



# Scan Specifications for the 2016 Ohio IT 1040

## Important Note

The following document (**2016 Ohio IT 1040**) 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**



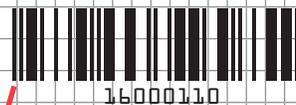
Department of  
Taxation

# Grid layout with notations

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

**New!** The date the return was generated by the taxpayer (MM DD YY).

# 2016 Ohio IT 1040 Individual Income Tax Return



88 88 88

**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 (d

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

Taxpayer's SSN (required)  If deceased Spouse's SSN

888 88 8888

888 88 8888

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.

First name

JOHNXXXXXXXXXXXX

M.I. Last name

Q PUBLI CXXXXXXXXXXXX

Spouse's first name (only if married filing jointly)

JANXXXXXXXXXXXX

M.I. Last name

Q PUBLI CXXXXXXXXXXXX

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

8888 CHERRY LANXXXXXXXXXXXXXXXXXXXX

City

CITYXXXXXXXXXXXX

State

OH

ZIP code

88888

Ohio county (first four letters)

PICK

Home address (if different from mailing address) – do **NOT** include city or state

8888 BERRY AVXXXXXXXXXXXX

ZIP code

88888

Ohio county (first four letters)

FRAN

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

JAPANXXXXXXXXXXXX

Foreign postal code

8888888

### Ohio Residency Status – Check applicable box

Full-year resident  Part-year resident  Nonresident Indicate state  XX

Check applicable box for spouse (only if married filing jointly)

Full-year resident  Part-year resident  Nonresident Indicate state  XX

### Ohio Political Party Fund

Do you want \$1 to go to this fund? .....  Yes  No

If joint return, does your spouse want \$1 to go to this fund?.....  Yes  No

**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 income tax return for this year?  Yes  No

Is someone else claiming you as a dependent? If yes, check the appropriate box.  Yes  No

**New!** Do not place spaces between whole dollar numbers. There is only a space between dollar amounts and cents fields.

|  |     |            |    |
|--|-----|------------|----|
| 1. Federal adjusted gross income (from the 1040EZ, line 4; 1040NR, line 36; or 1040, line 7) | 1.  | 8888888888 | 00 |
| 2a. Additions to federal adjusted gross income   | 2a. | 8888888888 | 00 |
| 2b. Deductions from federal adjusted gross income  | 2b. | 8888888888 | 00 |
| 3. Ohio adjusted gross income (line 2a minus line 2b)  | 3.  | 8888888888 | 00 |
| 4. Personal and dependent exemption (line 3 minus line 4, column J)                          | 4.  | 88888      | 00 |
| 5. Ohio income tax base (line 3 minus line 4)  | 5.  | 8888888888 | 00 |
| 6. Taxable business income (include Ohio Schedule IT BUS, line 13)                           | 6.  | 8888888888 | 00 |
| 7. Line 5 minus line 6   | 7.  | 8888888888 | 00 |

For static text use Arial font (black ink) and try to match size. For data entry fields (shown in red for identification purposes only), use Arial font (black ink). All the data entry fields must follow grid layout. When a field reflects a negative amount, make sure there is **no** space between the amount and the negative sign. Never hard code a negative sign.

2D barcode required. Delete this box with text and replace it with the 2D barcode.

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

Target marks or registration marks must measure 6 mm X 6 mm. The four target marks or registration marks on every page must follow grid layout.

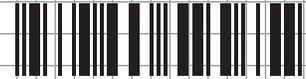
**Include if line**

Postmark date Code



Department of  
Taxation  
Rev. 9/16

# 2016 Ohio IT 1040 Individual Income Tax Return



16000210

SSN **888 88 8888**

|  |   |                      |
|--|---|----------------------|
| 7a. Amount from line 7 on page 1.....  | 7a.                                     | <b>8888888888 00</b> |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....   | 8a.                                     | <b>8888888888 00</b> |
| 8b. Business income tax liability (include Ohio Schedule IT BUS, line 14).....   | 8b.                                     | <b>88888888 00</b>   |
| 8c. Income tax liability before credits (line 8a plus line 8b).....  | 8c.                                     | <b>8888888888 00</b> |
| 9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34).....   | 9.                                      | <b>8888888888 00</b> |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-).....   | 10.                                     | <b>8888888888 00</b> |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....   | 11.                                     | <b>8888888888 00</b> |
| 12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions);<br>If you certify that no sales or use tax is due, check the box to the right..... | <input checked="" type="checkbox"/> 12. | <b>8888888888 00</b> |
| 13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....  | 13.                                     | <b>8888888888 00</b> |
| 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<br>1099-R(s) with the return.....  | 14.                                     | <b>8888888888 00</b> |
| 15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit<br>carryforward from previous year return.....  | 15.                                     | <b>8888888888 00</b> |
| 16. Refundable credits (include Ohio Schedule of Credits, line 41).....  | 16.                                     | <b>8888888888 00</b> |
| 17. <b>Amended return only</b> – amount previously paid with original/amended return.....  | 17.                                     | <b>8888888888 00</b> |
| 18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....  | 18.                                     | <b>8888888888 00</b> |
| 19. <b>Amended return only</b> – overpayment previously requested on original/amended return.....  | 19.                                     | <b>8888888888 00</b> |
| 20. Line 18 minus line 19.....   | 20.                                     | <b>8888888888 00</b> |

**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).....  | 21.                      | <b>8888888888 00</b> |
| 22. Interest and penalty due on late filing or late payment of tax (see instructions).....  | 22.                      | <b>8888888888 00</b> |
| 23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P (if original return) or IT 40XP</b><br><b>(if amended return) and make check payable to "Ohio Treasurer of State".....</b> <b>AMOUNT DUE</b> ▶   | 23.                      | <b>8888888888 00</b> |
| 24. Overpayment (line 20 minus line 13).....  | 24.                      | <b>8888888888 00</b> |
| 25. <b>Original return only</b> – amount of line 24 to be credited toward 2017 income tax liability.....  | 25.                      | <b>8888888888 00</b> |
| 26. Amount of line 24 to be donated:<br>a. Wildlife species<br><b>8888 00</b><br>b. Military injury relief<br><b>8888 00</b><br>c. Ohio History Fund<br><b>8888 00</b><br>d. State nature preserves<br><b>8888 00</b><br>e. Breast / cervical cancer<br><b>8888 00</b><br>f. Wishes for Sick Children<br><b>8888 00</b><br>Total.....26g. | 26g.                     | <b>8888888888 00</b> |
| 27. <b>YOUR REFUND</b> (line 24 minus lines 25 and 26g).....  | <b>YOUR REFUND</b> ▶ 27. | <b>8888888888 00</b> |

**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



Department of  
Taxation

# Grid layout



Department of  
Taxation  
Rev. 9/16

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

**2016 Ohio IT 1040**  
**Individual Income Tax Return**



16000110

88 88 88

**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).  
888 88 8888  888 88 8888  SD#  8888

First name M.I. Last name  
JOHNXXXXXXXXXX Q PUBLI CXXXXXXXXXXXXXXXXX

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

Mailing address (for faster processing, use a street address)  
8888 CHERRY LANXXXXXXXXXXXXXXXXXXXX

City State ZIP code Ohio county (first four letters)  
CITYXXXXXXXXXXXXXXXXX OH 88888 PICK

Home address (if different from mailing address) – do **NOT** include city or state ZIP code Ohio county (first four letters)  
8888 BERRY AVXXXXXXXXXXXX 88888 FRAN

Foreign country (if the mailing address is outside the U.S.) Foreign postal code  
JAPANXXXXXXXXXXXXXXXXX 8888888

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

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

**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?.....

**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 Yes No  
Did you file the federal extension 4868? .....    
Is someone else claiming you or your spouse (if joint return) as a dependent? If yes, enter "0" on line 4.....

**Note:** Checking "Yes" will not increase your tax or decrease your refund.

|  |            |    |
|--|------------|----|
| 1. <b>Federal adjusted gross income</b> (from the federal 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)..... 1. | 8888888888 | 00 |
| 2a. Additions to federal adjusted gross income (include Ohio Schedule A, line 10)..... 2a.   | 8888888888 | 00 |
| 2b. Deductions from federal adjusted gross income (include Ohio Schedule A, line 35)..... 2b.  | 8888888888 | 00 |
| 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b)..... 3.  | 8888888888 | 00 |
| 4. Personal and dependent exemption deduction (if claiming dependent(s), include Schedule J).... 4.  | 88888      | 00 |
| 5. Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-)..... 5.   | 8888888888 | 00 |
| 6. Taxable business income (include Ohio Schedule IT BUS, line 13)..... 6.   | 8888888888 | 00 |
| 7. Line 5 minus line 6 (if less than -0-, enter -0-)..... 7.   | 8888888888 | 00 |

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

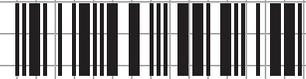
**Include your federal income tax return if line 1 of this return is -0- or negative.**

