

Do not staple or paper clip.



Department of Taxation

Rev. 8/18

2018 Ohio IT 1040 Individual Income Tax Return



18000106

Use only black ink and UPPERCASE letters.

Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio 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). First name check box M.I. Last name check box SD#

Spouse's first name (only if married 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

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

Filing Status - Check one (as reported on federal income tax return) Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Ohio Political Party Fund

Check here if you want \$1 to go to this fund. Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Check here if you filed the federal extension 4868. Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Note: Checking this box will not increase your tax or decrease your refund.

- 1. Federal adjusted gross income (from the federal 1040, line 7). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in box at the right if negative. 2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE). 2b. Deductions - Ohio Schedule A, line 37 (INCLUDE SCHEDULE). 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero. 4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J). Number of exemptions claimed: 5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero). 6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE). 7. Line 5 minus line 6 (if less than zero, enter zero).

Grid for entering tax amounts: 00, 00, 00, 00, 00, 00, 00

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

Postmark date and Code fields

Do not staple or paper clip.



2018 Ohio IT 1040 Individual Income Tax Return



18000206

Sequence No. 2

SSN

7a. Amount from line 7 on page 1	7a.	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.	00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE)	9.	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	12.	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	00
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.	00
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return	15.	00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16.	00
17. Amended return only – amount previously paid with original and/or amended return	17.	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	20.	00
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 "-" and add line 20 to line 13.....	21.	00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.	00
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	23.	00
24. Overpayment (line 20 minus line 13)	24.	00
25. Original return only – amount of line 24 to be credited toward 2019 income tax liability.....	25.	00
26. Original return only – amount of line 24 to be donated: a. Breast / cervical cancer b. Wishes for Sick Children c. Wildlife species d. Military injury relief e. Ohio History Fund f. State nature preserves	26g.	00
Total	26g.	00
27. REFUND (line 24 minus lines 25 and 26g).....	27.	00

<p>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.</p> <p>▶ Your signature _____ Phone number _____</p> <p>▶ Spouse's signature _____ Date (MM/DD/YY) _____</p> <p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name _____</p> <p>Phone number _____ Preparer's TIN (PTIN) _____</p>	<p style="font-size: small;">If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.</p> <p>NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p>Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</p>
--	---