

2024 Ohio IT 1040
Individual Income Tax Return

24000102

Sequence No. 1

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

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

Primary taxpayer's SSN (required)

☒ If deceased

Spouse's SSN (if filing jointly)

☒ If deceased

School district #

First name

M.I. Last name

Spouse's first name (if filing jointly)

M.I. Last name

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

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

City

State

ZIP code

Ohio county (first four letters)

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

Foreign postal code

Residency Status - Check only one for primary

*Indicate state

☐ Resident☐ Part-year
resident*☐ Nonresident*

Check only one for spouse (if filing jointly)

*Indicate state

☐ Resident☐ Part-year
resident*☐ Nonresident***Filing Status** - Check one (as reported on federal income tax return)☐ Single, head of household or qualifying surviving spouse☐ Married filing jointly☐ Married filing separately

Spouse's SSN

Ohio Nonresident Statement - See instructions for required criteria☐ Primary meets the five criteria for irrefutable presumption as nonresident.☐ Spouse meets the five criteria for irrefutable presumption as nonresident.☐ **Federal extension filers** - check here.☐ If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

1. **Federal adjusted gross income** (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative.....1.2a. Additions - Ohio Schedule of Adjustments, line 12 (**include schedule**).....2a.2b. Deductions - Ohio Schedule of Adjustments, line 46 (**include schedule**).....2b.

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ..3.

4. Exemption amount (**include Schedule of Dependents** if applicable).....4.
Number of exemptions including you and your spouse/dependents, if applicable: ..

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

6. Taxable business income - Ohio Schedule of Business Income, line 15 (**include schedule**).....6.

7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero).....7.

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

MM-DD-YY

2024 Ohio IT 1040
Individual Income Tax Return



24000202

Sequence No. 2

SSN: [] [] [] [] [] [] [] [] [] []

7a. Amount from line 7 on page 17a. [] [] [] [] [] [] [] [] [] []

8a. Nonbusiness income tax liability on line 7a (see tax.ohio.gov/taxcalculator or see the instructions for the tax brackets).....8a. [] [] [] [] [] [] [] [] [] []

8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)8b. [] [] [] [] [] [] [] [] [] []

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

9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 39 (include schedule)9. [] [] [] [] [] [] [] [] [] []

10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)10. [] [] [] [] [] [] [] [] [] []

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

12. Unpaid use tax (see instructions)12. [] [] [] [] [] [] [] [] [] []

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

14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)14. [] [] [] [] [] [] [] [] [] []

15. Estimated and extension payments, and credit carryforward from last year's return15. [] [] [] [] [] [] [] [] [] []

16. Refundable credits – Ohio Schedule of Credits, line 46 (include schedule)16. [] [] [] [] [] [] [] [] [] []

17. **Amended return only** – amount previously paid with original and/or amended return17. [] [] [] [] [] [] [] [] [] []

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

19. **Amended return only** – overpayment previously requested on original and/or amended return19. [] [] [] [] [] [] [] [] [] []

20. Line 18 minus line 19. Place a "-" in the box if negative20. [] [] [] [] [] [] [] [] [] []

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

21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 1321. [] [] [] [] [] [] [] [] [] []

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

23. **TOTAL AMOUNT DUE** (line 21 plus line 22). Pay electronically at tax.ohio.gov/pay or include the Ohio Universal Payment Coupon (OUPC) and your check **AMOUNT DUE** ▶ 23. [] [] [] [] [] [] [] [] [] []

24. Overpayment (line 20 minus line 13)24. [] [] [] [] [] [] [] [] [] []

25. **Original return only** – portion of line 24 carried forward to next year's tax liability25. [] [] [] [] [] [] [] [] [] []

26. **Original return only** – portion of line 24 you wish to donate:

a. Breast/Cervical Cancer [] [] [] [] [] [] [] [] [] []

b. Wishes for Sick Children [] [] [] [] [] [] [] [] [] []

c. Wildlife Species [] [] [] [] [] [] [] [] [] []

d. Military Injury Relief [] [] [] [] [] [] [] [] [] []

e. Ohio History Fund [] [] [] [] [] [] [] [] [] []

f. Nature Preserves/Scenic Rivers [] [] [] [] [] [] [] [] [] []

Total26g. [] [] [] [] [] [] [] [] [] []

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

Sign Here (required): I declare under penalties of perjury that this return or claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

▶ Primary signature _____ Phone number _____

▶ Spouse's signature _____ Date _____

Preparer's printed name _____ Phone number _____

☐ Authorize your preparer to discuss this return

☐ Non-paid preparer

PTIN: P [] [] [] [] [] [] [] [] [] []

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

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Primary taxpayer's SSN

SSN input boxes

Sequence No. 3

Additions

- 1. Non-Ohio state or local government interest and dividends.....1.
- 2. Ohio pass-through entity taxes excluded from federal adjusted gross income2.
- 3. Taxes paid to another state or District of Columbia related to IRS notice 2020-75.....3.
- 4. 529 plan funds used for non-qualified expenses.....4.
- 5. Losses from sale or disposition of Ohio public obligations.....5.
- 6. Nonmedical withdrawals from a medical savings account6.
- 7. Reimbursement of expenses previously deducted on an Ohio income tax return7.
- 8. Ineligible withdrawals from an Ohio Homebuyer Plus account8.