Postmark date Code



Department of  
Taxation  
Rev. 9/16

# 2016 Ohio IT 1040 Individual Income Tax Return



16000210

SSN **888 88 8888**

|  |     |                      |
|--|-----|----------------------|
| 7a. Amount from line 7 on page 1.....  | 7a. | <b>8888888888 00</b> |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....   | 8a. | <b>8888888888 00</b> |
| 8b. Business income tax liability (include Ohio Schedule IT BUS, line 14).....   | 8b. | <b>88888888 00</b>   |
| 8c. Income tax liability before credits (line 8a plus line 8b).....  | 8c. | <b>8888888888 00</b> |
| 9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34).....   | 9.  | <b>8888888888 00</b> |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-).....   | 10. | <b>8888888888 00</b> |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....   | 11. | <b>8888888888 00</b> |
| 12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions);<br>If you certify that no sales or use tax is due, check the box to the right..... | 12. | <b>8888888888 00</b> |
| 13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....  | 13. | <b>8888888888 00</b> |
| 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<br>1099-R(s) with the return.....  | 14. | <b>8888888888 00</b> |
| 15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit<br>carryforward from previous year return.....  | 15. | <b>8888888888 00</b> |
| 16. Refundable credits (include Ohio Schedule of Credits, line 41).....  | 16. | <b>8888888888 00</b> |
| 17. <b>Amended return only</b> – amount previously paid with original/amended return.....  | 17. | <b>8888888888 00</b> |
| 18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....  | 18. | <b>8888888888 00</b> |
| 19. <b>Amended return only</b> – overpayment previously requested on original/amended return.....  | 19. | <b>8888888888 00</b> |
| 20. Line 18 minus line 19.....   | 20. | <b>8888888888 00</b> |

**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).....  | 21.                      | <b>8888888888 00</b> |
| 22. Interest and penalty due on late filing or late payment of tax (see instructions).....  | 22.                      | <b>8888888888 00</b> |
| 23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P (if original return) or IT 40XP</b><br><b>(if amended return) and make check payable to "Ohio Treasurer of State".....</b> <b>AMOUNT DUE</b> ▶ | 23.                      | <b>8888888888 00</b> |
| 24. Overpayment (line 20 minus line 13).....  | 24.                      | <b>8888888888 00</b> |
| 25. <b>Original return only</b> – amount of line 24 to be credited toward 2017 income tax liability.....  | 25.                      | <b>8888888888 00</b> |
| 26. Amount of line 24 to be donated:  |                          |                      |
| a. Wildlife species   | <b>8888 00</b>           |                      |
| b. Military injury relief   | <b>8888 00</b>           |                      |
| c. Ohio History Fund  | <b>8888 00</b>           |                      |
| d. State nature preserves   | <b>8888 00</b>           |                      |
| e. Breast / cervical cancer   | <b>8888 00</b>           |                      |
| f. Wishes for Sick Children   | <b>8888 00</b>           |                      |
|   | Total.....26g.           | <b>8888888888 00</b> |
| 27. <b>YOUR REFUND</b> (line 24 minus lines 25 and 26g).....  | <b>YOUR REFUND</b> ▶ 27. | <b>8888888888 00</b> |

**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



Department of  
Taxation

# Layout without grid



Department of  
Taxation  
Rev. 9/16

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

# 2016 Ohio IT 1040 Individual Income Tax Return



88 88 88

**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).

888 88 8888

888 88 8888

SD# ▶▶ 8888

First name

JOHNXXXXXXXXXXXX

M.I. Last name

Q PUBLI CXXXXXXXXXXXX

Spouse's first name (only if married filing jointly)

JANXXXXXXXXXXXX

M.I. Last name

Q PUBLI CXXXXXXXXXXXX

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

8888 CHERRY LANXXXXXXXXXXXXXXXXXXXX

City

CITYXXXXXXXXXXXX

State

OH

ZIP code

88888

Ohio county (first four letters)

PICK

Home address (if different from mailing address) – do **NOT** include city or state

8888 BERRY AVXXXXXXXXXXXX

ZIP code

88888

Ohio county (first four letters)

FRAN

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

JAPANXXXXXXXXXXXX

Foreign postal code

8888888

**Ohio Residency Status** – Check applicable box

Full-year resident  Part-year resident  Nonresident Indicate state ▶▶ **XX**

Check applicable box for spouse (only if married filing jointly)

Full-year resident  Part-year resident  Nonresident Indicate state ▶▶ **XX**

**Ohio Political Party Fund**

Do you want \$1 to go to this fund? ..... Yes No

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

1. **Federal adjusted gross income** (from the federal 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10) ..... 1. **8888888888 00**

2a. Additions to federal adjusted gross income (include Ohio Schedule A, line 10) ..... 2a. **8888888888 00**

2b. Deductions from federal adjusted gross income (include Ohio Schedule A, line 35) ..... 2b. **8888888888 00**

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b) ..... 3. **8888888888 00**

4. Personal and dependent exemption deduction (if claiming dependent(s), include Schedule J) ... 4. **88888 00**

5. Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-) ..... 5. **8888888888 00**

6. Taxable business income (include Ohio Schedule IT BUS, line 13) ..... 6. **8888888888 00**

7. Line 5 minus line 6 (if less than -0-, enter -0-) ..... 7. **8888888888 00**

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

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

Postmark date Code



Department of  
Taxation  
Rev. 9/16

# 2016 Ohio IT 1040 Individual Income Tax Return



16000210

SSN **888 88 8888**

|  |     |            |    |
|--|-----|------------|----|
| 7a. Amount from line 7 on page 1 .....   | 7a. | 8888888888 | 00 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....   | 8a. | 8888888888 | 00 |
| 8b. Business income tax liability (include Ohio Schedule IT BUS, line 14) .....  | 8b. | 88888888   | 00 |
| 8c. Income tax liability before credits (line 8a plus line 8b).....  | 8c. | 8888888888 | 00 |
| 9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34).....   | 9.  | 8888888888 | 00 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-) .....  | 10. | 8888888888 | 00 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....   | 11. | 8888888888 | 00 |
| 12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions).<br>If you certify that no sales or use tax is due, check the box to the right..... | 12. | 8888888888 | 00 |
| 13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12) .....   | 13. | 8888888888 | 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<br>1099-R(s) with the return.....  | 14. | 8888888888 | 00 |
| 15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit<br>carryforward from previous year return .....   | 15. | 8888888888 | 00 |
| 16. Refundable credits (include Ohio Schedule of Credits, line 41).....  | 16. | 8888888888 | 00 |
| 17. <b>Amended return only</b> – amount previously paid with original/amended return.....  | 17. | 8888888888 | 00 |
| 18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17) .....   | 18. | 8888888888 | 00 |
| 19. <b>Amended return only</b> – overpayment previously requested on original/amended return .....   | 19. | 8888888888 | 00 |
| 20. Line 18 minus line 19 .....  | 20. | 8888888888 | 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).....   | 21.                         | 8888888888                  | 00            |
| 22. Interest and penalty due on late filing or late payment of tax (see instructions).....   | 22.                         | 8888888888                  | 00            |
| 23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P (if original return) or IT 40XP</b><br><b>(if amended return) and make check payable to "Ohio Treasurer of State"</b> ..... | 23.                         | 8888888888                  | 00            |
| 24. Overpayment (line 20 minus line 13).....   | 24.                         | 8888888888                  | 00            |
| 25. <b>Original return only</b> – amount of line 24 to be credited toward 2017 income tax liability.....   | 25.                         | 8888888888                  | 00            |
| 26. Amount of line 24 to be donated:   |                             |                             |               |
| a. Wildlife species  | b. Military injury relief   | c. Ohio History Fund        |               |
| <b>8888 00</b>   | <b>8888 00</b>              | <b>8888 00</b>              |               |
| d. State nature preserves  | e. Breast / cervical cancer | f. Wishes for Sick Children |               |
| <b>8888 00</b>   | <b>8888 00</b>              | <b>8888 00</b>              |               |
|  |                             | Total.....26g.              | 8888888888 00 |
| 27. <b>YOUR REFUND</b> (line 24 minus lines 25 and 26g).....   | 27.                         | <b>YOUR REFUND</b>          | 8888888888 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.

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

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

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

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

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

**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



Department of  
Taxation

**General information  
regarding this form**

# General Information (2016 IT 1040):

## 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. Center the barcode number directly under the barcode.

2D barcode (PDF 417) - See 2D instructions and schema. Follow grid layout for positioning. There is one 2D barcode for the IT 1040 and Schedule A.

**2)** 1D barcode - The last two numbers of the 1D barcode represent the vendor number. Use the same vendor number as you did for last year's return. If you have a question about your barcode assignment, e-mail the Forms Unit at [Forms@tax.state.oh.us](mailto:Forms@tax.state.oh.us). The first six numbers are constant for this form (160001XX - 160002XX).

16 = tax year

00 = IT 1040

01-02 = page number

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

**NOTE: The vendor number also serves as the first two digits of the SSN in the test scenarios.**

**3)** Use Arial font for the static text on the form.

**4)** Use monospaced Arial or similar monospaced sans serif font for the variable data fields on the form.

**5) Follow the grid layout for the variable data fields shown in red. Ensure 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 variable data fields except where shown in specs.

**7)** All monetary fields must always show "00" in the cents field even though there may not be a value for that line.

**8)** When a variable data field reflects a negative amount, make sure there is **no** space between the negative sign and the amount (for example: -88888888 00). The possible negative fields for this return are lines 1, 3 and 20. Do not hard-code negative signs.

**9)** Provide guidance to customers regarding duplex printing that instructs them to print pages 1 and 2 together. Taxpayers have filed returns with pages 2 and 3 duplexed or a worksheet or software receipt on the back of a page of the return. This slows the processing of the tax return.

