| Ohio Department of Taxation Use only black ink. | 00705 | | | ear beginning in 013 | Individ | 140 Rev. 11/13 ual e Tax Returr |
|--|--|----------------|--|--|--|---|
| Taxpayer Social Security no. (required) If deceased Use UPPERCASE letters. Check box Your first name | Spou | use's Social S | | nly if joint return) | If deceased check box | Enter school dithis return (see |
| Spouse's first name (only if married filing jointly) | M.I. | Last nam | | | | |
| Mailing address (for faster processing, use a street addre | ess) | | | | | |
| City | | | State | ZIP code | Ohio | county (first four le |
| | | | | | | |
| Home address (if different from mailing address) – do <u>NC</u> Foreign country (provide this information if the mailing ad | | | | ZIP code | e postal code | County (first four le |
| Foreign country (provide this information if the mailing ac | | | U.S.) | Foreign | postal code | |
| | ddress is | | U.S.) | Foreign Foreign icable box for spear Pa | postal code | County (first four lease of the county) narried filing jointly Nonresident Indicate state |
| Foreign country (provide this information if the mailing ac E-mail address Ohio Residency Status – Check applicable box Full-year Part-year Nonresident | it the last reason to the last r | outside the | U.S.) Check app Full-ye reside Do not u (pay. IT 40P aft and 1099 | Foreign icable box for spear Pant res use staples, ta able to Ohio T er the last page 0-R if tax was was was able to take the last page 1-R if tax was was was was was taken to the last page 1-R if tax was | postal code pouse (only if nrt-year ident pe or glue. Freasurer of \$ 100 years in the content | narried filing jointly Nonresident |
| Foreign country (provide this information if the mailing action of | ddress is | outside the | Check apple Full-ye reside Do not u (pay: IT 40P aft and 1099 documer | Foreign icable box for spear Pant Pant res ise staples, ta able to Ohio Ter the last page its or stateme Go pap | postal code pouse (only if nort-year ident pe or glue. Freasurer of Sige of your rewithheld. Plants after the opening steel of the periods. It | narried filing jointly Nonresident Indicate state Place your W-2(s State) and Ohio turn. Include for turn. Include for ice any other su last page of you |

Enter school district # for

Ohio county (first four letters)

County (first four letters)

this return (see pages 43-48).

Nonresident Indicate state glue. Place your W-2(s), check urer of State) and Ohio form your return. Include forms W-2G eld. Place any other supporting fter the last page of your return. ess. It's FREE! ov to try Ohio I-File. rs receive their refunds ays by direct deposit! box provided. 1. Federal adjusted gross income (from IRS form 1040, line 37; 1040A, line 21; 0 0 1040EZ, line 4; 1040NR, line 36; 1040NR-EZ, line 10; or Ohio form IT S, line 31)... 0 0 2. Adjustments from line 50 on page 3 of Ohio form IT 1040 (enclose page 3) 0 0 3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)...... 4. Personal exemption and dependent exemption deduction – multiply your personal 0 0 and dependent exemptions ____ ____times \$1,700 and enter the result here......4. 0 0 0 0 0 0 7. Schedule B credits from line 59 on page 4 of Ohio form IT 1040 (enclose page 4)7. 0 0 8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 6 is less than line 7)8. 0 0 0 0 10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9)......10. pq. 1 of 4

| | Ohi |
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| SS# | |
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IT 1040 Rev. 11/13

