

# IT-1040 OHIO Income Tax Return 1997

For the year Jan. 1-Dec. 31, 1997 or other taxable year ending \_\_\_\_\_, 19 \_\_\_\_

FOR DEPARTMENTAL USE ONLY

PLEASE CLIP CHECK OR MONEY ORDER HERE

Your first name	Initial	Last name	Your social security number	<b>Filing Status—check only one</b>				
<input type="checkbox"/> Single or Head of Household								
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number	<input type="checkbox"/> Married filing joint return				
Home address (number and street) (PLACE LABEL HERE OR PRINT/TYPE INFORMATION)			Ohio county	<input type="checkbox"/> Married filing separately, enter spouse				
City, town or post office, state and ZIP code			SSN					
Ohio Residency Status (SEE INSTRUCTIONS ON PAGE 7):			Ohio Political Party Fund					
<input type="checkbox"/> Resident <input type="checkbox"/> Part-Year Resident From: <input type="checkbox"/> Nonresident _____ / ____ / 97 to ____ / ____ / 97 (STATE OF RESIDENCY)			Do you want \$1 to go to this fund? ..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>Yes</td><td>No</td></tr> <tr><td> </td><td> </td></tr> </table>		Yes	No		
Yes	No							
			If joint return, does your spouse want \$1 to go to this fund?..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>Yes</td><td>No</td></tr> <tr><td> </td><td> </td></tr> </table> Note: Checking "Yes" will not increase your tax or decrease your refund.		Yes	No		
Yes	No							

<b>INCOME</b>	1 Federal Adjusted Gross Income (from Federal Form 1040, line 32, or 1040A, line 16, or 1040EZ, line 4 or 1040-TEL) ....	1		
	2 Ohio Adjustments (from line 45 on back of this return) .....	2		
	3 Ohio Adjusted Gross Income (line 2 added to or subtracted from line 1) .....	3		
	4 Enter your personal and dependent exemption deduction from the exemption worksheet on page 8 .....	4		
	5 Ohio Taxable Income (subtract line 4 from line 3) .....	5		
<b>TAX AND CREDITS</b>	6 Ohio Tax before Credits (see tax tables) <b>The tax on this line reflects a 3.987% reduction under legislation enacted by the Ohio General Assembly requiring the return of excess state revenue to taxpayers.</b> .....	6		
	7 Credits from Schedule B (line 53 on back of this return) .....	7		
	8 Ohio Tax less Schedule B Credits (subtract line 7 from line 6. If line 7 is more than line 6, enter zero) .....	8		
	9 Exemption Credit: Number of personal and dependent exemptions _____ times \$20.....	9		
	10 Ohio Tax less Exemption Credit (subtract line 9 from line 8. If line 9 is more than line 8, enter zero) .....	10		
	11 Joint Filing Credit (see instructions on page 8 and attach documentation) _____ % times line 10 (Limit \$650.00) ....	11		
	12 Ohio Tax less Joint Filing Credit (subtract line 11 from line 10) .....	12		
	13 Resident and Nonresident/Part-Year Credits (Schedules C or D) & Nonrefundable Business Credits (attach Schedule E). .....	13		
	14 Ohio Income Tax (subtract line 13 from line 12. If line 13 is more than line 12, enter zero) .....	14		
<b>PAYMENTS</b>	15 Ohio Income Tax Withheld (attach W-2's to the back of this form) ..AMOUNT WITHHELD ▶	15		
	16 Ohio Estimated Tax, IT-40P Payments for 1997 and 1996 Overpayment Credited to 1997.....	16		
	17 Amount of Refundable Business Jobs Credit .....	17		
	18 Add lines 15, 16, and 17 .....	18	TOTAL PAYMENTS ▶	
<b>REFUND OR AMOUNT YOU OWE</b>	19 If line 18 is LESS than line 14, subtract line 18 from line 14 and enter the tax due .....	19		
	19a Interest Penalty on Underpayment of Estimated Tax; Check <input type="checkbox"/> if Form IT-2210 is attached.....	19a		
	19b Amount You Owe (add lines 19&19a) Attach Payment made payable to the Treasurer of State of Ohio. AMOUNT YOU OWE ▶	19b		
	20 If line 18 is GREATER than line 14, subtract line 14 from line 18 .....	20	AMOUNT OVERPAID ▶	
	21 Amount of line 20 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"/> Check box and enter amount on line 21 .....	21		
	22 Amount of line 20 you wish to DONATE for conservation of endangered species and other wildlife species: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 22 .....	22		
	23 Amount of line 20 to be credited to 1998 estimated tax liability .....	23	CREDIT ▶	
	24 Amount of line 20 to be refunded (subtract amounts on lines 19a, 21, 22, and 23 from line 20) .....	24	YOUR REFUND ▶	