**10)** Generate the following message for customers: **"Do not enclose other documentation unless it is specified on the tax return or instructions."** Taxpayers often submit worksheets and receipts from the vendor product, which slows the processing of tax returns.

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

**12)** When the IT 1040 is filed as an amended return, please include the IT RE (Reason of Explanation and Corrections), and if necessary, the IT NOL. Make sure that any barcodes on these returns represent your vendor number assignment. For example, if your last two digits of your 1D barcode are "05", make sure that these are "05" also.

**13) IMPORTANT NOTE:** 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. Make any corrections to this income tax return within [the software program name], then print and mail.”**

**14)** See the 2D barcode instructions for submission details.



# Scan Specifications for the 2016 Ohio Schedule A

## Important Note

The following document (**2016 Ohio Schedule A**) 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.

Ohio

**New!** The date the return was generated by the taxpayer (MM DD YY).

# 2016 Ohio Schedule A

## Income Adjustments – Additions and Deductions



16000310

88 88 88

SSN of primary filer

888 88 8888

### Additions

(add income items only to the extent not included on

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. Non-Ohio state or local government interest and dividends  | 1 | 88888888   | 00 |
| 2. Certain Ohio pass-through entity and financial institutions taxes paid   | 2 | 8888888888 | 00 |
| 3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account | 3 | 888888     | 00 |
| 4. Losses from sale or disposition of Ohio public obligations   | 4 | 8888888888 | 00 |
| 5. Nonmedical withdrawals from a medical savings account  | 5 | 8888888888 | 00 |
| 6. Reimbursement of expenses previously deducted on a federal return if reimbursement is not in federal adjusted gross income                       | 6 | 8888888888 | 00 |

For static text use Arial font (black ink) and try to match size. For data entry fields (shown in red for identification purposes only), use Arial font (black ink). All the data entry fields must follow grid layout.

### Federal

|   |    |              |    |
|---|----|--------------|----|
| 7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense              | 7  | 8888888888   | 00 |
| 8. Federal interest and dividends subject to state taxation                                       | 8  | 8888888888   | 00 |
| 9. Miscellaneous federal income tax additions   | 9  | 8888888888   | 00 |
| 10. <b>Total additions</b> (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a) | 10 | 888888888888 | 00 |

### 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 | 888888     | 00 |
| 12. Employee compensation earned in Ohio by residents of neighboring states  | 12 | 8888888888 | 00 |
| 13. State or municipal income tax overpayments shown on the federal 1040, line 10  | 13 | 8888888888 | 00 |
| 14. Qualifying Social Security benefits and certain railroad retirement benefits   | 14 | 8888888888 | 00 |
| 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 | 8888888888 | 00 |
| 16. Amounts contributed to an individual development account   | 16 | 8888888888 | 00 |
| 17. Amounts contributed to STABLE account: Ohio's ABLE plan  | 17 | 8888888888 | 00 |

### Federal

|   |    |            |    |
|---|----|------------|----|
| 18. Federal interest and dividends exempt from state taxation   | 18 | 8888888888 | 00 |
| 19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense   | 19 | 8888888888 | 00 |
| 20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a prior year federal income tax return | 20 | 8888888888 | 00 |
| 21. Repayment of income reported in a prior year  | 21 | 8888888888 | 00 |
| 22. Wage expense not deducted due to claiming the federal work opportunity tax credit   | 22 | 8888888888 | 00 |
| 23. Miscellaneous federal income tax deductions   | 23 | 8888888888 | 00 |

Target marks or registration marks must measure 6 mm X 6 mm. The four target marks or registration marks on every page must follow grid layout.



Department of  
Taxation  
Rev. 9/16

**2016 Ohio Schedule A**  
**Income Adjustments – Additions and Deductions**  
SSN of primary filer



16000410

888 88 8888

**Uniformed Services**

|  |     |            |    |
|--|-----|------------|----|
| 24. Military pay for Ohio residents received while the military member was stationed outside Ohio..... | 24. | 8888888888 | 00 |
| 25. Certain income earned by military nonresidents and civilian nonresident spouses.....               | 25. | 8888888888 | 00 |
| 26. Uniformed services retirement income.....  | 26. | 8888888888 | 00 |
| 27. Military injury relief fund.....   | 27. | 8888888888 | 00 |
| 28. Certain Ohio National Guard reimbursements and benefits.....                                       | 28. | 8888888888 | 00 |

**Education**

|   |     |        |    |
|---|-----|--------|----|
| 29. Ohio 529 contributions, tuition credit purchases.....                               | 29. | 888888 | 00 |
| 30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board..... | 30. | 888888 | 00 |

**Medical**

|   |     |              |    |
|---|-----|--------------|----|
| 31. Disability and survivorship benefits (do not include pension continuation benefits).....  | 31. | 8888888888   | 00 |
| 32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)..... | 32. | 8888888888   | 00 |
| 33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet).....                          | 33. | 8888888888   | 00 |
| 34. Qualified organ donor expenses (maximum \$10,000 per taxpayer).....   | 34. | 888888       | 00 |
| 35. <b>Total deductions</b> (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b.....  | 35. | 888888888888 | 00 |



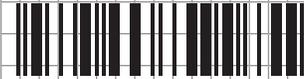
Department of  
Taxation

# Grid layout



Department of  
Taxation  
Rev. 9/16

Do not use staples. Use only black ink.  
**2016 Ohio Schedule A**  
Income Adjustments – Additions and Deductions



16000310

88 88 88

SSN of primary filer

888 88 8888

**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  | 88888888   | 00 |
| 2. Certain Ohio pass-through entity and financial institutions taxes paid .....  | 2  | 88888888   | 00 |
| 3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account .....  | 3  | 888888     | 00 |
| 4. Losses from sale or disposition of Ohio public obligations .....  | 4  | 88888888   | 00 |
| 5. Nonmedical withdrawals from a medical savings account .....   | 5  | 88888888   | 00 |
| 6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income ..... | 6  | 88888888   | 00 |
| <b>Federal</b>   |    |            |    |
| 7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....   | 7  | 88888888   | 00 |
| 8. Federal interest and dividends subject to state taxation .....  | 8  | 88888888   | 00 |
| 9. Miscellaneous federal income tax additions .....  | 9  | 88888888   | 00 |
| 10. <b>Total additions</b> (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a) .....  | 10 | 8888888888 | 00 |

**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 | 888888     | 00 |
| 12. Employee compensation earned in Ohio by residents of neighboring states .....  | 12 | 8888888888 | 00 |
| 13. State or municipal income tax overpayments shown on the federal 1040, line 10 .....  | 13 | 8888888888 | 00 |
| 14. Qualifying Social Security benefits and certain railroad retirement benefits .....   | 14 | 8888888888 | 00 |
| 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 | 8888888888 | 00 |
| 16. Amounts contributed to an individual development account .....   | 16 | 8888888888 | 00 |
| 17. Amounts contributed to STABLE account: Ohio's ABLE plan .....  | 17 | 8888888888 | 00 |
| <b>Federal</b>   |    |            |    |
| 18. Federal interest and dividends exempt from state taxation .....  | 18 | 8888888888 | 00 |
| 19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....  | 19 | 8888888888 | 00 |
| 20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a prior year federal income tax return .....  | 20 | 8888888888 | 00 |
| 21. Repayment of income reported in a prior year .....   | 21 | 8888888888 | 00 |
| 22. Wage expense not deducted due to claiming the federal work opportunity tax credit .....  | 22 | 8888888888 | 00 |
| 23. Miscellaneous federal income tax deductions .....  | 23 | 8888888888 | 00 |



Department of  
Taxation  
Rev. 9/16

**2016 Ohio Schedule A**  
**Income Adjustments – Additions and Deductions**  
SSN of primary filer



888 88 8888

**Uniformed Services**

|  |     |            |    |
|--|-----|------------|----|
| 24. Military pay for Ohio residents received while the military member was stationed outside Ohio..... | 24. | 8888888888 | 00 |
| 25. Certain income earned by military nonresidents and civilian nonresident spouses.....               | 25. | 8888888888 | 00 |
| 26. Uniformed services retirement income .....   | 26. | 8888888888 | 00 |
| 27. Military injury relief fund.....   | 27. | 8888888888 | 00 |
| 28. Certain Ohio National Guard reimbursements and benefits .....                                      | 28. | 8888888888 | 00 |

**Education**

|   |     |        |    |
|---|-----|--------|----|
| 29. Ohio 529 contributions, tuition credit purchases .....                              | 29. | 888888 | 00 |
| 30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board..... | 30. | 888888 | 00 |

**Medical**

|   |     |              |    |
|---|-----|--------------|----|
| 31. Disability and survivorship benefits (do not include pension continuation benefits) .....   | 31. | 8888888888   | 00 |
| 32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)..... | 32. | 8888888888   | 00 |
| 33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet) .....                         | 33. | 8888888888   | 00 |
| 34. Qualified organ donor expenses (maximum \$10,000 per taxpayer) .....  | 34. | 888888       | 00 |
| 35. <b>Total deductions</b> (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b .....   | 35. | 888888888888 | 00 |



Department of  
Taxation

# Layout without grid



Department of  
Taxation  
Rev. 9/16

Do not use staples. Use only black ink.  
**2016 Ohio Schedule A**  
Income Adjustments – Additions and Deductions



