



Department of
Taxation

Scan Specifications for the 2015 Ohio Schedule J

Important Note

The following document (**2015 Ohio Schedule J**) contains grids for placement of information on this specific tax form. To accurately print, do not reduce the size, rotate or center this document. Doing so will jeopardize the integrity of the grid. When printing from Adobe Reader, please select "None" for "Page Scaling," which is under "Page Handling."

Ohio Department of Taxation
4485 Northland Ridge Blvd.
Columbus, OH 43229
tax.ohio.gov



Department of
Taxation

Grid layout with notations

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



Department of Taxation
Rev. 10/15

2015 Schedule J – Dependents Claimed on the Universal IT 1040 Return



15230110

Social Security no. of primary filer

888 88 8888

Do not list below the primary filer and/or spouse reported on complete additional copies of this schedule and include them with your return if you have more than 15 dependents, or "relationship to you" below if there are not enough boxes to spell it out completely.

Placement of the 1D bar code and tax year is critical. Make sure to follow the grid positions for layout. Do not forget to get your bar code(s) assignments for every form, version and page.

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

888 88 8888

88 88 8888

XXXXXXXXXXXXXXXXXX

Dependent's first name

M.I. Last name

JOHNXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

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

888 88 8888

88 88 8888

XXXXXXXXXXXXXXXXXX

Dependent's first name

M.I. Last name

JOHNXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

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

888 88 8888

88 88 8888

XXXXXXXXXXXXXXXXXX

Dependent's first name

M.I. Last name

JOHNXXXXXXXXXXXX

Q PUBLI CXXXXXXXXXXXX

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

888 88 8888

88 88 8888

XXXXXXXXXXXXXXXXXX

Dependent's first name

M.I. Last name

JOHNXXXXXXXXXXXX

Q PUBLI CXXXXXXXXXXXX

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

888 88 8888

88 88 8888

XXXXXXXXXXXXXXXXXX

Dependent's first name

M.I. Last name

JOHNXXXXXXXXXXXX

Q PUBLI CXXXXXXXXXXXX

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

888 88 8888

88 88 8888

XXXXXXXXXXXXXXXXXX

Dependent's first name

M.I. Last name

JOHNXXXXXXXXXXXX

Q PUBLI CXXXXXXXXXXXX

7. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

888 88 8888

88 88 8888

XXXXXXXXXXXXXXXXXX

Dependent's first name

M.I. Last name

JOHNXXXXXXXXXXXX

Q PUBLI CXXXXXXXXXXXX

This is where you place the 2D bar code. This text must be deleted when doing the 2D version. Please follow grid layout for location of your 2D barcode.

Target marks or registration marks must measure .2" X .2". The three target marks or registration marks on every page must follow grid layout.

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2015 Schedule J – Dependents Claimed on the Universal IT 1040 Return



15230210

Social Security no. of primary filer
888 88 8888

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.

8. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX



Department of
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A large, empty rectangular box defined by a dotted line, centered on the page. Inside this box, the text "Grid layout" is written in a large, bold, black, sans-serif font.

Grid layout

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



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2015 Schedule J – Dependents Claimed on the Universal IT 1040 Return



15230110

Social Security no. of primary filer
888 88 8888

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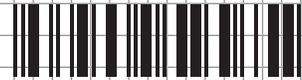
1. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
888 88 8888 Dependent's first name JOHNXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

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8. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
888 88 8888 Dependent's first name JOHNXXXXXXXXXXXX	88 88 8888 M.I. Last name Q PUBLI CXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX



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Layout without grid

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



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- | | | |
|--|---|--|
| 1. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX | Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX | Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX |
| 2. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX | Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX | Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX |
| 3. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX | Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX | Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX |
| 4. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX | Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX | Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX |
| 5. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX | Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX | Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX |
| 6. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX | Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX | Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX |
| 7. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX | Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX | Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX |

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2015 Schedule J – Dependents Claimed on the Universal IT 1040 Return



