjustments, line 11)	20.
21. Line 19 plus line 20. Place a "-" in the box if negative		21.
22. The portion of line 21 received while a nonresident of the sc	hool district entered above	22.
23. School district taxable income (line 21 minus line 22; if nega of this return	tive, enter zero). Enter here and on line 1	
Earned Income Tax Base (lines 24 to 27)		
 Wages and other compensation received while a resident of adjusted gross income (see instructions) 		
 Net earnings from self-employment received while a resider modified adjusted gross income (see instructions). Place a " 	t of the school district and included in " in the box if negative	25.
26. Federal conformity adjustments (see instructions). Place a "	-" in the box if negative	26.
27. School district taxable income (add lines 24, 25 and 26; if ne of this return	egative, enter zero). Enter here and on line	1
Sign Here (required): I have read this return. Under penalties of pand belief, the return and all enclosures are true, correct and complete.	erjury, I declare that, to the best of my knowledge	If your refund is \$1.00 or less, no refund will be issue If you owe \$1.00 or less, no payment is necessary.
Primary signature	Phone number	NO Payment Included – Mail to:
Spouse's signature	_ Date	Ohio Department of Taxation P.O. Box 182197
Check here to authorize your preparer to discuss this return with the	Department.	Columbus, OH 43218-2197
Preparer's printed name	·	Payment Included – Mail to: Ohio Department of Taxation
·	- — — — — — — — — — — — — — — — — — — —	P.Ö. Box 182389 Columbus, OH 43218-2389

Preparer's TIN (PTIN)



2022 Schedule of School **District Withholding**



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

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

		Primary taxpayer's SSN	School District #
the prim	nary taxpayer's and enter "S" if it is the spou		withholding. Enter "P" in the "P/S" box if the form is ligits, enter only the first 8 digits. Complete additional urn.
•		•	ad of the "local" boxes. In this case, enter the school es from box 16 as the school district wage amount.
Part A -	· Total Withholding	-	-
		the school district entered above. Enter here and c	
Part E	3 - W-2s		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
Part C	<u> - 1099-Rs</u>		
1. P/S	Payer's TIN	Box 1 - Gross distribution	Box 4 - Federal income tax withheld
	Box 15 - Payer's Ohio number	Box 19 - School district distribution	Box 17 - School district tax



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2022 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2022 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.

- Cut on the dotted lines. Use only black ink. Do NOT send cash OHIO SD 40P Tax Year School district Do NOT fold, staple, number or paper clip **Original School District Income Tax Payment Voucher** First name Last name Use UPPERCASE letters to print the first three letters of Spouse's first name (only if joint filing) M.I. Last name Taxpayer's Spouse's last name last name (if filing jointly) Address City, State, ZIP code Taxpayer's SSN Make payment payable to: School District Income Tax Mail to: Ohio Department of Taxation, Spouse's SSN (only if joint filing) P.O. Box 182389, Columbus, OH 43218-2389 Amount of 0.0

Payment