

IT 1040 OHIO Income Tax Return

2004

For the year Jan. 1-Dec. 31, 2004 or other taxable year ending _____, 20__.

Social Security Numbers must be filled in below.

Please clip Form IT 40P with Your Check or Money Order Here.

Your first name	Initial	Last name	Your social security number	Filing Status—check only one
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number	<input type="checkbox"/> Single or Head of Household
PLACE LABEL HERE OR PRINT/TYPE INFORMATION			Ohio county	<input type="checkbox"/> Married filing jointly
Home address (number and street)	Apt. Number		SS#	<input type="checkbox"/> Married filing separately, enter spouse's
City, town or post office, state and ZIP code			Ohio Public School District Number (See pages 33-35.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ohio Residency Status (see Instructions)			Ohio Political Party Fund	
<input type="checkbox"/> Resident <input type="checkbox"/> Nonresident _____ state of residence			Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? . <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Checking "Yes" will not increase your tax or decrease your refund.	
<input type="checkbox"/> Part-Year Resident from: _____ / /04 to _____ / /04				

INCOME	1. Federal Adjusted Gross Income (from federal Form 1040, line 36; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL) 1	00	
	2. Ohio Adjustments (from line 45 on back of this return) 2	00	
	3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1) 3	00	
	4. Multiply your personal and dependent exemptions _____ times \$1,300 and enter the result here 4	00	
	5. Ohio Taxable Income (subtract line 4 from line 3) 5	00	
TAX AND CREDITS	6. Tax on line 5 (see tax tables, pages 26-32) 6	00	
	7. Credits from Schedule B (line 54 on back of this return) 7	00	
	8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.) 8	00	
	9. Exemption Credit: Number of personal and dependent exemptions _____ times \$20 9	00	
	10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.) 10	00	
	11. Joint Filing Credit (see instructions and attach documentation) _____ % times line 10 (limit \$650) 11	00	
	12. Ohio Tax less Joint Filing Credit (Subtract line 11 from line 10. If line 11 is more than line 10, enter zero.) 12	00	
	13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E) 13	00	
	14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.) 14	00	
	15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT 2210 is attached 15	00	
	16. Unpaid Ohio Use Tax (please see worksheet on page 24) 16	00	
	17. Total Ohio Tax (add line 14, line 15, and line 16) 17	00	
	PAYMENTS	18. Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to the back of this form) AMOUNT WITHHELD ▶ 18	00
19. Ohio Estimated Tax, IT 40P Payments for 2004, and 2003 Overpayment Credited to 2004 ... 19		00	
20. Refundable Business Jobs Refundable Pass-through Entity Total of Credit 20a _____00 Credit 20b _____00 20a & 20b 20		00	
21. Add lines 18, 19, and 20 TOTAL PAYMENTS ▶ 21		00	
REFUND OR AMOUNT YOU OWE	22. Amount You Owe (if line 21 is less than line 17, subtract line 21 from line 17). See pages 37 and 38. Check here <input type="checkbox"/> and attach Form IT 40P if you are making a payment – make payable to Ohio Treasurer of State. Check here <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card AMOUNT YOU OWE ▶ 22	00	File electronically and receive your refund in 5-7 days by direct deposit!
	23. If line 21 is GREATER than line 17, subtract line 17 from line 21 AMOUNT OVERPAID ▶ 23	00	
	24. Amount of line 23 you wish to DONATE for Ohio's wildlife species & endangered wildlife conservation: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24 24	00	
	25. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25 25	00	
	26. Amount of line 23 to be credited to 2005 estimated tax liability CREDIT ▶ 26	00	
	27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) YOUR REFUND ▶ 27	00	
	IF THE BALANCE DUE IS LESS THAN \$1.01, PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED. 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 filing jointly, BOTH must sign)	Phone number (optional)
	Preparer's signature	
	Preparer's phone number	

FOR DEPARTMENTAL USE ONLY	
NO Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Schedule A –
Adjustments to Income (Additions and Deductions)

Additions – add to the extent not included in federal adjusted gross income (line 1)