16000310

88 88 88

SSN of primary filer

888 88 8888

**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.  | 888888888    | 00 |
| 2. Certain Ohio pass-through entity and financial institutions taxes paid.....   | 2.  | 888888888    | 00 |
| 3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and<br>noneducation expenditures from a college savings account ..... | 3.  | 888888       | 00 |
| 4. Losses from sale or disposition of Ohio public obligations .....  | 4.  | 888888888    | 00 |
| 5. Nonmedical withdrawals from a medical savings account.....  | 5.  | 888888888    | 00 |
| 6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the<br>reimbursement is not in federal adjusted gross income..... | 6.  | 888888888    | 00 |
| <b>Federal</b>   |     |              |    |
| 7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....   | 7.  | 888888888    | 00 |
| 8. Federal interest and dividends subject to state taxation .....  | 8.  | 888888888    | 00 |
| 9. Miscellaneous federal income tax additions .....  | 9.  | 888888888    | 00 |
| 10. <b>Total additions</b> (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a).....   | 10. | 888888888888 | 00 |

**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. | 888888    | 00 |
| 12. Employee compensation earned in Ohio by residents of neighboring states .....  | 12. | 888888888 | 00 |
| 13. State or municipal income tax overpayments shown on the federal 1040, line 10 .....  | 13. | 888888888 | 00 |
| 14. Qualifying Social Security benefits and certain railroad retirement benefits .....   | 14. | 888888888 | 00 |
| 15. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the<br>sale or disposition of Ohio public obligations; public service payments received from the state of<br>Ohio; or income from a transfer agreement ..... | 15. | 888888888 | 00 |
| 16. Amounts contributed to an individual development account.....  | 16. | 888888888 | 00 |
| 17. Amounts contributed to STABLE account: Ohio's ABLE plan .....  | 17. | 888888888 | 00 |
| <b>Federal</b>   |     |           |    |
| 18. Federal interest and dividends exempt from state taxation .....  | 18. | 888888888 | 00 |
| 19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....  | 19. | 888888888 | 00 |
| 20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a<br>prior year federal income tax return .....   | 20. | 888888888 | 00 |
| 21. Repayment of income reported in a prior year.....  | 21. | 888888888 | 00 |
| 22. Wage expense not deducted due to claiming the federal work opportunity tax credit .....  | 22. | 888888888 | 00 |
| 23. Miscellaneous federal income tax deductions .....  | 23. | 888888888 | 00 |



# 2016 Ohio Schedule A

## Income Adjustments – Additions and Deductions

SSN of primary filer



888 88 8888

**Uniformed Services**

|  |     |              |
|--|-----|--------------|
| 24. Military pay for Ohio residents received while the military member was stationed outside Ohio..... | 24. | 888888888 00 |
| 25. Certain income earned by military nonresidents and civilian nonresident spouses.....               | 25. | 888888888 00 |
| 26. Uniformed services retirement income .....   | 26. | 888888888 00 |
| 27. Military injury relief fund.....   | 27. | 888888888 00 |
| 28. Certain Ohio National Guard reimbursements and benefits .....                                      | 28. | 888888888 00 |

**Education**

|   |     |           |
|---|-----|-----------|
| 29. Ohio 529 contributions, tuition credit purchases .....                              | 29. | 888888 00 |
| 30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board..... | 30. | 888888 00 |

**Medical**

|   |     |                |
|---|-----|----------------|
| 31. Disability and survivorship benefits (do not include pension continuation benefits) .....   | 31. | 888888888 00   |
| 32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)..... | 32. | 888888888 00   |
| 33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet) .....                         | 33. | 888888888 00   |
| 34. Qualified organ donor expenses ( <b>maximum \$10,000 per taxpayer</b> ) .....   | 34. | 88888 00       |
| 35. <b>Total deductions</b> (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b.....  | 35. | 88888888888 00 |



Department of  
Taxation

**General information  
regarding this form**

# General Information (2016 Schedule A):

## 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. Center the barcode number directly under the barcode.

2D barcode (PDF 417) - See 2D instructions and schema. Follow grid layout for positioning. There is one 2D barcode for the IT 1040 and Schedule A.

**2) 1D barcode** - The last two numbers of the 1D barcode represent the vendor number. Use the same vendor number as you did for last year's return. If you have a question about your barcode assignment, e-mail the Forms Unit at [Forms@tax.state.oh.us](mailto:Forms@tax.state.oh.us). The first six numbers are constant for this form (160003XX - 160004XX).

16 = tax year

00 = Schedule A

03-04 = page number

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

**NOTE: The vendor number also serves as the first two digits of the SSN in the test scenarios.**

**3)** Use Arial font for the static text on the form.

**4)** Use monospaced Arial or similar monospaced sans serif font for the variable data fields on the form.

**5) Follow the grid layout for the variable data fields shown in red. Ensure 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 variable data fields except where shown in specs.

**7)** All monetary fields must always show "00" in the cents field even though there may not be a value for that line.

**8)** Provide guidance to customers regarding duplex printing that instructs them to print pages 1 and 2 together. Taxpayers have filed returns with pages 2 and 3 duplexed or a worksheet or software receipt on the back of a page of the return. This slows the processing of the tax return.

**9)** Generate the following message for customers: **"Do not enclose other documentation unless it is specified on the tax return or instructions."** Taxpayers often submit worksheets and receipts from the vendor product, which slows the processing of tax returns.

**10) IMPORTANT NOTE:** 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. Make any corrections to this income tax return within [the software program name], then print and mail."**

**11)** See the 2D barcode instructions for submission details.



# Scan Specifications for the 2016 Ohio IT BUS – Business Income Schedule

## Important Note

The following document (**2016 Ohio IT BUS**) 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](http://tax.ohio.gov)



Department of  
Taxation

# Grid layout with notations

**New!** The date the return was generated by the taxpayer (MM DD YY).

# 2016 Ohio Schedule IT BUS

## Business Income



16260110

88 88 88

Include on this Ohio Schedule IT BUS any income included in federal income tax return for 2016. See Ohio Revised Code (R.C.) section 5747.01(B). On page 2 of this schedule, enter the date the return was generated by the taxpayer (MM DD YY). Include the Ohio Schedule IT BUS with Ohio IT 1040 if filing jointly or as a surviving spouse. Enter the SSN of primary filer

888 88 8888

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

business income. See Ohio Revised Code (R.C.) section 5747.01(B) for ownership percentage.

**New!** Do not place spaces between whole dollar numbers. There is only a space between dollar amounts and cents fields.

### Part 1 – Business Income From IRS Schedules

**Note:** Do not include amounts listed on these IRS schedules that are nonbusiness income. See R.C. 5747.01(C).

|  |    |              |
|--|----|--------------|
| 1. Schedule B – Interest and Ordinary Dividends.....   | 1. | 888888888 00 |
| 2. Schedule C – Profit or Loss From Business.....  | 2. | 888888888 00 |
| 3. Schedule D – Capital Gains and Losses.....  | 3. | 888888888 00 |
| 4. Schedule E – Supplemental Income and Loss.....  | 4. | 888888888 00 |
| 5. Guaranteed payments, compensation and/or wages from partnership in which you have at least a 20% direct or indirect ownership interest. <b>Note:</b> Reciprocity agreements do not apply..... | 5. | 888888888 00 |
| 6. Schedule F – Profit or Loss From Farming.....   | 6. | 888888888 00 |
| 7. Other items of income and gain separately stated on the federal Schedule K-1, gains and/or losses reported on the federal 4797 and miscellaneous federal income tax adjustments, if any.....  | 7. | 888888888 00 |
| 8. Total of business income (add lines 1 through 7).....   | 8. | 888888888 00 |

For static text use Arial font (black ink) and try to match size. For data entry fields (shown in red for identification purposes only), use Arial font (black ink). All the data entry fields must follow grid layout. When a field reflects a negative amount, make sure there is no space between the amount and the negative sign. Never hard code a negative sign.

### Part 2 – Business Income Deduction

|  |     |              |
|--|-----|--------------|
| 9. All business income (enter the lesser of line 8 above or Ohio IT 1040, line 1). If -0- or negative, stop here and do not complete Part 3.....   | 9.  | 888888888 00 |
| 10. Enter \$250,000 if filing status is single or married filing jointly; OR<br>Enter \$125,000 if filing status is married filing separately..... | 10. | 888888 00    |
| 11. Enter lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.....   | 11. | 888888 00    |

### Part 3 – Taxable Business Income

**Note:** If Ohio IT 1040, line 5 equals -0-, do not complete Part 3.

|  |     |              |
|--|-----|--------------|
| 12. Line 9 minus line 11.....  | 12. | 888888888 00 |
| 13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6..... | 13. | 888888888 00 |
| 14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8.....                        | 14. | 8888888 00   |

2D barcode required. Delete this box with text and replace it with the 2D barcode.

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

Target marks or registration marks must measure 6 mm X 6 mm. The four target marks or registration marks on every page must follow grid layout.



Department of  
Taxation  
Rev. 10/16

# 2016 Ohio Schedule IT BUS

## Business Income



16260210

SSN of primary filer

888 88 8888

**New!** The percentage of ownership field now contains a decimal.

### Part 4 – Business Entity

If you have more than 18 entities, complete additional copies of this page and include with your income tax return.

| 1. Name of entity      | FEIN/SSN  | Percentage of ownership |
|------------------------|-----------|-------------------------|
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 2. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 3. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 4. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 5. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 6. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 7. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 8. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 9. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 10. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 11. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 12. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 13. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 14. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 15. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 16. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 17. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 18. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |



Department of  
Taxation

# Grid layout



Department of  
Taxation  
Rev. 10/16

# 2016 Ohio Schedule IT BUS

## Business Income



16260110

88 88 88

Include on this Ohio Schedule IT BUS any income included in federal adjusted gross income that constitutes business income. See Ohio Revised Code (R.C.) section 5747.01(B). On page 2 of this schedule, list the sources of business income and your ownership percentage. Include the Ohio Schedule IT BUS with Ohio IT 1040 if filing by paper (see instructions if filing electronically).