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.  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>SIGN HERE</b>	Your signature	Date	
	Spouse's signature (if filing jointly, BOTH must sign)	Telephone Number (Optional)	
	Preparer's signature and Address (including zip code)	Preparer's Phone Number	

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MAIL REFUNDS & CREDITS TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2679 COLUMBUS, OHIO 43270-2679	MAIL TAX DUES TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2057 COLUMBUS, OHIO 43270-2057

ATTACH W-2 AND 1099R FORMS HERE

SCHEDULE A — ADJUSTMENTS TO INCOME (ADDITIONS AND DEDUCTIONS)	<b>ADDITIONS-ADD TO THE EXTENT NOT INCLUDED IN FEDERAL ADJUSTED GROSS INCOME (LINE 1)</b>			
	25	Add non-Ohio state or local government interest and dividends .....	• 25	
	26	Add federal interest and dividends subject to state taxation .....	• 26	
	27	Add accumulation distribution from a complex trust (attach Form IT-4970) .....	• 27	
	28	Add losses from the sale, exchange, or other disposition of Ohio Public Obligations .....	• 28	
	29	Add non-medical withdrawals or interest thereon from a medical savings account (see worksheet on page 13) .....	• 29	
	30	Total additions (add lines 25, 26, 27, 28 and 29) .....	• 30	
	<b>DEDUCTIONS-DEDUCT TO THE EXTENT INCLUDED IN FEDERAL ADJUSTED GROSS INCOME (LINE 1)</b>			
	31	Deduct federal interest and dividends exempt from state taxation .....	• 31	
	32	Deduct compensation earned in Ohio by residents of neighboring states .....	• 32	
	33	Deduct state or municipal income tax overpayments (from line 10 of Federal Form 1040) .....	• 33	
	34	Deduct disability and survivors benefits .....	• 34	
	35	Deduct wage/salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits .....	• 35	
	36	Deduct social security old age benefits and some railroad benefits (see line 36 instructions on page 11) .....	• 36	
	37	Deduct interest earned from Ohio Public and Purchase Obligations and the gain from the sale or disposition of Ohio Public Obligations .....	• 37	
	38	Deduct increased value of nonrefunded/used tuition credits or decreased value of refunded credits (see line 38 instructions) .....	• 38	
	39	Deduct the refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal Form 1040) .....	• 39	
	40	Deduct the repayment of income reported in a prior year .....	• 40	
	41	Deduct your self-employed health insurance costs (see line 41 instructions and worksheet) .....	• 41	
	42	Deduct funds deposited into a medical savings account for eligible medical expenses (see worksheet on page 13) .....	• 42	
	43	Deduct the amount contributed to an Individual Development Account (see line 43 instructions) .....	• 43	
	44	Total deductions (add lines 31 through 43) .....	• 44	
	45	Net adjustments—If line 30 is GREATER than line 44 enter the difference here and on line 2 as a positive amount. If line 30 is LESS than 44 enter the difference here and on line 2 as a negative amount .....	• 45	
	SCHEDULE B CREDITS	46	Retirement Income Credit (see line 46 instructions for credit table) (LIMIT \$200) .....	• 46
		47	Senior Citizen's Credit (LIMIT \$50 PER RETURN) .....	• 47
48		Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit) .....	• 48	
49		Child and Dependent Care Credit (see line 49 instructions and worksheet) .....	• 49	
50		Lump Sum Retirement Credit .....	• 50	
51		Job Training Credit (see line 51 instructions and worksheet) .....	• 51	
52		Ohio Political Contributions Credit .....	• 52	
53		TOTAL CREDITS (add lines 46 through 52)—enter here and on line 7 .....	• 53	
SCHEDULE C OHIO RESIDENT CREDIT	54	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident .....	• 54	
	55	Enter Ohio Adjusted Gross Income (line 3) .....	• 55	
	56	Divide line 54 by line 55 .....	• 56	
	57	Multiply line 56 by the amount on line 12 .....	• 57	
	57a	Enter the 1997 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 .....	• 57a	
	57b	Enter the smaller of line 57 or line 57a. This is your Ohio Resident Tax Credit. Enter here and on line 13. List the state(s) other than Ohio with which you filed 1997 income tax returns. _____	• 57b	
SCHEDULE D NONRESIDENT/ PART-YEAR RES.	58	Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio .....	• 58	
	59	Enter the Ohio Adjusted Gross Income (line 3) .....	• 59	
	60	Divide line 58 by line 59 .....	• 60	
	61	Multiply line 60 by the amount on line 12. Enter here and on line 13 .....	• 61	