

Do not staple or paper clip.



Department of
Taxation

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



20000102

Sequence No. 1

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

Primary taxpayer's SSN (required) ☐ If deceased Spouse's SSN (if filing jointly) ☐ If deceased School district # (see instructions).
First name ☐ M.I. Last name ☐ SD# ☐
Spouse's first name (only if married filing jointly) ☐ M.I. Last name ☐

Address line 1 (number and street) or P.O. Box
Address line 2 (apartment number, suite number, etc.)
City State ZIP code Ohio county (first four letters)
Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status – Check only one for primary <input type="checkbox"/> Resident <input type="checkbox"/> Part-year resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Indicate state Check only one for spouse (if married filing jointly) <input type="checkbox"/> Resident <input type="checkbox"/> Part-year resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Indicate state	Filing Status – Check one (as reported on federal income tax return) <input type="checkbox"/> Single, head of household or qualifying widow(er) <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Spouse's SSN
Ohio Nonresident Statement – See instructions for required criteria <input type="checkbox"/> Primary meets the five criteria for irrefutable presumption as nonresident. <input type="checkbox"/> Spouse meets the five criteria for irrefutable presumption as nonresident.	<input type="checkbox"/> Check here if you filed the federal extension form 4868. <input type="checkbox"/> Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

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1. **Federal adjusted gross income** (federal 1040 and 1040-SR, line 11). Include page 1 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero. 1.

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

2b. **Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)** 2b.

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

4. **Exemption amount (INCLUDE SCHEDULE J if claiming dependents)** 4.
Number of exemptions including you and your spouse/dependents, if applicable:

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

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

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

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

MM-DD-YY Code

Sequence No. 2

7a. Amount from line 7 on page 1 7a.

8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....8a. [] [] [] [] [] [] [] []

8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8b.

8c. Income tax liability before credits (line 8a plus line 8b) 8c.

9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE).....9.

10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....10.

11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... 11.

12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)12.

13. **Total Ohio tax liability** before withholding or estimated payments (add lines 10, 11 and 12).....13. 00

14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (**INCLUDE SCHEDULE**)14.

15. **Estimated and extension payments** (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return15.

16. **Refundable credits – Ohio Schedule of Credits, line 40** (INCLUDE SCHEDULE) 16.

17. Amended return only – amount previously paid with original and/or amended return 17.

18. **Total Ohio tax payments** (add lines 14, 15, 16 and 17)..... 18. 00

19. **Amended return only** – overpayment previously requested on original and/or amended return.....19.

20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....20.

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....21.

22. Interest due on late payment of tax (see instructions) 22.

23. **TOTAL AMOUNT DUE** (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"..... **AMOUNT DUE** ▶ 23.

24. Overpayment (line 20 minus line 13) 24. 00

25. **Original return only** – amount of line 24 to be credited toward next year's income tax liability.....25.

26. **Original return only** – amount of line 24 to be donated:

a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer

d. Wishes for Sick Children e. Wildlife species

f. Military injury relief

[illegible]

27. **REFUND** (line 24 minus lines 25 and 26g).....**YOUR REFUND** ▶ 27.

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

**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 _____ Phone number _____

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

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

Preparer's printed name _____ Phone number _____

Preparer's TIN (PTIN) P

NO Payment Included – Mail to:

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

Payment Included – Mail to:

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



2020 Ohio Schedule A

Income Adjustments

Use only black ink/UPPERCASE letters.



20000302

Primary taxpayer's SSN

Sequence No. 3

Additions

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

- | | | | | | | |
|--|----|--|--|--|---|---|
| 1. <u>Non-Ohio state or local government interest and dividends</u> | 1. | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | 0 | 0 |
| 2. <u>Certain Ohio pass-through entity taxes paid</u> | 2. | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | 0 | 0 |
| 3. <u>Ohio 529 plan funds used for non-qualified expenses</u> | 3. | | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | 0 | 0 |
| 4. <u>Losses from sale or disposition of Ohio public obligations</u> | 4. | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | 0 | 0 |
| 5. <u>Nonmedical withdrawals from a medical savings account</u> | 5. | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | 0 | 0 |
| 6. <u>Reimbursement of expenses previously deducted on an Ohio income tax return</u> | 6. | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | 0 | 0 |

Federal

- [illegible]

Deductions

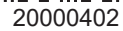
(Deduct the following if included on Ohio IT 1040, line 1)

- [illegible]

Federal

- [illegible]

Primary taxpayer's SSN





Business Income

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



20260102

Sequence No. 5

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

Part 1 – Business Income From IRS Schedules

Note: Do not include amounts listed on the IRS schedules below that are nonbusiness income.

See R.C. 5747.01(C). If the amount on a line is negative, place a “-” in the box provided.

- [illegible]

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 10.

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 **not** complete Part 3.

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

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Primary taxpayer's SSN



20280102

Sequence No. 7

Nonrefundable Credits

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