SSN of primary filer

888 88 8888

Check to indicate which taxpayer earned this income:

Primary  Spouse

### Part 1 – Business Income From IRS Schedules

**Note:** Do not include amounts listed on these IRS schedules that are nonbusiness income. See R.C. 5747.01(C).

|  |    |              |
|--|----|--------------|
| 1. Schedule B – Interest and Ordinary Dividends .....  | 1. | 888888888 00 |
| 2. Schedule C – Profit or Loss From Business (Sole Proprietorship) .....   | 2. | 888888888 00 |
| 3. Schedule D – Capital Gains and Losses .....   | 3. | 888888888 00 |
| 4. Schedule E – Supplemental Income and Loss .....   | 4. | 888888888 00 |
| 5. Guaranteed payments, compensation and/or wages from each pass-through entity in which you have at least a 20% direct or indirect ownership interest. <b>Note:</b> Reciprocity agreements do not apply ..... | 5. | 888888888 00 |
| 6. Schedule F – Profit or Loss From Farming .....  | 6. | 888888888 00 |
| 7. Other items of income and gain separately stated on the federal Schedule K-1, gains and/or losses reported on the federal 4797 and miscellaneous federal income tax adjustments, if any .....               | 7. | 888888888 00 |
| 8. Total of business income (add lines 1 through 7) .....  | 8. | 888888888 00 |

### Part 2 – Business Income Deduction

|   |     |              |
|---|-----|--------------|
| 9. All business income (enter the lesser of line 8 above or Ohio IT 1040, line 1). If -0- or negative, stop here and do not complete Part 3 .....   | 9.  | 888888888 00 |
| 10. Enter \$250,000 if filing status is single or married filing jointly; OR<br>Enter \$125,000 if filing status is married filing separately ..... | 10. | 888888 00    |
| 11. Enter lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11 .....   | 11. | 888888 00    |

### Part 3 – Taxable Business Income

**Note:** If Ohio IT 1040, line 5 equals -0-, do **not** complete Part 3.

|  |     |              |
|--|-----|--------------|
| 12. Line 9 minus line 11 .....   | 12. | 888888888 00 |
| 13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5).<br>Enter here and on Ohio IT 1040, line 6 ..... | 13. | 888888888 00 |
| 14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b .....                          | 14. | 8888888 00   |

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



Department of  
Taxation  
Rev. 10/16

# 2016 Ohio Schedule IT BUS

## Business Income



16260210

SSN of primary filer

888 88 8888

### Part 4 – Business Entity

If you have more than 18 entities, complete additional copies of this page and include with your income tax return.

| 1. Name of entity      | FEIN/SSN  | Percentage of ownership |
|------------------------|-----------|-------------------------|
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 2. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 3. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 4. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 5. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 6. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 7. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 8. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 9. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 10. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 11. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 12. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 13. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 14. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 15. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 16. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 17. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |
| 18. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888.88                  |



Department of  
Taxation

# Layout without grid



# 2016 Ohio Schedule IT BUS

## Business Income



16260110

88 88 88

Include on this Ohio Schedule IT BUS any income included in federal adjusted gross income that constitutes business income. See Ohio Revised Code (R.C.) section 5747.01(B). On page 2 of this schedule, list the sources of business income and your ownership percentage. Include the Ohio Schedule IT BUS with Ohio IT 1040 if filing by paper (see instructions if filing electronically).

SSN of primary filer  
888 88 8888

Check to indicate which taxpayer earned this income:

Primary  Spouse

### Part 1 – Business Income From IRS Schedules

**Note:** Do not include amounts listed on these IRS schedules that are nonbusiness income. See R.C. 5747.01(C).

|   |    |              |
|---|----|--------------|
| 1. Schedule B – Interest and Ordinary Dividends .....   | 1. | 888888888 00 |
| 2. Schedule C – Profit or Loss From Business (Sole Proprietorship) .....  | 2. | 888888888 00 |
| 3. Schedule D – Capital Gains and Losses.....   | 3. | 888888888 00 |
| 4. Schedule E – Supplemental Income and Loss .....  | 4. | 888888888 00 |
| 5. Guaranteed payments, compensation and/or wages from each pass-through entity in which you have at least a 20% direct or indirect ownership interest. <b>Note:</b> Reciprocity agreements do not apply..... | 5. | 888888888 00 |
| 6. Schedule F – Profit or Loss From Farming .....   | 6. | 888888888 00 |
| 7. Other items of income and gain separately stated on the federal Schedule K-1, gains and/or losses reported on the federal 4797 and miscellaneous federal income tax adjustments, if any .....              | 7. | 888888888 00 |
| 8. Total of business income (add lines 1 through 7).....  | 8. | 888888888 00 |

### Part 2 – Business Income Deduction

|   |     |              |
|---|-----|--------------|
| 9. All business income (enter the lesser of line 8 above or Ohio IT 1040, line 1). If -0- or negative, stop here and do not complete Part 3 .....   | 9.  | 888888888 00 |
| 10. Enter \$250,000 if filing status is single or married filing jointly; OR<br>Enter \$125,000 if filing status is married filing separately ..... | 10. | 888888 00    |
| 11. Enter lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.....  | 11. | 888888 00    |

### Part 3 – Taxable Business Income

**Note:** If Ohio IT 1040, line 5 equals -0-, do **not** complete Part 3.

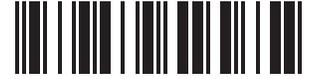
|   |     |              |
|---|-----|--------------|
| 12. Line 9 minus line 11 .....  | 12. | 888888888 00 |
| 13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5).<br>Enter here and on Ohio IT 1040, line 6..... | 13. | 888888888 00 |
| 14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.....                          | 14. | 8888888 00   |

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



# 2016 Ohio Schedule IT BUS

## Business Income



16260210

SSN of primary filer

888 88 8888

### Part 4 – Business Entity

If you have more than 18 entities, complete additional copies of this page and include with your income tax return.

| 1. Name of entity      | FEIN/SSN  | Percentage of ownership |
|------------------------|-----------|-------------------------|
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 2. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 3. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 4. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 5. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 6. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 7. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 8. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 9. Name of entity      | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 10. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 11. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 12. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 13. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 14. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 15. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 16. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 17. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |
| 18. Name of entity     | FEIN/SSN  | Percentage of ownership |
| JOHNXXXXXXXXXXXXXXXXXX | 888888888 | 888 . 88                |



Department of  
Taxation

**General information  
regarding this form**

# General Information (2016 IT BUS):

## 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. Center the barcode number directly under the barcode.

2D barcode (PDF 417) - See 2D instructions and schema. Follow grid layout for positioning. There is one 2D barcode for the IT BUS.

2) 1D barcode - The last two numbers of the 1D barcode represent the vendor number. Use the same vendor number as you did for last year's return. If you have a question about your barcode assignment, e-mail the Forms Unit at Forms@tax.state.oh.us. The first six numbers are constant for this form (162601XX - 162602XX).

16 = tax year

26 = IT BUS

01-02 = page number

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

**NOTE: The vendor number also serves as the first two digits of the SSN in the test scenarios.**

3) Use Arial font for the static text on the form.

4) Use monospaced Arial or similar monospaced sans serif font for the variable data fields on the form.

5) **Follow the grid layout for the variable data fields shown in red. Ensure 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 variable data fields except where shown in specs.

7) All monetary fields must always show "00" in the cents field even though there may not be a value for that line.

8) When a variable data field reflects a negative amount, make sure there is **no** space between the negative sign and the amount (for example: -88888888 00). The possible negative fields for this return are lines 2, 3, 4, 6, 7, 8 and 9. Do not hard-code negative signs.

9) Provide guidance to customers regarding duplex printing that instructs them to print pages 1 and 2 together. Taxpayers have filed returns with pages 2 and 3 duplexed or a worksheet or software receipt on the back of a page of the return. This slows the processing of the tax return.

10) Generate the following message for customers: **"Do not enclose other documentation unless it is specified on the tax return or instructions."** Taxpayers often submit worksheets and receipts from the vendor product, which slows the processing of tax returns.

11) **IMPORTANT NOTE:** 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. Make any corrections to this income tax return within [the software program name], then print and mail."**

12) See the 2D barcode instructions for submission details.



# Scan Specifications for the 2016 Ohio Schedule of Credits

## Important Note

The following document (**2016 Ohio Schedule of Credits**) 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](http://tax.ohio.gov)



Department of  
Taxation

# Grid layout with notations

Do not use staples. Use only black ink.

