

Do not use staples.



Department of Taxation



14000106

Taxable year beginning in

2014

IT 1040 Individual Income Tax Return Rev. 11/14

Use only black ink.

Taxpayer Social Security no. (required) If deceased Spouse's Social Security no. (only if joint return) If deceased

Enter school district # for this return (see pages 45-50). SD#

Use UPPERCASE letters.

Your 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 show city or state ZIP code County (first four letters)

Foreign country (provide this information 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, with limited exceptions - see instructions on page 13) Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Required to file Schedule IT S (see instructions on page 9)

Is someone else claiming you or your spouse (if joint return) as a dependent? Yes No

Enter the number of dependents. If one or more, include Schedule J with your Ohio income tax return (see instructions on page 19)

Ohio Political Party Fund Yes No 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.

Do not staple or otherwise attach. Place your W-2(s), check (payable to Ohio Treasurer of State), Ohio form IT 40P and any other supporting documents or statements after the last page of your return. Include forms W-2G and 1099-R if tax was withheld.

Go paperless. It's FREE! Visit tax.ohio.gov to try Ohio I-File.

Most taxpayers who file their returns electronically and request direct deposit will receive their refunds in 10-15 business days. Paper returns will take approximately 30 days to process.

INCOME AND TAX INFORMATION - If amount is negative, type a negative sign ("-") before the figure.

Table with 10 rows for income and tax information, including Federal adjusted gross income, adjustments, Ohio adjusted gross income, personal exemption, Ohio taxable income, tax on line 5, Schedule B credits, Ohio tax less credits, income-based exemption credit, and Ohio tax less exemption credit.



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SSN

10a. Amount from line 10 on page 1	10a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
11. Joint filing credit. See the instructions on page 20 for eligibility and documentation requirements (this credit is for married filing jointly status only). _____ % times line 10a (limit \$650)	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
12. Ohio income tax less joint filing credit (line 10a minus line 11)	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
13. Total credits from line 71 on page 4 of Ohio form IT 1040 (enclose page 4)	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
14. Earned income credit (see the worksheet on page 20 of the instructions)	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
15. Ohio adoption credit	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
16. Manufacturing equipment grant. You must include the grant request form	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
17. Ohio income tax (line 12 minus lines 13, 14, 15 and 16; enter -0- if the total of lines 13, 14, 15 and 16 is more than line 12)	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
18. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 (see page 21 of the instructions)	18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
19. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions on page 34). If you certify that no sales or use tax is due, check here <input type="checkbox"/>	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
20. Total Ohio tax liability (add lines 17, 18 and 19)	TOTAL TAX ▶ 20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
21. Ohio income tax withheld (box 17 on W-2; box 15 on W-2G; and box 12 on 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) after the last page of this return	AMOUNT WITHHELD ▶ 21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
22. Add the 2014 Ohio form IT 1040ES payment(s), 2014 Ohio form IT 40P extension payment(s) and 2013 overpayment credited to 2014	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
23. Refundable credits from line 73 on page 4 of Ohio form IT 1040 (enclose page 4)	23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
24. Add lines 21, 22 and 23	TOTAL PAYMENTS ▶ 24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
If line 24 is MORE THAN line 20, go to line 25. If line 24 is LESS THAN line 20, skip to line 29.					
25. If line 24 is MORE THAN line 20, subtract line 20 from line 24	AMOUNT OVERPAID ▶ 25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
26. Amount of line 25 to be credited to 2015 income tax liability	CREDIT TO 2015 ▶ 26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
27. Amount of line 25 that you wish to donate to the following fund(s):					
a. Military injury relief	b. Wildlife species	c. Ohio Historical Society			
<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00			
d. State nature preserves	e. Breast / cervical cancer				
<input type="text"/> 00	<input type="text"/> 00				
28. Line 25 minus the sum of lines 26 and 27a, b, c, d and e. Enter here, then skip to line 30	28.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
29. If line 24 is LESS THAN line 20, subtract line 24 from line 20	AMOUNT DUE ▶ 29.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
30. Interest and penalty due on late-paid tax and/or late-filed return (see page 22 of the instructions)	INTEREST AND PENALTY ▶ 30.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
If you entered an amount on line 28, skip to line 32. If you entered an amount on line 29, go to line 31.					
31. Amount due plus interest and penalty (add lines 29 and 30). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at tax.ohio.gov)	AMOUNT DUE PLUS INTEREST AND PENALTY ▶ 31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
32. Refund less interest and penalty (line 28 minus line 30). Enter the amount here. (If line 30 is more than line 28, you have an amount due. Subtract line 28 from line 30 and enter this amount on line 31.)	YOUR REFUND ▶ 32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

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/YYYY)

▶ Spouse's signature (see page 10 of the instructions) _____ Phone number (optional)

Preparer's printed name (see page 10 of the instructions) _____ Phone number _____

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

For Department Use Only

Code

NO Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

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

Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

If line 2 (on page 1) is -0- or blank, do not mail page 3.



