

Do not use staples. Use only black ink and UPPERCASE letters.



Department of Taxation Rev. 9/16

2016 Ohio IT 1040 Individual Income Tax Return



16000102

Note: This form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.

Is this an amended return? Yes No If yes, include Ohio IT RE (do not include a copy of the previously filed return)

Is this a Net Operating Loss (NOL) carryback? Yes No If yes, include Schedule IT NOL

Taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD#

First name M.I. Last name

Spouse's first name (only if married filing jointly) M.I. Last name

Mailing address (for faster processing, use a street address)

City State ZIP code Ohio county (first four letters)

Home address (if different from mailing address) - do NOT include city or state ZIP code Ohio county (first four letters)

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

Ohio Residency Status - Check applicable box Full-year resident Part-year resident Nonresident Indicate state

Check applicable box for spouse (only if married filing jointly) Full-year resident Part-year resident Nonresident Indicate state

Ohio Political Party Fund Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Note: Checking "Yes" will not increase your tax or decrease your refund.

Filing Status - Check one (as reported on federal income tax return, with limited exceptions - see instructions)

Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Did you file the federal extension 4868? Yes No

Is someone else claiming you or your spouse (if joint return) as a dependent? If yes, enter "0" on line 4. Yes No

Table with 7 rows for income and deductions, and 2 columns for amounts. Includes line 1 (Federal adjusted gross income), 2a (Additions), 2b (Deductions), 3 (Ohio adjusted gross income), 4 (Exemption deduction), 5 (Taxable base), 6 (Taxable business income), and 7 (Final taxable amount).

Include your federal income tax return if line 1 of this return is -0- or negative.

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

Postmark date Code



Department of Taxation  
Rev. 9/16

# 2016 Ohio IT 1040 Individual Income Tax Return



16000202

SSN [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

7a. Amount from line 7 on page 1 .....	7a.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
8b. Business income tax liability (include Ohio Schedule IT BUS, line 14).....	8b.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34).....	9.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-).....	10.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). If you certify that no sales or use tax is due, check the box to the right.....	12.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return .....	14.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return.....	15.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
16. Refundable credits (include Ohio Schedule of Credits, line 41).....	16.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
17. <b>Amended return only</b> – amount previously paid with original/amended return.....	17.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
19. <b>Amended return only</b> – overpayment previously requested on original/amended return.....	19.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
20. Line 18 minus line 19. Place a negative sign ("-") in the box at the right if the amount is less than -0- .....	20.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]

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

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the negative sign ("-") and add line 20 to line 13.....	21.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
22. Interest and penalty due on late filing or late payment of tax (see instructions) .....	22.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" .....</b> <b>AMOUNT DUE</b> ▶	23.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
24. Overpayment (line 20 minus line 13) .....	24.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
25. <b>Original return only</b> – amount of line 24 to be credited toward 2017 income tax liability.....	25.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
26. Amount of line 24 to be donated:				
a. Wildlife species		[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
b. Military injury relief		[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
c. Ohio History Fund		[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
d. State nature preserves		[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
e. Breast / cervical cancer		[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
f. Wishes for Sick Children		[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
Total ....26g.		[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)..... <b>YOUR REFUND</b> ▶	27.	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ]

**Sign Here (required):** I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

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

▶ \_\_\_\_\_  
Your signature Date (MM/DD/YY)

▶ \_\_\_\_\_  
Spouse's signature (see instructions) Phone number

\_\_\_\_\_  
Preparer's printed name (see instructions) PTIN Phone number

Do you authorize your preparer to contact us regarding this return?  Yes  No

**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



# 2016 Ohio Schedule A

## Income Adjustments – Additions and Deductions

SSN of primary filer



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### Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends.....	1.							0	0
2. Certain Ohio pass-through entity and financial institutions taxes paid .....	2.							0	0
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account.....	3.							0	0
4. Losses from sale or disposition of Ohio public obligations.....	4.							0	0
5. Nonmedical withdrawals from a medical savings account .....	5.							0	0
6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income .....	6.							0	0

### Federal

7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....	7.							0	0
8. Federal interest and dividends subject to state taxation .....	8.							0	0
9. Miscellaneous federal income tax additions.....	9.							0	0
10. <b>Total additions</b> (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a .....	10.							0	0

### Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

11. Business income deduction (include Ohio Schedule IT BUS, line 11) .....	11.							0	0
12. Employee compensation earned in Ohio by residents of neighboring states.....	12.							0	0
13. State or municipal income tax overpayments shown on the federal 1040, line 10.....	13.							0	0
14. Qualifying Social Security benefits and certain railroad retirement benefits .....	14.							0	0
15. 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 state of Ohio; or income from a transfer agreement .....	15.							0	0
16. Amounts contributed to an individual development account .....	16.							0	0
17. Amounts contributed to STABLE account: Ohio's ABLE Plan .....	17.							0	0

### Federal

18. Federal interest and dividends exempt from state taxation.....	18.							0	0
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....	19.							0	0
20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a prior year federal income tax return .....	20.							0	0
21. Repayment of income reported in a prior year .....	21.							0	0
22. Wage expense not deducted due to claiming the federal work opportunity tax credit.....	22.							0	0
23. Miscellaneous federal income tax deductions.....	23.							0	0



# 2016 Ohio Schedule A

## Income Adjustments – Additions and Deductions

SSN of primary filer



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**Uniformed Services**

24. Military pay for Ohio residents received while the military member was stationed outside Ohio .....	24.									0	0
25. Certain income earned by military nonresidents and civilian nonresident spouses .....	25.									0	0
26. Uniformed services retirement income .....	26.									0	0
27. Military injury relief fund .....	27.									0	0
28. Certain Ohio National Guard reimbursements and benefits .....	28.									0	0