# 2016 Ohio Schedule of Credits

## Nonrefundable and Refundable



16280110

SSN of primary filer

888 88 8888

88 88 88

**New!** The date the return was generated by the taxpayer (MM DD YY).

### Nonrefundable Credits

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

|  |    |            |    |
|--|----|------------|----|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) .....   | 1  | 8888888888 | 00 |
| 2. Retirement income credit (limit \$200 per return). See the table in the instructions .....  | 2  | 888        | 00 |
| 3. Lump sum retirement credit (include Ohio LS WKS, line 6) .....  | 3  | 888888     | 00 |
| 4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return) .....   | 4  | 88         | 00 |
| 5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line 3) .....  | 5  | 8888       | 00 |
| 6. Child care and dependent care credit (see the worksheet in the instructions) .....  | 6  | 8888       | 00 |
| 7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit) .....   | 7  | 88         | 00 |
| 8. Displaced worker training credit (see the worksheet in the instructions) .....  | 8  | 8888       | 00 |
| 9. Campaign contribution credit for Ohio statewide office .....  | 9  | 888        | 00 |
| 10. Income-based exemption credit (\$20 personal/dependent) .....  | 10 | 888        | 00 |
| 11. Total (add lines 2 through 10) .....   | 11 | 8888888888 | 00 |
| 12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-) .....   | 12 | 8888888888 | 00 |
| 13. Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for married filing jointly status only. <u>88</u> % times amount on line 12 (limit \$650) ..... | 13 | 888        | 00 |
| 14. Earned income credit .....   | 14 | 888        | 00 |
| 15. Ohio adoption credit (limit \$10,000 per adopted child) .....  | 15 | 88888      | 00 |
| 16. Job retention credit, nonrefundable portion (include a copy of the credit certificate) .....   | 16 | 8888888    | 00 |
| 17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) .....   | 17 | 8888888    | 00 |
| 18. Credit for purchases of grape production property .....  | 18 | 8888888    | 00 |
| 19. Invest Ohio credit (include a copy of the credit certificate) .....  | 19 | 8888888    | 00 |
| 20. Technology investment credit carryforward (include a copy of the credit certificate) .....   | 20 | 8888888    | 00 |
| 21. Enterprise zone day care and training credits (include a copy of the credit certificate) .....   | 21 | 8888888    | 00 |
| 22. Research and development credit (include a copy of the credit certificate) .....   | 22 | 8888888    | 00 |
| 23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate) .....   | 23 | 8888888    | 00 |
| 24. Total (add lines 13 through 23) .....  | 24 | 8888888    | 00 |
| 25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-) .....   | 25 | 8888888888 | 00 |

For static text use Arial font (black ink) and try to match size. For data entry fields (shown in red for identification purposes only), use Arial font (black ink). All the data entry fields must follow grid layout.

2D barcode required. Delete this box with text and replace it with the 2D barcode.

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

Target marks or registration marks must measure 6 mm X 6 mm. The four target marks or registration marks on every page must follow grid layout.

Do not use staples. Use only black ink.



Department of Taxation  
Rev. 11/16

# 2016 Ohio Schedule of Credits

## Nonrefundable and Refundable



16280210

SSN of primary filer

888 88 8888

### Nonresident Credit

Date of nonresidency 88 88 88 to 88 88 88 State of residency XX

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. 88888888 00

27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....27. 88888888 00

28. Divide line 26 by line 27 and enter the result here (four digits; do not round). .8888  
Multiply this factor by the amount on line 25 to calculate your nonresident credit..... 28. 88888888 00

### 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. 88888888 00

30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....30. 88888888 00

31. Divide line 29 by line 30 and enter the result here (four digits; do not round). .8888  
Multiply this factor by the amount on line 25 and enter the result here.....31. 88888888 00

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. 88888888 00

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. 88888888 00

XX XX XX XX XX XX

34. Total nonrefundable credits (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).... 34. 88888888 00

### Refundable Credits

35. Historic preservation credit (include a copy of the credit certificate)..... 35. 88888888 00

36. Business jobs credit (include a copy of the credit certificate)..... 36. 88888888 00

37. Pass-through entity credit (include a copy of the federal K-1) ..... 37. 88888888 00

38. Motion picture production credit (include a copy of the credit certificate) ..... 38. 88888888 00

39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1) ..... 39. 88888888 00

40. Venture capital credit (include a copy of the credit certificate)..... 40. 88888888 00

41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)..... 41. 88888888 00



Department of  
Taxation

# Grid layout

Do not use staples. Use only black ink.



Department of Taxation  
Rev. 11/16

# 2016 Ohio Schedule of Credits

## Nonrefundable and Refundable



16280110

SSN of primary filer

88 88 88

888 88 8888

### Nonrefundable Credits

|   |     |              |
|---|-----|--------------|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) .....  | 1.  | 888888888 00 |
| 2. Retirement income credit (limit \$200 per return). See the table in the instructions .....   | 2.  | 888 00       |
| 3. Lump sum retirement credit (include Ohio LS WKS, line 6) .....   | 3.  | 888888 00    |
| 4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return) .....  | 4.  | 88 00        |
| 5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line 3) .....   | 5.  | 8888 00      |
| 6. Child care and dependent care credit (see the worksheet in the instructions) .....   | 6.  | 8888 00      |
| 7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit) .....  | 7.  | 88 00        |
| 8. Displaced worker training credit (see the worksheet in the instructions) (limit \$500 per taxpayer) .....  | 8.  | 8888 00      |
| 9. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer) ..  | 9.  | 888 00       |
| 10. Income-based exemption credit (\$20 personal/dependent exemption credit) .....  | 10. | 888 00       |
| 11. Total (add lines 2 through 10) .....  | 11. | 888888888 00 |
| 12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-) .....  | 12. | 888888888 00 |
| 13. Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for<br>married filing jointly status only. <u>88</u> % times amount on line 12 (limit \$650) ..... | 13. | 888 00       |
| 14. Earned income credit .....  | 14. | 888 00       |
| 15. Ohio adoption credit (limit \$10,000 per adopted child) .....   | 15. | 88888 00     |
| 16. Job retention credit, nonrefundable portion (include a copy of the credit certificate) .....  | 16. | 8888888 00   |
| 17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) .....  | 17. | 8888888 00   |
| 18. Credit for purchases of grape production property .....   | 18. | 8888888 00   |
| 19. Invest Ohio credit (include a copy of the credit certificate) .....   | 19. | 8888888 00   |
| 20. Technology investment credit carryforward (include a copy of the credit certificate) .....  | 20. | 8888888 00   |
| 21. Enterprise zone day care and training credits (include a copy of the credit certificate) .....  | 21. | 8888888 00   |
| 22. Research and development credit (include a copy of the credit certificate) .....  | 22. | 8888888 00   |
| 23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit<br>certificate) .....   | 23. | 8888888 00   |
| 24. Total (add lines 13 through 23) .....   | 24. | 8888888 00   |
| 25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-) .....  | 25. | 888888888 00 |

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

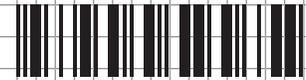
Do not use staples. Use only black ink.



Department of Taxation  
Rev. 11/16

# 2016 Ohio Schedule of Credits

## Nonrefundable and Refundable



16280210

SSN of primary filer

888 88 8888

### Nonresident Credit

Date of nonresidency 88 88 88 to 88 88 88 State of residency XX

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. 888888888 00

27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....27. 888888888 00

28. Divide line 26 by line 27 and enter the result here (four digits; do not round). .8888  
Multiply this factor by the amount on line 25 to calculate your nonresident credit..... 28. 888888888 00

### 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. 888888888 00

30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....30. 888888888 00

31. Divide line 29 by line 30 and enter the result here (four digits; do not round). .8888  
Multiply this factor by the amount on line 25 and enter the result here.....31. 888888888 00

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. 888888888 00

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. 888888888 00

XX XX XX XX XX XX

34. Total nonrefundable credits (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).... 34. 888888888 00

### Refundable Credits

35. Historic preservation credit (include a copy of the credit certificate)..... 35. 888888888 00

36. Business jobs credit (include a copy of the credit certificate)..... 36. 888888888 00

37. Pass-through entity credit (include a copy of the federal K-1) ..... 37. 888888888 00

38. Motion picture production credit (include a copy of the credit certificate) ..... 38. 888888888 00

39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1) ..... 39. 888888888 00

40. Venture capital credit (include a copy of the credit certificate)..... 40. 888888888 00

41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)..... 41. 888888888 00



Department of  
Taxation

# Layout without grid



Department of  
Taxation  
Rev. 11/16

Do not use staples. Use only black ink.  
**2016 Ohio Schedule of Credits**  
Nonrefundable and Refundable