Department of Taxation



14000306

Taxable year beginning in

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SSN [] [] []

SCHEDULE A – Income Adjustments (Additions and Deductions)

Additions (add income items only to the extent not included on page 1, line 1).

Table with 3 columns: Description, Amount, and Total. Rows include 33. Non-Ohio state or local government interest and dividends, 34. Certain Ohio pass-through entity and financial institutions taxes paid, 35a. Federal interest and dividends subject to state taxation, etc.

36. Total additions (add lines 33 through 35g ONLY and enter here).....36. [] []

Deductions (deduct income items only to the extent included on page 1, line 1).

Table with 3 columns: Description, Amount, and Total. Rows include 37a. Federal interest and dividends exempt from state taxation, 38. Employee compensation earned in Ohio by full-year residents of neighboring states, 39a. Military pay for Ohio residents, etc.

49. Total deductions (add lines 37a through 48 ONLY).....49. [] []

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 the difference here and on line 2 as a negative amount50. [] []



SCHEDULE B – Nonbusiness Credits

51. Retirement income credit (limit \$200 per return). See the table on page 30 of the instructions	51.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
52. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return)	52.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
53. Lump sum distribution credit (you must be 65 or older to claim this credit)	53.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
54. Child care and dependent care credit (see the worksheet on page 30 of the instructions)	54.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
55. Lump sum retirement credit	55.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
56. If line 5 on page 1 is \$10,000 or less, enter \$88; otherwise, enter -0-	56.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
57. Displaced worker training credit (see the worksheet and instructions on pages 31 and 32) (limit \$500 per taxpayer)	57.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
58. Ohio political contributions credit (limit \$50 per taxpayer)	58.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
59. Total Schedule B credits (add lines 51 through 58). Enter here and on page 1, line 7	59.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

SCHEDULE C – Full-Year Ohio Resident Credit

60. 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 32 of the instructions)...	60.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
61. Enter Ohio adjusted gross income (line 3 on page 1)	61.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
62. 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.....	62.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
63. Enter the 2014 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 – see page 32 of the instructions)	63.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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 2014 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below	64.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

SCHEDULE D – Nonresident / Part-Year Resident Credit (date of part-year residency) to

65. 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 32 of the instructions).....	65.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
66. Enter the Ohio adjusted gross income (line 3 on page 1)	66.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
67. 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	67.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

68. Enter the amount from line 10 of Schedule E, Nonrefundable Business Credits (see page 32 of the instructions).....	68.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
69. Enter the amount from line 64 above	69.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
70. Enter the amount from line 67 above	70.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
71. Add lines 68, 69 and 70. Enter here and on page 2, line 13	71.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

REFUNDABLE CREDITS – INCLUDE CERTIFICATE(S) AND K-1(S)

72a. Business jobs credit	72b. Pass-through entity credit	72c. Historic preservation credit
<input type="text"/> 0 0	<input type="text"/> 0 0	<input type="text"/> 0 0
72d. Motion picture production credit	72e. Financial Institutions Tax (FIT) credit	
<input type="text"/> 0 0	<input type="text"/> 0 0	
73. Total of lines 72a-e. Enter here and on page 2, line 23.		
<input type="text"/> 0 0		



14230106

2014

Primary SS#

Schedule J

Dependents Claimed on the Ohio IT 1040EZ or IT 1040 Return

Use UPPERCASE letters.

Use this dependent schedule to claim dependents on your Ohio form IT 1040EZ or IT 1040. If you have more than 14 dependents, copy page 2 of this schedule and include all completed pages with your income tax return. Do not list on this schedule the primary and/or spouse reported on the income tax return.

1. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)

Dependent's first name M.I. Last name

2. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)

Dependent's first name M.I. Last name

3. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)

Dependent's first name M.I. Last name

4. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)

Dependent's first name M.I. Last name

5. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)

Dependent's first name M.I. Last name

6. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)

Dependent's first name M.I. Last name

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14230206

2014

Primary SS# []

Schedule J Dependents Claimed on the Ohio IT 1040EZ or IT 1040 Return

Use UPPERCASE letters.

Use this dependent schedule to claim dependents on your Ohio form IT 1040EZ or IT 1040. If you have more than 14 dependents, copy page 2 of this schedule and include all completed pages with your income tax return. Do not list on this schedule the primary and/or spouse reported on the income tax return.

7. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

8. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

9. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

10. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

11. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

12. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

13. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

14. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name