Do not staple or paper clip. Ohio Department of Taxation

2020 Ohio IT 1040

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



Sequence No. 1

Primary taxpayer's SSN (required)	se's SSN (if filing jointly)	If deceased	School district # (see instructions).
c ∋ck box		check box	SD# >>
First name M.I. L	as nam	h	\bigcirc
Spouse's first name (only it married firing jointly) M.I.			
pouse's ill'st harrie (only il married filling jointly)	ast name		
Address line 1 (number and street) or P.O. Box			
ddress line 2 (apartment number, suite number, e.)			
ity	State ZIP code	Ohio cou	nty (first four letters)
oreign count (if the millin address is outside to U.)	Fore gn postal cod		_
Resident Part-year Nonresident	Filing Status – Check Single, head of hou	, ,	ed on federal income tax ret fving widow(er)
resident Indicate state		oorioid or quai	.yg maen(e.)
Check only one for spouse (if married filing jointly) Resident Part-year Nonresident	Married filing jointly		Spouse's SSN
resident Indicate state	Married filing separ	ately	
Ohio Nonresident Statement – See instructions for require	d criteria		
Primary meets the five criteria for irrebuttable presumption as non	resident. Check here if you file	ed the federal e	xtension form 4868.
Spouse meets the five criteria for irrebuttable presumption as non	resident. Check here if someo joint return) as a dep		to claim you (or your spous
	, , ,	oridorit.	
Federal adjusted gross income (federal 1040 and 1040-SR, lin			
Federal adjusted gross income (federal 1040 and 1040-SR, lin of your federal return if the amount is zero or negative. Place a "-if the amount is less than zero	" in the box at the right		
of your federal return if the amount is zero or negative. Place a "- if the amount is less than zero	" in the box at the right		
of your federal return if the amount is zero or negative. Place a "- if the amount is less than zero	" in the box at the right		
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Code

MM-DD-YY

2020 Ohio IT 1040

Individual Income Tax Return



0011		20000202	Sequence No. 2
7a. Amount from line 7 on page 1	7a.		00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax ta	ıbles)8	Ba.	
* 8b. <u>Business income tax liability – Ohio Schedule IT BUS, line 14</u> (IN	ICLUDE SCHEDULE)8	lb.	
8c. Income tax liability before credits (line 8a plus line 8b)	8	3c.	
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 th	an zero, enter zero)1	0.	
11. <u>Interest penalty on underpayment of estimated tax</u> (include Ohio	o IT/SD 2210)1	11.	
12. Use tax due on internet, mail order or other out-of-state purchases (s	ee instructions)1	2.	
13. Total Ohio tax liability before withholding or estimated payments (a	dd lines 10, 11 and 12)1	3.	
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, I	ine 1 (INCLUDE SCHEDULE)1	14.	
15. Estimated and extension payments (from Ohio IT 1040ES and IT 4 from last year's return		5.	
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDI	E SCHEDULE)1	6.	
17. Amended return only – amount previously paid with original and	i/or amended return1	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	1	18.	
19. <u>Amended return only</u> – overpayment previously requested on origin	nal and/or amended return1	9.	
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is les		20.	
If line 20 is MORE THAN line 13, skip to line 24. OTHERWIS 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-"		21.	
22. Interest due on late payment of tax (see instructions)	2	22.	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if amended return) and make check payable to "Ohio Treasure		23.	
24. Overpayment (line 20 minus line 13)	2	24.	
 25. <u>Original return only</u> – amount of line 24 to be credited toward next yet 26. <u>Original return only</u> – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves c. Brea 	ear's income tax liability2	25.	
d. Wishes for Sick Children e. Wildlife species f. Milita	Total 26o ary injury relief	g.	
27. REFUND (line 24 minus lines 25 and 26g)		If your refund is \$1.00 or less, n	no refund will be issued
and belief, the return and all enclosures are true, correct and complete.	•	If you owe \$1.00 or less, no p	ayment is necessary.
Primary signature Phone		NO Payment Include Ohio Department	of Taxation
Spouse's signature Date (N	/IM/DD/YY)	P.O. Box 2 Columbus, OH 4	
Check here to authorize your preparer to discuss this return with the Department		Payment Include	d – Mail to:
	number	Ohio Department P.O. Box 2	2057
Preparer's TIN (PTIN)	P	Columbus, OH 4	



2020 Ohio Schedule A

Income Adjustments Use only black ink/UPPERCASE letters.