16280110

SSN of primary filer

88 88 88

888 88 8888

**Nonrefundable Credits**

|  |     |              |
|--|-----|--------------|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) .....   | 1.  | 888888888 00 |
| 2. Retirement income credit ( <b>limit \$200 per return</b> ). See the table in the instructions .....   | 2.  | 888 00       |
| 3. Lump sum retirement credit (include Ohio LS WKS, line 6).....   | 3.  | 888888 00    |
| 4. Senior citizen credit (must be 65 or older to claim this credit; <b>limit \$50 per return</b> ) .....   | 4.  | 88 00        |
| 5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line 3)....  | 5.  | 8888 00      |
| 6. Child care and dependent care credit (see the worksheet in the instructions).....   | 6.  | 8888 00      |
| 7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit) .....   | 7.  | 88 00        |
| 8. Displaced worker training credit (see the worksheet in the instructions) ( <b>limit \$500 per taxpayer</b> ) .....  | 8.  | 8888 00      |
| 9. Campaign contribution credit for Ohio statewide office or General Assembly ( <b>limit \$50 per taxpayer</b> ) ..  | 9.  | 888 00       |
| 10. Income-based exemption credit (\$20 personal/dependent exemption credit) .....   | 10. | 888 00       |
| 11. Total (add lines 2 through 10) .....   | 11. | 888888888 00 |
| 12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-) .....   | 12. | 888888888 00 |
| 13. Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for<br>married filing jointly status only. <u>88</u> % times amount on line 12 ( <b>limit \$650</b> ) ..... | 13. | 888 00       |
| 14. Earned income credit .....   | 14. | 888 00       |
| 15. Ohio adoption credit ( <b>limit \$10,000 per adopted child</b> ) .....   | 15. | 88888 00     |
| 16. Job retention credit, nonrefundable portion (include a copy of the credit certificate).....  | 16. | 8888888 00   |
| 17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate).....  | 17. | 8888888 00   |
| 18. Credit for purchases of grape production property .....  | 18. | 8888888 00   |
| 19. Invest Ohio credit (include a copy of the credit certificate) .....  | 19. | 8888888 00   |
| 20. Technology investment credit carryforward (include a copy of the credit certificate) .....   | 20. | 8888888 00   |
| 21. Enterprise zone day care and training credits (include a copy of the credit certificate) .....   | 21. | 8888888 00   |
| 22. Research and development credit (include a copy of the credit certificate).....  | 22. | 8888888 00   |
| 23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit<br>certificate) .....  | 23. | 8888888 00   |
| 24. Total (add lines 13 through 23) .....  | 24. | 8888888 00   |
| 25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-) .....   | 25. | 888888888 00 |

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

**2016 Ohio Schedule of Credits**  
**Nonrefundable and Refundable**



SSN of primary filer  
**888 88 8888**

**Nonresident Credit**

Date of nonresidency **88 88 88** to **88 88 88** State of residency **XX**

- 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. **888888888 00**
- 27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....27. **888888888 00**
- 28. Divide line 26 by line 27 and enter the result here (four digits; do not round). **.8888**  
Multiply this factor by the amount on line 25 to calculate your nonresident credit ..... 28. **888888888 00**

**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. **888888888 00**
- 30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....30. **888888888 00**
- 31. Divide line 29 by line 30 and enter the result here (four digits; do not round). **.8888**  
Multiply this factor by the amount on line 25 and enter the result here.....31. **888888888 00**
- 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. **888888888 00**
- 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. **888888888 00**  
**XX XX XX XX XX XX**
- 34. **Total nonrefundable credits** (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).... 34. **888888888 00**

**Refundable Credits**

- 35. Historic preservation credit (include a copy of the credit certificate)..... 35. **888888888 00**
- 36. Business jobs credit (include a copy of the credit certificate) ..... 36. **888888888 00**
- 37. Pass-through entity credit (include a copy of the federal K-1) .....37. **888888888 00**
- 38. Motion picture production credit (include a copy of the credit certificate) ..... 38. **888888888 00**
- 39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1) ..... 39. **888888888 00**
- 40. Venture capital credit (include a copy of the credit certificate)..... 40. **888888888 00**
- 41. **Total refundable credits** (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)..... 41. **888888888 00**



Department of  
Taxation

**General information  
regarding this form**

# General Information (2016 Schedule of Credits):

## 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. Center the barcode number directly under the barcode.

2D barcode (PDF 417) - See 2D instructions and schema. Follow grid layout for positioning. There is one 2D barcode for the Schedule of Credits.

**2)** 1D barcode - The last two numbers of the 1D barcode represent the vendor number. Use the same vendor number as you did for last year's return. If you have a question about your barcode assignment, e-mail the Forms Unit at [Forms@tax.state.oh.us](mailto:Forms@tax.state.oh.us). The first six numbers are constant for this form (162801XX - 162802XX).

16 = tax year

28 = Schedule of Credits

01-02 = page number

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

**NOTE: The vendor number also serves as the first two digits of the SSN in the test scenarios.**

**3)** Use Arial font for the static text on the form.

**4)** Use monospaced Arial or similar monospaced sans serif font for the variable data fields on the form.

**5) Follow the grid layout for the variable data fields shown in red. Ensure 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 variable data fields except where shown in specs.

**7)** All monetary fields must always show "00" in the cents field even though there may not be a value for that line.

**8)** Provide guidance to customers regarding duplex printing that instructs them to print pages 1 and 2 together. Taxpayers have filed returns with pages 2 and 3 duplexed or a worksheet or software receipt on the back of a page of the return. This slows the processing of the tax return.

**9)** Generate the following message for customers: **"Do not enclose other documentation unless it is specified on the tax return or instructions."** Taxpayers often submit worksheets and receipts from the vendor product, which slows the processing of tax returns.

**10) IMPORTANT NOTE:** 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. Make any corrections to this income tax return within [the software program name], then print and mail."**

**11)** See the 2D barcode instructions for submission details.



# Scan Specifications for the 2016 Ohio Schedule J

## Important Note

The following document (**2016 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 Public Safety

# 2016 Ohio Schedule J

## Dependents Claimed on the Ohio IT 1040 Return



16230110

**New!** The date the return was generated by the taxpayer (MM DD YY).

88 88 88

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

**Do not list below the primary filer and/or spouse.** complete additional copies of this schedule and include all dependents. If you have more than 15 dependents, not enough boxes to spell it out completely.

dependents. If you have more than 15 dependents, dependent's relationship to you" below if there are

|   |  |  |
|---|--|--|
| 1. Dependent's SSN (required)<br>888 88 8888          | Dependent's date of birth (MM DD YYYY)<br>88 88 8888 | Dependent's relationship to you (required)<br>XXXXXXXXXXXXXXXXXX |
| Dependent's first name (required)<br>JOHNXXXXXXXXXXXX | M.I. Last name (required)<br>Q PUBLI CXXXXXXXXXXXX   |  |

|   |  |  |
|---|--|--|
| 2. Dependent's SSN (required)<br>888 88 8888          | Dependent's date of birth (MM DD YYYY)<br>88 88 8888 | Dependent's relationship to you (required)<br>XXXXXXXXXXXXXXXXXX |
| Dependent's first name (required)<br>JOHNXXXXXXXXXXXX | M.I. Last name (required)<br>Q PUBLI CXXXXXXXXXXXX   |  |

For static text use Arial font (black ink) and try to match size. For data entry fields (shown in red for identification purposes only), use Arial font (black ink). All the data entry fields must follow grid layout.

|   |  |  |
|---|--|--|
| 3. Dependent's SSN (required)<br>888 88 8888          | Dependent's date of birth (MM DD YYYY)<br>88 88 8888 | Dependent's relationship to you (required)<br>XXXXXXXXXXXXXXXXXX |
| Dependent's first name (required)<br>JOHNXXXXXXXXXXXX | M.I. Last name (required)<br>Q PUBLI CXXXXXXXXXXXX   |  |

|   |  |  |
|---|--|--|
| 4. Dependent's SSN (required)<br>888 88 8888          | Dependent's date of birth (MM DD YYYY)<br>88 88 8888 | Dependent's relationship to you (required)<br>XXXXXXXXXXXXXXXXXX |
| Dependent's first name (required)<br>JOHNXXXXXXXXXXXX | M.I. Last name (required)<br>Q PUBLI CXXXXXXXXXXXX   |  |

|   |  |  |
|---|--|--|
| 5. Dependent's SSN (required)<br>888 88 8888          | Dependent's date of birth (MM DD YYYY)<br>88 88 8888 | Dependent's relationship to you (required)<br>XXXXXXXXXXXXXXXXXX |
| Dependent's first name (required)<br>JOHNXXXXXXXXXXXX | M.I. Last name (required)<br>Q PUBLI CXXXXXXXXXXXX   |  |

|   |  |  |
|---|--|--|
| 6. Dependent's SSN (required)<br>888 88 8888          | Dependent's date of birth (MM DD YYYY)<br>88 88 8888 | Dependent's relationship to you (required)<br>XXXXXXXXXXXXXXXXXX |
| Dependent's first name (required)<br>JOHNXXXXXXXXXXXX | M.I. Last name (required)<br>Q PUBLI CXXXXXXXXXXXX   |  |

|   |  |  |
|---|--|--|
| 7. Dependent's SSN (required)<br>888 88 8888          | Dependent's date of birth (MM DD YYYY)<br>88 88 8888 | Dependent's relationship to you (required)<br>XXXXXXXXXXXXXXXXXX |
| Dependent's first name (required)<br>JOHNXXXXXXXXXXXX | M.I. Last name (required)<br>Q PUBLI CXXXXXXXXXXXX   |  |

2D barcode required. Delete this box with text and replace it with the 2D barcode.

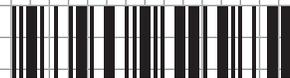
**Do not write in this area; for department use only.**

Target marks or registration marks must measure 6 mm X 6 mm. The four target marks or registration marks on every page must follow grid layout.