15230210

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888 88 8888

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- | | | |
|---|---|---|
| <p>8. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX</p> | <p>Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX</p> | <p>Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX</p> |
| <p>9. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX</p> | <p>Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX</p> | <p>Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX</p> |
| <p>10. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX</p> | <p>Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX</p> | <p>Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX</p> |
| <p>11. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX</p> | <p>Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX</p> | <p>Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX</p> |
| <p>12. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX</p> | <p>Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX</p> | <p>Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX</p> |
| <p>13. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX</p> | <p>Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX</p> | <p>Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX</p> |
| <p>14. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX</p> | <p>Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX</p> | <p>Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX</p> |
| <p>15. Dependent's Social Security no. (required)
888 88 8888
Dependent's first name
JOHNXXXXXXXXXX</p> | <p>Dependent's date of birth (MM/DD/YYYY)
88 88 8888
M.I. Last name
Q PUBLI CXXXXXXXXXX</p> | <p>Dependent's relationship to you (required)
XXXXXXXXXXXXXXXXXX</p> |



Department of
Taxation

**General information
regarding this form**

General Information (2015 Schedule J):

1) Dimensions:

Target or Registration Marks - 6 mm X 6 mm. Follow grid layout for positioning.

1D barcode (2 of 5 interleaved) - .375"H x 1.5"W. Follow grid layout for positioning. The number for the barcode should be placed under the barcode and centered.

2D barcode - See 2D information and instructions. Follow grid layout for positioning.

2) 1D barcode - The last two numbers of the 1D barcode represent the vendor/version number for this form. Please use the same last two numbers as you did for last year's return. You will have a different vendor/version number for returns that are "OCR scanned" versus "2D scanned." If you have a question about your barcode assignment, please e-mail the Forms Unit at Forms@tax.state.oh.us. The first six numbers are constant for this form (150001XX - 150002XX).

15 = tax year

23 = Schedule J

01-02 = page number

XX = vendor/version number (assigned to you by the Ohio Dept. of Taxation, Forms Unit).

NOTE: The last two digits of your 1D barcode (vendor/version number), you also will use as the first two digits of the Social Security numbers in your test scenarios.

3) Use Arial font for text that is a static portion of the form.

4) Use Arial font for the data entry portion of the form. This would be taxpayer's information and data.

5) Make sure you follow the grid layout for the data entry portions (shown in red). Also make sure that the tax year, target or registration marks, "For Department Use Only" area and the 1D and 2D barcodes follow grid layout.

6) Do not use commas, hyphens or decimals in the data entry fields. Use a space where a comma, hyphen or decimal would appear.

7) When a taxpayer is printing a return, make sure that you explain to them, if they are printing two sides, print pages 1 and 2 together. For instance, we have seen some returns filed with a worksheet as the backside of a certain page of the form. This will slow down the processing of this tax return.

8) Make sure that you explain to your customers within your product: **"Please do not enclose any worksheets or other documentation unless it is specified on the tax return or instructions."** For example, taxpayers are sending in worksheets from your software packages. This only slows the processing of their tax return.

9) IMPORTANT NOTE (for those developers producing 2D barcodes): Please add this statement to your software programs. It should print out with the taxpayer's return. **"Do not hand write in any corrections on the printed paper return. Hand writing in corrections will result in capturing incorrect data and delaying the processing of this income tax return. Please make any corrections to this income tax return within [the software program name], then print and mail."**

10) NEW – If the taxpayer is claiming dependents on the IT 1040, they **must** file Schedule J. **This Schedule J should be submitted with the IT 1040 income tax return; it should never be submitted by itself.**

11) For review and approval of your return, please submit one sample with every field filled in with the maximum amount of characters per field and all test scenarios.

NOTE: Forms will be tested, reviewed and approved on a first-come, first-served basis.