Federal

- 9. Internal Revenue Code 168(k) and 179 depreciation expense add-back9.
- 10. Exempt federal interest and dividends subject to state taxation10.
- 11. Federal conformity additions11.
- 12. Total additions (add lines 1 through 11 ONLY). Enter here and on Ohio IT 1040, line 2a.....12.

Deductions

- 13. Business income deduction – Ohio Schedule of Business Income, line 13.....13.
- 14. Employee compensation earned in Ohio by residents of neighboring states.....14.
- 15. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1)15.
- 16. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)16.
- 17. Certain railroad benefits17.
- 18. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement.....18.
- 19. Amounts contributed to an Ohio county's individual development account program19.
- 20. Amounts contributed to a STABLE account: Ohio's ABLE plan20.
- 21. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....21.
- 22. Certain payments related to the East Palestine train derailment22.
- 23. Ohio adoption grant program payments received from the Ohio Department of Children and Youth (ODCY)23.
- 24. Amounts contributed to and interest earned on an Ohio Homebuyer Plus account.....24.

2024 Ohio Schedule of Adjustments



24000402

SSN: **Federal**

Sequence No. 4

25. Federal interest and dividends exempt from state taxation 25.
26. Deduction of prior year 168(k) and 179 depreciation add-backs 26.
27. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal itemized deductions
claimed on a prior year return 27.
28. Repayment of income reported in a prior year 28.
29. Wage expense not deducted based on the federal work opportunity tax credit 29.
30. Federal conformity deductions 30.

Uniformed Services

31. Military pay received by Ohio residents while stationed outside Ohio 31.
32. Compensation earned by nonresident military servicemembers and their civilian spouses 32.
33. Uniformed services retirement income 33.
34. Military injury relief fund grants and veteran's disability severance payments 34.
35. Certain Ohio National Guard reimbursements and benefits 35.

Education

36. Amounts contributed to a 529 Plan 36.
37. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board 37.
38. Ohio educator expenses in excess of federal deduction 38.
39. Income attributable to loan repayments by the Ohio Department of Higher Education under the rural
practice incentive program 39.
40. Grant program payments made by the Ohio Department of Higher Education on behalf of adopted students ... 40.

Medical

41. Disability benefits 41.
42. Survivor benefits 42.
43. Unreimbursed medical and health care expenses (see instructions for worksheet; **include a copy**) 43.
44. Medical savings account contributions/earnings (see instructions for worksheet; **include a copy**) 44.
45. Qualified organ donor expenses 45.
46. **Total deductions** (add lines 13 through 45 ONLY). Enter here and on Ohio IT 1040, line 2b 46.



2024 Ohio Schedule of Business Income

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



24260102

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 or Ohio adjusted gross income, as applicable. **Only one Schedule of Business Income should be used for each return filed.** See R.C. 5747.01(B). **Use whole dollars only.**

Part 1 – Business Income

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

1. Schedule B – Interest and Ordinary Dividends	1.								
2. Schedule C – Net Profit or Loss From Business (Sole Proprietorship)	2.								
3. Schedule D – Capital Gains and Losses	3.								
4. Schedule E – Supplemental Income and Loss	4.								
5. 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. Add-back of electing pass-through entity taxes paid on the Ohio form IT 4738 that qualify as business income	7.								
8. Add-back of taxes paid to another state or the District of Columbia related to IRS notice 2020-75 that qualify as business income	8.								
9. Other business income or loss not reported above (e.g. form 4797 amounts)	9.								
10. Total business income (add lines 1 through 9)	10.								

Part 2 – Business Income Deduction

11. Enter the lesser of line 10 above or Ohio IT 1040, line 1. If negative, enter zero; stop here and do not complete Part 3	11.								
12. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	12.								
13. Enter the lesser of line 11 or line 12. Enter here and on Ohio Schedule of Adjustments, line 13	13.								

Part 3 – Taxable Business Income

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

14. Line 11 minus line 13	14.								
15. Taxable business income (enter the lesser of line 14 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	15.								
16. Business income tax liability – multiply line 15 by 3% (.03). Enter here and on Ohio IT 1040, line 8b	16.								

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

2024 Ohio Schedule of Business Income



24260202

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.

1. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
2. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
3. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
4. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
5. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
6. FEIN / SSN	Primary ownership	Spouse's ownership
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Business name		
<input type="text"/>		
7. FEIN / SSN	Primary ownership	Spouse's ownership
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Business name		
<input type="text"/>		
8. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		



2024 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

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Sequence No. 7

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

1. Tax liability before credits (from Ohio IT 1040, line 8c) 1.
2. Retirement income credit (**include 1099-R forms**) 2.
3. Lump sum retirement credit (**include a copy of the worksheet and 1099-R forms**) 3.
4. Senior citizen credit (must be 65 or older to claim this credit) 4.
5. Lump sum distribution credit (**include a copy of the worksheet and 1099-R forms**) 5.
6. Child care & dependent care credit (**include a copy of the worksheet**) 6.
7. Displaced worker training credit (**include a copy of the worksheet and all required documentation**) 7.
8. Campaign contribution credit for Ohio statewide office or General Assembly 8.
9. Exemption credit 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).

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 % times line 11, up to \$650 12.
13. Earned income credit 13.
14. Home school expenses credit (**include copies of all required documentation**) 14.
15. Scholarship donation credit (**include copies of all required documentation**) 15.
16. Nonchartered, nonpublic school tuition credit (**include copies of all required documentation**) 16.
17. Credit for work-based learning experiences (**include a copy of the credit certificate**) 17.
18. Ohio adoption credit carryforward 18.
19. Nonrefundable job retention credit (**include a copy of the credit certificate**) 19.
20. Credit for eligible new employees in an enterprise zone (**include a copy of the credit certificate**) 20.
21. Credit for the beginning farmers financial management program (**include a copy of the credit certificate**) 21.
22. Credit for commercial vehicle operator training expenses (**include a copy of the credit certificate**) 22.
23. Welcome Home Ohio credit (**include a copy of the credit certificate**) 23.
24. Credit for sale/rental of agricultural assets to beginning farmers (**include a copy of the credit certificate**) 24.

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

2024 Ohio Schedule of Credits

SSN:



24280202

Sequence No. 8

25. Grape production credit 25.

26. InvestOhio credit (include a copy of the credit certificate) 26.

27. Lead abatement credit (include a copy of the credit certificate) 27.

28. Opportunity zone investment credit (include a copy of the credit certificate) 28.

29. Technology investment credit carryforward (include a copy of the credit certificate) 29.

30. Enterprise zone day care & training credits (include a copy of the credit certificate) 30.

31. Research & development credit (include a copy of the credit certificate) 31.

32. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) 32.

33. Ohio low-income housing credit (include a copy of the credit certificate) 33.

34. Affordable single-family housing credit (include a copy of the credit certificate) 34.

35. Total (add lines 12 through 34) 35.

36. Tax less additional credits (line 11 minus line 35; if negative, enter zero) 36.

Residency Credits

37. Nonresident credit – Ohio IT NRC, line 20 (include a copy) 37.

38. Resident credit – Ohio IT RC, line 7 (include a copy) 38.

39. **Total nonrefundable credits** (add lines 10, 35, 37 and 38; enter here and on Ohio IT 1040, line 9) 39.

Refundable Credits

40. Refundable Ohio historic preservation credit (include a copy of the credit certificate) 40.

41. Refundable job creation credit & job retention credit (include a copy of the credit certificate) 41.

42. Pass-through entity credit (include a copy of all Ohio IT K-1s) 42.

43. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 43.

44. Film and theater capital improvements credit (include a copy of the credit certificate) 44.

45. Venture capital credit (include a copy of the credit certificate) 45.

46. **Total refundable credits** (add lines 40 through 45; enter here and on Ohio IT 1040, line 16) 46.



2024 Ohio Schedule of Dependents

Use only black ink/UPPERCASE letters.



24230102

Primary taxpayer's SSN

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Sequence No. 9

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

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you																		
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Do not write in this area; for department use only.

2024 Ohio Schedule of Dependents



24230202

SSN:

Sequence No. 10

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



2024 Schedule of Ohio Withholding

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



24350102

Primary taxpayer's SSN

Sequence No. 11

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here
and on line 14 of your Ohio IT 1040.....1.

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	<input type="text"/>	<input type="text"/>	<input type="text"/>

24350202

Sequence No. 12

Ohio Universal Payment Coupon (IT)

Include the coupon below with your Ohio individual income tax return payment or extension payment.

Important

- Make payment payable to: Ohio Treasurer of State
- Include the tax year, "IT 1040", and the last four digits of your SSN on the "Memo" line of your payment.
- Do not send cash.
- Do not use this coupon to make an estimated payment.
- Do not use this coupon to make a payment for a 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. 42 U.S.C. 405 and Ohio Revised Code sections 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.

Ohio Universal Payment Coupon (OUPC)
Return Payment
Individual Income Tax 440

ID Type 01 Coupon Type 54

First name	M.I.	Last name
Address		
City, State, ZIP code		

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

Tax Year
2024



Using UPPERCASE letters,
print the first three letters of
the taxpayer's last name.

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Taxpayer's SSN

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

Amount of
Payment → \$

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