

IT-1040 OHIO Income Tax Return 1998

For the year Jan. 1-Dec. 31, 1998 or other taxable year ending _____, 19 ____

FOR DEPARTMENTAL USE ONLY

Please clip check or money order here	Your first name		Initial	Last name		Your social security number		Filing Status—check only one					
	If a joint return, spouse's first name		Initial	Last name		Spouse's social security number		<input type="checkbox"/> Single or Head of Household					
	(PLACE LABEL HERE OR PRINT/TYPE INFORMATION)						Ohio county		<input type="checkbox"/> Married filing joint return				
	Home address (number and street)				Apt. Number		SS#		<input type="checkbox"/> Married filing separately, enter spouse				
City, town or post office, state and ZIP code						Ohio Public School District Number		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					
Ohio Residency Status (SEE INSTRUCTIONS):						Ohio Political Party Fund							
<input type="checkbox"/> Resident						<input type="checkbox"/> Part-Year Resident From:							
<input type="checkbox"/> Nonresident _____ (STATE OF RESIDENCY)						Do you want \$1 to go to this fund?							
_____ / ____ / 98 to ____ / ____ / 98						If joint return, does your spouse want \$1 to go to this fund?							
						<i>Note: Checking "Yes" will not increase your tax or decrease your refund.</i>							

INCOME	1 Federal Adjusted Gross Income (from Federal Form 1040, line 33, or 1040A, line 18, or 1040EZ, line 4 or 1040 TEL)	1		
	2 Ohio Adjustments (from line 45 on back of this return)	2		
	3 Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3		
	4 Enter your personal and dependent exemption deduction from the exemption worksheet on page 12	4		
	5 Ohio Taxable Income (subtract line 4 from line 3)	5		
TAX AND CREDITS	6 Ohio Tax before Credits (see tax tables)	6		
	7 Credits from Schedule B (line 53 on back of this return)	7		
	8 Ohio Tax less Schedule B Credits (subtract line 7 from line 6. If line 7 is more than line 6, enter zero)	8		
	9 Exemption Credit: Number of personal and dependent exemptions _____ times \$20	9		
	10 Ohio Tax less Exemption Credit (subtract line 9 from line 8. If line 9 is more than line 8, enter zero)	10		
	11 Joint Filing Credit (see instructions and attach documentation) _____ % times line 10 (Limit \$650.00)	11		
	12 Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12		
	13 Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E)	13		
14 Ohio Income Tax (subtract line 13 from line 12. If line 13 is more than line 12, enter zero)	14			
PAYMENTS	15 Ohio Tax Withheld (attach W-2's to the back of this form)	AMOUNT WITHHELD	▶ 15	
	16 Ohio Estimated Tax, IT-40P Payments for 1998 and, 1997 Overpayment Credited to 1998		▶ 16	
	17 Refundable Business Jobs	Refundable Pass-through Entity	Total of	▶ 17
	Credit 17a	Credits 17b	17a & 17b	
18 Add lines 15, 16, and 17	TOTAL PAYMENTS	▶ 18		
REFUND OR AMOUNT YOU OWE	19 If line 18 is LESS than line 14, subtract line 18 from line 14 and enter the tax due		▶ 19	
	19a Interest Penalty on Underpayment of Estimated Tax; Check <input type="checkbox"/> if Form IT-2210 is attached		▶ 19a	
	19b Amount You Owe (add lines 19 & 19a) Attach Payment made payable to Treasurer of State of Ohio	AMOUNT YOU OWE	▶ 19b	
	20 If line 18 is GREATER than line 14, subtract line 14 from line 18	AMOUNT OVERPAID	▶ 20	
	21 Amount of line 20 you wish to DONATE for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 21		▶ 21	
	22 Amount of line 20 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 22		▶ 22	
23 Amount of line 20 to be credited to 1999 estimated tax liability	CREDIT	▶ 23		
24 Amount of line 20 to be refunded (subtract amounts on lines 19a, 21, 22, and 23 from line 20)	YOUR REFUND	▶ 24		