**Education**

29. Ohio 529 contributions, tuition credit purchases .....	29.									0	0
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board .....	30.									0	0

**Medical**

31. Disability and survivorship benefits (do not include pension continuation benefits) .....	31.									0	0
32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet) .....	32.									0	0
33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet) .....	33.									0	0
34. Qualified organ donor expenses (maximum \$10,000 per taxpayer) .....	34.									0	0
35. <b>Total deductions</b> (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b .....	35.									0	0



# 2016 Ohio Schedule of Credits



16280102

## Nonrefundable and Refundable

SSN of primary filer

SSN input boxes

### Nonrefundable Credits

Table with 25 rows of tax credit items and grid input fields. Items include: 1. Tax liability before credits, 2. Retirement income credit, 3. Lump sum retirement credit, 4. Senior citizen credit, 5. Lump sum distribution credit, 6. Child care and dependent care credit, 7. Low income credit, 8. Displaced worker training credit, 9. Campaign contribution credit, 10. Income-based exemption credit, 11. Total (add lines 2 through 10), 12. Tax less credits, 13. Joint filing credit, 14. Earned income credit, 15. Ohio adoption credit, 16. Job retention credit, 17. Credit for eligible new employees, 18. Credit for purchases of grape production property, 19. Invest Ohio credit, 20. Technology investment credit carryforward, 21. Enterprise zone day care and training credits, 22. Research and development credit, 23. Ohio historic preservation credit, 24. Total (add lines 13 through 23), 25. Tax less additional credits.

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

Do not use staples. Use only black ink.



Department of Taxation  
Rev. 9/16

# 2016 Ohio Schedule of Credits



16280202

## Nonrefundable and Refundable

SSN of primary filer

SSN input boxes

### Nonresident Credit

Date of nonresidency / /  to / /  State of residency

26. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required..... 26.           0 0

27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) ..... 27.           0 0

28. Divide line 26 by line 27 and enter the result here (four digits; do not round).     Multiply this factor by the amount on line 25 to calculate your nonresident credit ..... 28.           0 0

### Resident Credit

29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply) ..... 29.           0 0

30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) ..... 30.           0 0

31. Divide line 29 by line 30 and enter the result here (four digits; do not round).     Multiply this factor by the amount on line 25 and enter the result here ..... 31.           0 0

32. Enter the 2016 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply) ..... 32.           0 0

33. Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you filed a return for 2016 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below ..... 33.           0 0

34. **Total nonrefundable credits** (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).... 34.           0 0

### Refundable Credits

35. Historic preservation credit (include a copy of the credit certificate)..... 35.           0 0

36. Business jobs credit (include a copy of the credit certificate)..... 36.           0 0

37. Pass-through entity credit (include a copy of the federal K-1s) ..... 37.           0 0

38. Motion picture production credit (include a copy of the credit certificate) ..... 38.           0 0

39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1s)..... 39.           0 0

40. Venture capital credit (include a copy of the credit certificate)..... 40.           0 0

41. **Total refundable credits** (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)..... 41.           0 0



Do not use staples. Use only black ink and UPPERCASE letters.

# 2016 Ohio Schedule J

## Dependents Claimed on the Ohio IT 1040 Return



16230102

SSN of primary filer

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**Do not list below the primary filer and/or spouse reported on Ohio IT 1040.** 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" below if there are not enough boxes to spell it out completely.

1. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)																																
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Dependent's first name (required)	M.I.	Last name (required)																																											
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**Do not write in this area: for department use only.**







**Electronic Payment Available**

You can eliminate writing a paper check by using any of our electronic payment methods. Go to our Web site at [tax.ohio.gov](http://tax.ohio.gov) for all electronic payment options.

**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. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

**2016 Ohio IT 40XP**



**OHIO IT 40XP**

Rev. 6/16

**Income Tax Payment Voucher for Amended Returns**



DO NOT STAPLE OR OTHERWISE ATTACH YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

First name	M.I.	Last name
Spouse's first name (only if joint filing)	M.I.	Last name
Address		
City, state, ZIP code		

Taxable Year

**2016**

Do **NOT** fold check or voucher.

Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

[ ][ ][ ] [ ][ ][ ]

Your SSN

Spouse's SSN (only if joint filing)

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

If you are sending this voucher and paper check or money order (payable to Ohio Treasurer of State) with your amended income tax return, mail to the address shown on page 2 of Ohio IT 1040. If you are sending **ONLY** this voucher and paper check or money order separately from the return, then mail this voucher and payment to Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131.

**Amount of Payment** → \$

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### 2016 Ohio IT RE – Reason and Explanation of Corrections

Note: For amended individual return only

Complete the Ohio IT 1040 (checking the amended return box) and include this form with documentation to support any adjustments to line items on the return.

Taxpayer's SSN (required)

SSN input boxes

First name

M.I. Last name

Name input boxes

Reason(s):

- Reasons for corrections: Net operating loss carryback, Federal adjusted gross income, Filing status, Residency status, Exemptions, Ohio Schedule A, Ohio Schedule of Credits, Ohio Schedule of Credits, nonrefundable credit(s), Ohio Schedule of Credits, nonresident credit, Ohio Schedule of Credits, resident credit, Ohio Schedule of Credits, refundable credit(s), Ohio IT/SD 2210 interest penalty amount, Ohio sales and use tax, Ohio withholding, Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment, Amount paid with original filing did not equal amount reported as paid with the original filing.

\*To avoid delays you must include a copy of your federal account transcript OR a copy of your federal amended income tax return with a copy of the federal acceptance letter or refund check.

Detailed explanation of adjusted items (include additional sheet(s) if necessary):

Explanation lines

E-mail address Telephone number

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