| | laxation | | | 2013 | Individ | | |
|---|---|--|--------------------------------------|----------------------------|-----------------------|---|---------------|
| SS# | | 7300050 | 2 | 2010 | Incom | e Tax Return | |
| Joint filing credit. | See the instruction | ns on page 19 for eligibili | ity and docume | ntation requirements | | , , , | 0 0 |
| • | • • | y status only) | | • | | | 0 0 |
| | , | dit (line 10a minus line | , | | | | 0 0 |
| | | of Ohio form IT 1040 (| | • | | | 0 0 |
| | | ksheet on page 20 of the | | | | | 0 0 |
| | | hild adopted during th | | | | | 0 0 |
| | | ou must include the gran es 13, 14, 15 and 16; en | | | .16. | | 0 0 |
| and 16 is more th | nan line 12) | of estimated tax. Enclos | | | 17. | | - |
| | | | | | 18. | | 0 0 |
| 19. Unpaid Ohio use | tax (see the work | sheet on page 33 of the | instructions) | | 19 | | 0 0 |
| | | , 18 and 19)on W-2; box 15 on W-2; | | | 20 | | 0 0 |
| W-2(s), W-2G(s) | and 1099-R(s) aft | er the last page of this r | eturn AN | MOUNT WITHHELD ▶ | 21. | | 0 0 |
| and 2012 overpage | yment credited to 2 | payment(s), 2013 Ohio 2013 | 40F exi | | 22. | | 0 0 |
| 23. Refundable credit | ts from line 73 on | page 4 of Ohio form IT | 1040 (enclose | page 4) | 23. | | 0 0 |
| 24. Add lines 21, 22 a | and 23 | | | TOTAL PAYMENTS ▶ | 24. | | 0 0 |
| | | line 25. If line 24 is LES ubtract line 20 from line | | | 25 | | 0 0 |
| | | 2014 income tax liability | | | | | 0 0 |
| 27. Amount of line 25 a. Military injury r | 5 that you wish to | donate to the following Natural areas | fund(s): | CKEDII 10 2014 / / | 20. | | |
| | 0 0 | 0 (| 0 | | | | |
| c. Ohio Historical | | Wildlife species | - | | | | |
| | 0 0 | 0 | | | | | 0 0 |
| | | and 27a, b, c and d. Ent | | • | | | 0 0 |
| | | btract line 24 from line 2 iid tax and/or late-filed re | | | 29. | | 0 0 |
| | | skip to line 32. If you | | | | | . 0 0 |
| 31. Amount due plus | interest and pena | alty (add lines 29 and 30 State and include Ohio |). If payment is | enclosed, make | | | 0 0 |
| tax.ohio.gov) | | AMOUNT DUE P | LUS INTERÈS | T AND PENALTY ▶ 31 | | | .00 |
| | | ne 28 minus line 30). En have an amount due. S | | | | 0 0 | |
| | | ne 31.) | | | If your refund is \$1 | .00 or less, no refund wi | ill be issued |
| | | read this return. Under phe return and all enclosi | | | | or less, no payment is r | |
| Your signature | | | Date (MM/D | D/YYYY) | For Dep | oartment Use O | <u>nly</u> |
| K | e page 10 of the instruc | tions) | Phono numb | per (optional) | | | |
| | | | | | | | |
| | e (see page 10 of the in preparer to contact us re | , | Phone numb | oer 'es No | | | Code |
| MAILING INFOR | | | | | | | |
| | ent Enclosed – Nepartment of Taxa | tion <u>LII</u> | close your fed | | • | Enclosed – Mail to partment of Taxation | |
| | P.O. Box 2679 bus OH 43218-2 | <u>lax rei</u> | turn if line 1 or eturn is -0- or | n page 1 of this negative. | P. | O. Box 2057 | |
| (anii imi | UUS. UEL 437 18-7 | 017 | | | Camma | 15. UEL 437 IN-7057 | |