Sequence No. 3

Primary taxpayer's SSN

Additions (Add the following if 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** (Deduct the following if 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 program 17. Income earned in Ohio by a qualifying out-of-state business or employee for disaster **Federal** Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal

2020 Ohio Schedule A

Income Adjustments
Primary taxpayer's SSN



23. Repayment of income reported in a prior year..... 24. Wage expense not deducted based on the federal work opportunity tax credit......24 25. Federal conformity deductions **Uniformed Services Education** 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan31. **Medical** <u>Unreimbursed medical and health care expenses</u> (see instructions for worksheet; include a copy) 36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy). 37 Qualified organ donor expenses 38



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.	
2 Schedule C - Profit or Loss From Business (Sole Proprietorship)	2.	
3 Schedule D - Capital Gains and Losses	3.	
4 Schedule E – Supplemental Income and Loss.		
5. Guaranteed payments or compensation from a pass-through entity to 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)		
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 stop here and do not complete Part 3	ter zero; 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, on Ohio IT 1040, line 6		
14 Business income tax liability – multiply line 13 by 3% (03). Enter here and on	Ohio IT 1040 line 8h 14	

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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.
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. <u>Lump sum distribution credit</u> (see instructions for worksheet; include a copy)	5.
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.
7. <u>Displaced worker training credit</u> (see instructions for all required documentation; include copi	les)7.
7a. Campaign contribution credit for Ohio statewide office or General Assembly	7a.
8. Income-based exemption credit (\$20 times the number of exemptions)	8.
9. Total (add lines 2 through 8)	9.
10. Tax less credits (line 1 minus line 9; if less than zero, enter zero)	10.
11. Joint filing credit (see instructions for table). % times line 10, up to \$650	11.
12. Earned income credit	12.
13. Ohio adoption credit	13.
14. Nonrefundable job retention credit (include a copy of the credit certificate)	14.
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certifi	cate) 15.
16. Credit for purchases of grape production property	16.
17. InvestOhio credit (include a copy of the credit certificate)	17.
18. Lead abatement credit (include a copy of the credit certificate)	18.
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.
21. Enterprise zone day care & training credits (include a copy of the credit certificate)	21.
22. Research & development credit (include a copy of the credit certificate)	22.
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.
24. Total (add lines 11 through 23)	24.
25. Tax less additional credits (line 10 minus line 24; if less than zero, enter zero)	25

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

2020 Ohio Schedule of Credits

Primary taxpayer's SSN



Nonr	esident Credit		Sequence No. 8	
Date	of nonresidency to State of residency			
26	Names ident Portion of Ohio adjusted was a income			
20.	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			
	Portion of Ohio adjusted gross income taxed by			
	another state or the District of Columbia while an Ohio resident-Ohio IT RC, line 1a (include a copy)			
30.	Ohio adjusted gross income (Ohio IT 1040, line 3)30.			
31.	Divide line 29 by line 30 and enter the result here (four digits; do not round).			
	Multiply this factor by line 25 and enter the result			
	here31.			
32.	2020 income tax liability after credits paid to another			
	state or the District of Columbia Ohio IT RC, line 1b (include a copy)			
33.	Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	33.		
24	Total manufundable avadite (add lines 0. 24. 29 and 22) enter here and an Obje IT 1040 line (i)	24		
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		
00.	Totalidado jos diodicir diodica jos retericion diodic (iniciado a cop) di dio diodic cordinado)			
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 certification)	ate). 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.		