28. Add non-Ohio state or local government interest and dividends	28 ●		00
29. Add Pass-through Entity addback	29 ●		00
30. Add income from an electing small business trust (ESBT–see instructions)	30 ●		00
31. Other. Check all that apply:			
a. <input type="checkbox"/> Federal interest and dividends subject to state taxation and miscellaneous federal tax adjustments			
b. <input type="checkbox"/> Reimbursement of college tuition expenses and fees deducted in any previous year(s)			
c. <input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations			
d. <input type="checkbox"/> Nonmedical withdrawals from an Ohio Medical Savings Account			
e. <input type="checkbox"/> Reimbursement of expenses previously deducted for Ohio income tax purposes but only if the reimbursement is not in FAGI			
f. <input type="checkbox"/> Non-education expenditures from College Savings Account			
g. <input type="checkbox"/> Add back the depreciation adjustment for IRC sections 168(k) and 179			
Total of a through g	31 ●		00
32. Total additions (add lines 28 through 31)	32 ●		00

Deductions – see limitations in instructions

33. Deduct federal interest and dividends exempt from state taxation	33 ●		00
34. Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents Check box if you are a military nonresident <input type="checkbox"/>	34 ●		00
35. Deduct state or municipal income tax overpayments (see instructions)	35 ●		00
36. Deduct disability and survivorship benefits (does not include pension continuations)	36 ●		00
37. Deduct qualifying social security benefits and some railroad benefits	37 ●		00
38. Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	38 ●		00
39. Deduct qualified tuition expenses paid to an eligible Ohio educational institution	39 ●		00
40. Deduct Un-subsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40 ●		00
41. Deduct funds deposited into & earnings of a Medical Savings Account for eligible medical expenses (see worksheet)	41 ●		00
42. Deduct losses from an electing small business trust (ESBT–see instructions)	42 ●		00
43. Other. Check all that apply:			
a. <input type="checkbox"/> Wage & salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits			
b. <input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations and gains from the sale or disposition of Ohio Public Obligations			
c. <input type="checkbox"/> Refund or reimbursements shown on federal Form 1040, line 21, for itemized deductions claimed on a prior year federal income tax return			
d. <input type="checkbox"/> Repayment of income reported in a prior year and miscellaneous federal tax adjustments			
e. <input type="checkbox"/> Amount contributed to an Individual Development Account			
f. <input type="checkbox"/> Depreciation expense adjustment for IRC sections 168(k) and 179			
Total of a through f	43 ●		00
44. Total Deductions (add lines 33 through 43)	44 ●		00
45. Net adjustments–If line 32 is GREATER than line 44, enter the difference here & on line 2 as a positive amount.			
If line 32 is LESS than line 44, enter the difference here & on line 2 as a negative amount	45 ●		00

Schedule B
Credits

46. Retirement Income Credit (see instructions for credit table) (Limit–\$200)	46 ●		00
47. Senior Citizen Credit (Limit–\$50 per return)	47 ●		00
48. Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48 ●		00
49. Child and Dependent Care Credit (see instructions and worksheet)	49 ●		00
50. Lump Sum Retirement Credit	50 ●		00
51. Job Training Credit (see instructions & worksheet) (Limit–\$500 single; \$1,000 joint, if both spouses qualify)	51 ●		00
52. Ohio Political Contributions Credit (Limit–\$50 single; \$100 joint)	52 ●		00
53. Ohio Adoption Credit (Limit–\$500 per adoption)	53 ●		00
54. Total Credits (add lines 46 through 53) – enter here and on line 7	54 ●		00

Schedule C
Ohio Resident

55. Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident.....	55 ●		00
56. Enter Ohio Adjusted Gross Income (line 3)	56		00
57. Divide line 55 by line 56 <input type="text"/> % Multiply by the amount on line 12	57		00
58. Enter the 2004 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia	58 ●		00
59. Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	59		00
List the state(s) other than Ohio with which you filed 2004 Income Tax Returns		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

Schedule D Nonres/
Part-Year Resident

60. Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio (attach calculation)	60 ●		00
61. Enter the Ohio Adjusted Gross Income (line 3)	61		00
62. Divide line 60 by line 61 <input type="text"/> % Multiply by the amount on line 12. Enter here and on line 13.	62		00