○hio Department of Taxation



Taxable year beginning in

IT 1040 Rev. 11/13 Individual

Income Tax Return SS# SCHEDULE A - Income Adjustments (Additions and Deductions) Additions (add income items only to the extent not included on page 1, line 1). 0 0 34. Certain Ohio pass-through entity and financial institutions taxes paid and Ohio Revised Code 0 0 0 0 35a. Federal interest and dividends subject to state taxation.......35a. b. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and 0 0 noneducation expenditures from a college savings accountb. 0 0 0 0 d. Nonmedical withdrawals from a medical savings account.........d. e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if 0 0 the reimbursement is not in federal adjusted gross income.....e. 0 0 f. Lump sum distribution add-back and miscellaneous federal income tax adjustmentsf. 0 0 g. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expenseg 36. Total additions (add lines 33 through 35g and enter here). You must complete the 0 0 applicable line items above......36. Deductions (deduct income items only to the extent included on page 1, line 1). 0 0 0 0 b. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expenseb. Employee compensation earned in Ohio by full-year residents of neighboring states and certain 0 0 Military pay for Ohio residents, but only if the military pay is included on line 1 of this return 0 0 and is received while the military member was stationed outside Ohio......39a. Uniformed services retirement income and military injury relief fund amounts included in 0 0 federal adjusted gross income (line 1 on page 1)b. 0 0 40a. State or municipal income tax overpayments shown on IRS form 1040, line 10......40a. b. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed 0 0 on a prior year federal income tax return.....b. 0 0 c. Repayment of income reported in a prior year and miscellaneous federal tax adjustments............c. 0 0 41. Small business investor income deduction41. 0 0 42. Disability and survivorship benefits (do not include pension continuation benefits)42. 0 0 43. Qualifying Social Security benefits and certain railroad retirement benefits43. 0 0 0 0 b. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board......b. 0 0 45. Certain Ohio National Guard reimbursements and benefits45. 46a. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance 0 0 premiums and excess health care expenses (see worksheet on page 27 of the instructions) ... 46a. b. Funds deposited into, and earnings of, a medical savings account for eligible health care 0 0 expenses (see worksheet on page 23 of the instructions).....b. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed 0 0 0 0 47. Wage expense not deducted due to the targeted jobs or the work opportunity tax credits.......47 48. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the 0 0 state of Ohio or income from a transfer agreement 49. Total deductions (add lines 37a through 48 only). You must complete the applicable 0 0 50. Net adjustments - If line 36 is MORE THAN line 49, enter the difference here and on line 2 as a positive amount. If line 36 is LESS THAN line 49, enter 0 0





If line 7 (page 1) and lines 13 and 23 (page 2) are all -0- or blank, do not mail page 4.

| ss | Chio Department of Taxation Taxable year beginning in Individual Income Tax Return | |
|------|---|-------|
| SC | CHEDULE B – Nonbusiness Credits | |
| 51. | Retirement income credit (limit \$200 per return). See the table on page 28 of the instructions 51. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return) 52. | 0 0 0 |
| 53. | Lump sum distribution credit (you must be 65 or older to claim this credit) | 0 0 |
| 54. | Child care and dependent care credit (see the worksheet on page 29 of the instructions) 54. | 0 0 |
| 55. | Lump sum retirement credit | 0 0 |
| 57. | If line 5 on page 1 is \$10,000 or less, enter \$88; otherwise, enter -0- or leave blank | 0 0 |
| 58. | Ohio political contributions credit (limit \$50 per taxpayer) | 0 0 |
| 59. | Total Schedule B credits (add lines 51 through 58). Enter here and on page 1, line 7 59. | 0 0 |
| SC | CHEDULE C – Full-Year Ohio Resident Credit | |
| | Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply – see page 29 of the instructions) 60. Enter Ohio adjusted gross income (line 3 on page 1) | 0 0 |
| | | _ |
| | Divide line 60 by line 61 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12 and enter the result here | 0 0 |
| | overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see page 30 of the instructions) | 0 0 |
| 64. | Enter the smaller of line 62 or line 63. This is your Ohio resident tax credit. Enter here and on line 69 below. If you filed a return for 2013 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below | 0 0 |
| | | |
| SC | HEDULE D – Nonresident / Part-Year Resident Credit (date of part-year residency to |) |
| | Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required (see page 30 of the instructions)65. | 0 0 |
| 66. | Enter the Ohio adjusted gross income (line 3 on page 1) | 0 0 |
| | Divide line 65 by line 66 and enter the result here (four digits; do not round) Multiply this factor by the amount on line 12. Enter here and on line 70 below | 0 0 |
| | IMMARY OF CREDITS FROM SCHEDULES C, D AND E | |
| | Enter the amount from line 10 of Schedule E, Nonrefundable Business Credits (see page 31 of | 0 0 |
| | the instructions) | 0 0 |
| | Enter the amount from line 64 above | 0 0 |
| | Enter the amount from line 67 above | 0 0 |
| | FUNDABLE CREDITS – INCLUDE CERTIFICATE(S) AND K-1(S) | |
| | a. Business jobs credit 72b. Pass-through entity credit 72c. Historic preservation credit | |
| | | |
| 72d | I. Motion picture production credit 72e. Financial Institutions Tax (FIT) credit | |
| 73 | Total of lines 72a-e. Enter here and on page 2, line 23. | |
| , 0. | 0 0 | |
| | 2013 IT 1040 pg. 4 of 4 2013 IT 1040 | |