

IT-1040 EZ OHIO Income Tax Return 1999

For Full Year Ohio Residents

PLEASE CLIP YOUR CHECK OR MONEY ORDER HERE

Your first name	Initial	Last Name
If a joint return, spouse's first name	Initial	Last Name
(PLACE LABEL HERE OR PRINT/TYPE INFORMATION)		
Home address (number and street)		Apt. Number
City, state and zip code		Ohio County

SOCIAL SECURITY NUMBER(S) MUST BE FILLED IN BELOW

Your Social Sec. #

Spouse's Social Sec. # (if joint filing)

Public School District Number >

Filing Status (check only one)	Single or Head of Household <input type="checkbox"/>	Married Filing Joint <input type="checkbox"/>	Married Filing Separate <input type="checkbox"/>	Ohio Political Party Fund Do you want \$1 to go to this fund? Yes <input type="checkbox"/> No <input type="checkbox"/> If joint return, does your spouse want \$1 to go to this fund? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Note: Checking "Yes" will not increase your tax or reduce your refund.</small>
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		Dollars	Cents
1 Federal Adjusted Gross Income from Federal Form 1040, line 33, or 1040A, line 18, or 1040EZ, line 4 or 1040-TEL	1	<input type="text"/>	<input type="text"/> <input type="text"/>
2 State or Municipal Income Tax Overpayments (see instructions)	2	<input type="text"/>	<input type="text"/> <input type="text"/>
3 Ohio Adjusted Gross Income (line 1 minus line 2)	3	<input type="text"/>	<input type="text"/> <input type="text"/>
4 Personal and Dependency Exemption Deduction - Multiply the number of your exemptions _____ times \$1,050 and enter the result here	4	<input type="text"/>	<input type="text"/> <input type="text"/>
5 Ohio Taxable Income (line 3 minus line 4)	5	<input type="text"/>	<input type="text"/> <input type="text"/>
6 Ohio Tax Before Credits (see tax tables)	6	<input type="text"/>	<input type="text"/> <input type="text"/>
7 Exemption Credit - Multiply the number of your personal and dependent exemptions _____ times \$20 and enter the result here	7	<input type="text"/>	<input type="text"/> <input type="text"/>
8 Tax Less Exemption Credit (line 6 minus line 7)	8	<input type="text"/>	<input type="text"/> <input type="text"/>
9 Joint Filing Credit (see instructions on page 10 and attach documentation). _____% times line 8 (LIMIT \$650)	9	<input type="text"/>	<input type="text"/> <input type="text"/>
10 Ohio Income Tax (line 8 minus line 9)	10	<input type="text"/>	<input type="text"/> <input type="text"/>
11 Ohio Tax Withheld Enter the amount of Ohio income taxes withheld (Indicate the number of W-2's attached _____) WITHHOLDING 11	11	<input type="text"/>	<input type="text"/> <input type="text"/>
12 Refund (if line 11 is more than line 10, subtract line 10 from line 11). This is your refund YOUR REFUND 12	12	<input type="text"/>	<input type="text"/> <input type="text"/>
13 Amount You Owe (if line 11 is less than line 10, subtract line 11 from line 10). This is the amount you owe. Attach payment made payable to: Treasurer of State of Ohio. Write your social security number on your check or money order AMOUNT YOU OWE 13	13	<input type="text"/>	<input type="text"/> <input type="text"/>

IF THE AMOUNT YOU OWE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE, AND IF THE REFUND IS LESS THAN \$1.01 NO REFUND WILL BE ISSUED.

NATURAL AREAS AND WILDLIFE DONATIONS (THESE WILL REDUCE YOUR REFUND)

14 Amount of line 12 you wish to DONATE to nature preserves, scenic rivers and endangered species protection:- \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> other <input type="checkbox"/> .. 14	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	Do not complete lines 14 and 15 unless you want to donate all or part of your refund on line 12 to Natural Areas and Wildlife. Your refund will be automatically reduced by the amount donated.
15 Amount of line 12 you wish to DONATE for conservation of endangered species and wildlife diversity:- \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> other <input type="checkbox"/> 15	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

SIGN HERE	Your Signature	Date
	Spouse's Signature (if joint return)	Phone No. (optional)
	Paid Preparer's Name and Signature	
	Paid Preparer's Address (including zip code)	

FOR DEPARTMENTAL USE ONLY	
REFUND REQUESTED--MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 182294 COLUMBUS, OHIO 43218-2294	PAYMENT ENCLOSED--MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 182850 COLUMBUS, OHIO 43218-2850

1999 Instructions For Ohio Form IT-1040EZ

Can I-Use The Short Version Of The Ohio Income Tax Return, Form IT-1040EZ?

You may use Form IT-1040EZ if you meet all six of the following requirements:

1. You were 64 or younger on December 31, 1999.
2. You were a full-year resident of Ohio during 1999.
3. You do not have any credits other than the exemption credit and the joint filing credit.
4. You have no payments except Ohio tax withheld.
5. You do not have any adjustments to your Federal Adjusted Gross Income other than a deduction for state or municipal income tax overpayments.
6. You do not want to credit any part of your 1999 overpayment to your 2000 Ohio income tax liability.

If you do not meet all six requirements, you must file the standard version of the tax return, Form IT-1040 found in the back of this booklet.

Completing Your Return

Fill out your federal tax return first. You will need some of the federal tax information to complete your Ohio return.

Line by line instructions can be found in this booklet.

Please note that Form IT-1040EZ does not allow you to claim any adjustments or tax credits other than those listed on the front of this form. To avoid paying too much Ohio tax, we suggest that you read the line instructions for Form IT-1040 contained in this booklet to see if you qualify for additional adjustments and credits.

If Handprinted, Print Your Characters Like This

- * PLEASE FOLLOW THIS EXAMPLE WHEN HAND PRINTING
- * USE A NUMBER 2 LEAD PENCIL OR BLACK INK
- * IF LINES DO NOT APPLY, LEAVE BLANK

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	2	3	4	5	6	7	8	9	0																

Tax Table

USE THE SAME TAX TABLE IN THE IT-1040/1040EZ INSTRUCTION BOOKLET FOR FORM IT-1040EZ AND IT-1040.

Avoid Common Mistakes

1. Are your name(s) and address on the label correct? If not, did you correct the label?
 2. If you use the label, complete the social security number blocks next to the label.
 3. If you don't use a preprinted label, did you enter your name(s), address (including zip code) and social security number(s) in the spaces provided?
 4. Did you fill in an amount on line 4 (personal/dependency exemption) and line 7? THESE AMOUNTS CANNOT BE ZERO.
 5. Did you enter the correct tax amount from the tax table on line 6?
 6. Did you attach your W-2 forms to the bottom left back of your return?
 7. Any amounts entered on lines 14 or 15 will reduce your refund.
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Mailing Your Return

Please do not send photocopies. Use original forms only.

Mail your return by April 17, 2000. Use the envelope that came with the booklet and detach and apply the label marked either IT-1040EZ Refund Requested or IT-1040EZ Payment Enclosed.