## 2016 Ohio Schedule J

### Dependents Claimed on the Ohio IT 1040 Return



16230210

SSN 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.

|   |   |   |
|---|---|---|
| <p>8. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p>  | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>9. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p>  | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>10. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>11. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>12. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>13. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>14. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>15. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |



Department of  
Taxation

# Grid layout

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



Department of Taxation  
Rev. 9/16

2016 Ohio Schedule J  
Dependents Claimed on the Ohio IT 1040 Return



SSN of primary filer  
888 88 8888

88 88 88

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) 888 88 8888  
Dependent's date of birth (MM DD YYYY) 88 88 8888  
Dependent's relationship to you (required) XXXXXXXXXXXXXXXXXXXX  
Dependent's first name (required) JOHNXXXXXXXXXXXXX  
M.I. Last name (required) Q PUBLI CXXXXXXXXXXXXXXXXX

2. Dependent's SSN (required) 888 88 8888  
Dependent's date of birth (MM DD YYYY) 88 88 8888  
Dependent's relationship to you (required) XXXXXXXXXXXXXXXXXXXX  
Dependent's first name (required) JOHNXXXXXXXXXXXXX  
M.I. Last name (required) Q PUBLI CXXXXXXXXXXXXXXXXX

3. Dependent's SSN (required) 888 88 8888  
Dependent's date of birth (MM DD YYYY) 88 88 8888  
Dependent's relationship to you (required) XXXXXXXXXXXXXXXXXXXX  
Dependent's first name (required) JOHNXXXXXXXXXXXXX  
M.I. Last name (required) Q PUBLI CXXXXXXXXXXXXXXXXX

4. Dependent's SSN (required) 888 88 8888  
Dependent's date of birth (MM DD YYYY) 88 88 8888  
Dependent's relationship to you (required) XXXXXXXXXXXXXXXXXXXX  
Dependent's first name (required) JOHNXXXXXXXXXXXXX  
M.I. Last name (required) Q PUBLI CXXXXXXXXXXXXXXXXX

5. Dependent's SSN (required) 888 88 8888  
Dependent's date of birth (MM DD YYYY) 88 88 8888  
Dependent's relationship to you (required) XXXXXXXXXXXXXXXXXXXX  
Dependent's first name (required) JOHNXXXXXXXXXXXXX  
M.I. Last name (required) Q PUBLI CXXXXXXXXXXXXXXXXX

6. Dependent's SSN (required) 888 88 8888  
Dependent's date of birth (MM DD YYYY) 88 88 8888  
Dependent's relationship to you (required) XXXXXXXXXXXXXXXXXXXX  
Dependent's first name (required) JOHNXXXXXXXXXXXXX  
M.I. Last name (required) Q PUBLI CXXXXXXXXXXXXXXXXX

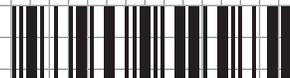
7. Dependent's SSN (required) 888 88 8888  
Dependent's date of birth (MM DD YYYY) 88 88 8888  
Dependent's relationship to you (required) XXXXXXXXXXXXXXXXXXXX  
Dependent's first name (required) JOHNXXXXXXXXXXXXX  
M.I. Last name (required) Q PUBLI CXXXXXXXXXXXXXXXXX

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



## 2016 Ohio Schedule J

### Dependents Claimed on the Ohio IT 1040 Return



16230210

SSN 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.

|   |   |   |
|---|---|---|
| <p>8. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p>  | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>9. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p>  | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>10. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>11. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>12. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>13. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>14. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>15. Dependent's SSN (required)<br/><b>888 88 8888</b></p> <p>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b></p> <p>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |



Department of  
Taxation

# Layout without grid

**2016 Ohio Schedule J**  
**Dependents Claimed on the Ohio IT 1040 Return**



SSN of primary filer  
**888 88 8888**

16230110

**88 88 88**

**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)<br><b>888 88 8888</b><br>Dependent's first name (required)<br><b>JOHNXXXXXXXXXX</b> | Dependent's date of birth (MM DD YYYY)<br><b>88 88 8888</b><br>M.I. Last name (required)<br><b>Q PUBLI CXXXXXXXXXXXX</b> | Dependent's relationship to you (required)<br><b>XXXXXXXXXXXXXXXXXX</b> |
| 2. Dependent's SSN (required)<br><b>888 88 8888</b><br>Dependent's first name (required)<br><b>JOHNXXXXXXXXXX</b> | Dependent's date of birth (MM DD YYYY)<br><b>88 88 8888</b><br>M.I. Last name (required)<br><b>Q PUBLI CXXXXXXXXXXXX</b> | Dependent's relationship to you (required)<br><b>XXXXXXXXXXXXXXXXXX</b> |
| 3. Dependent's SSN (required)<br><b>888 88 8888</b><br>Dependent's first name (required)<br><b>JOHNXXXXXXXXXX</b> | Dependent's date of birth (MM DD YYYY)<br><b>88 88 8888</b><br>M.I. Last name (required)<br><b>Q PUBLI CXXXXXXXXXXXX</b> | Dependent's relationship to you (required)<br><b>XXXXXXXXXXXXXXXXXX</b> |
| 4. Dependent's SSN (required)<br><b>888 88 8888</b><br>Dependent's first name (required)<br><b>JOHNXXXXXXXXXX</b> | Dependent's date of birth (MM DD YYYY)<br><b>88 88 8888</b><br>M.I. Last name (required)<br><b>Q PUBLI CXXXXXXXXXXXX</b> | Dependent's relationship to you (required)<br><b>XXXXXXXXXXXXXXXXXX</b> |
| 5. Dependent's SSN (required)<br><b>888 88 8888</b><br>Dependent's first name (required)<br><b>JOHNXXXXXXXXXX</b> | Dependent's date of birth (MM DD YYYY)<br><b>88 88 8888</b><br>M.I. Last name (required)<br><b>Q PUBLI CXXXXXXXXXXXX</b> | Dependent's relationship to you (required)<br><b>XXXXXXXXXXXXXXXXXX</b> |
| 6. Dependent's SSN (required)<br><b>888 88 8888</b><br>Dependent's first name (required)<br><b>JOHNXXXXXXXXXX</b> | Dependent's date of birth (MM DD YYYY)<br><b>88 88 8888</b><br>M.I. Last name (required)<br><b>Q PUBLI CXXXXXXXXXXXX</b> | Dependent's relationship to you (required)<br><b>XXXXXXXXXXXXXXXXXX</b> |
| 7. Dependent's SSN (required)<br><b>888 88 8888</b><br>Dependent's first name (required)<br><b>JOHNXXXXXXXXXX</b> | Dependent's date of birth (MM DD YYYY)<br><b>88 88 8888</b><br>M.I. Last name (required)<br><b>Q PUBLI CXXXXXXXXXXXX</b> | Dependent's relationship to you (required)<br><b>XXXXXXXXXXXXXXXXXX</b> |



## 2016 Ohio Schedule J

### Dependents Claimed on the Ohio IT 1040 Return



16230210

SSN 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.

- |  |  |   |
|--|--|---|
| <p>8. Dependent's SSN (required)<br/><b>888 88 8888</b><br/>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p>  | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b><br/>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>9. Dependent's SSN (required)<br/><b>888 88 8888</b><br/>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p>  | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b><br/>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>10. Dependent's SSN (required)<br/><b>888 88 8888</b><br/>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b><br/>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>11. Dependent's SSN (required)<br/><b>888 88 8888</b><br/>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b><br/>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>12. Dependent's SSN (required)<br/><b>888 88 8888</b><br/>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b><br/>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>13. Dependent's SSN (required)<br/><b>888 88 8888</b><br/>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b><br/>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>14. Dependent's SSN (required)<br/><b>888 88 8888</b><br/>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b><br/>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |
| <p>15. Dependent's SSN (required)<br/><b>888 88 8888</b><br/>Dependent's first name (required)<br/><b>JOHNXXXXXXXXXX</b></p> | <p>Dependent's date of birth (MM DD YYYY)<br/><b>88 88 8888</b><br/>M.I. Last name (required)<br/><b>Q PUBLI CXXXXXXXXXXXX</b></p> | <p>Dependent's relationship to you (required)<br/><b>XXXXXXXXXXXXXXXXXX</b></p> |



Department of  
Taxation

**General information  
regarding this form**

# General Information (2016 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. Center the barcode number directly under the barcode.

2D barcode (PDF 417) - See 2D instructions and schema. Follow grid layout for positioning. There is one 2D barcode for the Schedule J.

2) 1D barcode - The last two numbers of the 1D barcode represent the vendor number. Use the same vendor number as you did for last year's return. If you have a question about your barcode assignment, e-mail the Forms Unit at [Forms@tax.state.oh.us](mailto:Forms@tax.state.oh.us). The first six numbers are constant for this form (162301XX - 162302XX).

16 = tax year

23 = Schedule J

01-02 = page number

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

**NOTE: The vendor number also serves as the first two digits of the SSN in the test scenarios.**

3) Use Arial font for the static text on the form.

4) Use monospaced Arial or similar monospaced sans serif font for the variable data fields on the form.

5) **Follow the grid layout for the variable data fields shown in red. Ensure 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 variable data fields except where shown in specs.

7) Provide guidance to customers regarding duplex printing that instructs them to print pages 1 and 2 together. Taxpayers have filed returns with pages 2 and 3 duplexed or a worksheet or software receipt on the back of a page of the return. This slows the processing of the tax return.

8) Generate the following message for customers: **"Do not enclose other documentation unless it is specified on the tax return or instructions."** Taxpayers often submit worksheets and receipts from the vendor product, which slows the processing of tax returns.

9) **IMPORTANT NOTE:** 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. Make any corrections to this income tax return within [the software program name], then print and mail."**

10) See the 2D barcode instructions for submission details.



16270101

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

Note: For amended individual return only

Complete the 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 IRS acceptance letter or refund check.

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

Explanation lines

E-mail address Telephone number

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 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.