Department of
Taxation

2D information and instructions

Ohio 2015 Scan and 2D Barcode Instructions

❖ General

- Forms need to be enabled for 2D Barcode decoding
 - If a form is enabled for 2D Barcode the software **should not allow** users/practitioners the option to turn off/on the 2D Barcode function
 - The minimum error correction code level should be 4

❖ 2D Barcode Size and Placement on the Form

- 2D Barcode must be placed on the first page of form in the rectangular area [see grid layout]
- 2D Barcode should not be bigger than the allocated area
- The maximum size of the 2D Barcode: 3 ½ inches wide by 1 inch in height and must follow the grid layout provided in this document

❖ 2D Barcode Layout

- Each field in the Barcode is delimited by a single carriage return
 - **<CR> equals single carriage return character**
 - This separates each piece of data so it may be efficiently processed.
- Data included in the 2D Barcode varies per form and can be broken down into three general sections
 - **Header**
 - **Header Version Number**
 - ◆ Static for all Barcodes, value is T1
 - **Developer Code**
 - ◆ A four-digit vendor code identifying the software developer whose application produced the Barcode
 - **Jurisdiction**
 - ◆ Static for all Barcodes, value is OH
 - **Description**
 - ◆ A four-digit form identifier, specific to each form
 - **Spec Version**
 - ◆ A one-digit specification version control number starting with the number zero
 - This number identifies the version of the specifications used to produce the form Barcode
 - **Form Version**
 - ◆ A one-digit form version control number starting with the number one (1)
 - This number will only be incremented when there are changes made that would affect the content of the Barcode
 - **Form Specific Data** – [please see encoding schemas for form specific data]
 - Fields that are captured from each form
 - All fields on form will be required and must be included in 2D Barcode
 - ◆ Fields must be included into 2D Barcode if present
 - ◆ Field values not present in 2D Barcode will be empty
 - Will result in two adjacent carriage returns
 - **Trailer**
 - The last field in the Barcode data stream is the trailer
 - ◆ The trailer is used to indicate the end of data has been reached
 - A static string of *EOD* is used as the trailer value

Ohio 2015 Scan and 2D Barcode Instructions

▪ Examples of 2D Barcode data streams

Header Version Number	T1<CR>
Developer Code	1111<CR>
Jurisdiction	OH<CR>
Description	1111<CR>
Spec Version	0<CR>
Form Version	1<CR>
Line Item Specific Data	IN<CR>
Line Item Specific Data	IT40<CR>
Line Item Specific Data	0<CR>
Trailer	*EOD* <CR>

❖ Testing and Approval Procedures

- As a general guideline, current software testing and forms approval time frame and quality assurance practices would be followed in the implementation of 2D Barcode
- Vendor may submit tests any time after the test scenarios are posted to our Web site
- If tax forms change before January 1, 2016 vendors will be notified and required to resubmit test scenarios
- **Testing Procedures**
 - See “Software Developer Specifications” for testing scenarios
 - Number of test scenarios
 - Forms to be submitted for approval include:
 - ◆ Multiple test scenarios per form
 - Test scenarios will be provided by ODT
 - ◆ One (1) set of full field test scenario
- **Approval Procedures**
 - Approval will be given in two (2) areas
 - Printed form matches template
 - 2D Barcode is valid
 - ◆ All test scenarios can be decoded properly
 - ◆ All test scenarios submitted are correct
 - ◆ 2D Barcode data must match printed form
 - Approval will be given for each form type listed
 - 2015 IT 1040 Universal
 - 2015 SD 100 Universal
 - 2015 Schedule A
 - 2015 Schedule of Credits
 - 2015 Schedule J
 - 2015 IT BUS
 - Approval time line
 - Forms will be tested, reviewed and approved on a first-come, first-served basis
 - Feedback will be given if test scenarios do not receive approval
 - ◆ Corrected test scenarios must be resubmitted for approval
 - This should be accomplished in a timely manner
 - ODT cannot guarantee turn-a-round time for re-approval status
 - Approval notification will be given once test scenarios meet all specifications and are fully tested