IF THE BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01 NO REFUND WILL BE ISSUED.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGN HERE	▶ _____ ◀ Your signature	_____ ◀ Date	FOR DEPARTMENTAL USE ONLY			
	▶ _____ ◀ Spouse's signature (if filing jointly, BOTH must sign)	_____ ◀ Telephone Number (Optional)			15a.	U
	▶ _____ ◀ Preparer's signature and Address (including zip code)	_____ ◀ Preparer's Phone Number			MAIL REFUNDS & CREDITS TO: OHIO DEPARTMENT OF TAXATION P. O. BOX 2679 COLUMBUS, OHIO 43270-2679	
				MAIL TAX DUES TO: OHIO DEPARTMENT OF TAXATION P. O. BOX 2057 COLUMBUS, OHIO 43270-2057		

SCHEDULE A — ADJUSTMENTS TO INCOME (ADDITIONS AND DEDUCTIONS)	ADDITIONS — ADD TO THE EXTENT NOT INCLUDED IN FEDERAL ADJUSTED GROSS INCOME (LINE 1)			
	25	Add non-Ohio state or local government interest and dividends	25	
	26	Add federal interest and dividends subject to state taxation (attach explanation) and add accumulation distribution from a complex trust (attach Form IT-4970).....	26	
	27	Pass-through entity addback.....	27	
	28	Add losses from the sale, exchange, or other disposition of Ohio Public Obligations.....	28	
	29	Add non-medical withdrawals or interest thereon from a medical savings account (see instructions and worksheet) ...	29	
	30	Total additions (add lines 25, 26, 27, 28 and 29).....	30	
	DEDUCTIONS — DEDUCT TO THE EXTENT INCLUDED IN FEDERAL ADJUSTED GROSS INCOME (LINE 1)			
	31	Deduct federal interest and dividends exempt from state taxation	31	
	32	Deduct compensation earned in Ohio by full-year residents of neighboring states.....	32	
	33	Deduct state or municipal income tax overpayments (from line 10 of Federal Form 1040).....	33	
	34	Deduct disability and survivorship benefits.....	34	
	35	Deduct wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits	35	
	36	Deduct social security old age benefits and some railroad benefits.....	36	
	37	Deduct interest earned from Ohio Public and Purchase Obligations and the gain from the sale or disposition of Ohio Public Obligations.....	37	
	38	Deduct increased value of nonrefunded/used tuition credits or decreased value of refunded credits	38	
	39	Deduct the refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040).....	39	
	40	Deduct the repayment of income reported in a prior year	40	
	41	Deduct your self-employed health insurance costs (see instructions and worksheet)	41	
	42	Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet) ..	42	
43	Deduct the amount contributed to an Individual Development Account.....	43		
44	Total deductions (add lines 31 through 43)	44		
45	Net adjustments—If line 30 is GREATER than line 44 enter the difference here and on line 2 as a positive amount. If line 30 is LESS than line 44 enter the difference here and on line 2 as a negative amount.....	45		
SCHEDULE B CREDITS	46	Retirement Income Credit (see instructions for credit table) (LIMIT \$200).....	46	
	47	Senior Citizen's Credit (LIMIT \$50 per return)	47	
	48	Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit).....	48	
	49	Child and Dependent Care Credit (see instructions and worksheet)	49	
	50	Lump Sum Retirement Credit	50	
	51	Job Training Credit (see instructions and worksheet) (LIMIT \$500)	51	
	52	Ohio Political Contributions Credit.....	52	
	53	TOTAL CREDITS (add lines 46 through 52)—enter here and on line 7.....	53	
SCHEDULE C OHIO RESIDENT CREDIT	54	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident.....	54	
	55	Enter Ohio Adjusted Gross Income (line 3).....	55	
	56	Divide line 54 by line 55.....	56	%
	57	Multiply Line 56 by the amount on line 12.....	57	
	57a	Enter the 1998 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia	57a	
	57b	Enter the smaller of line 57 or line 57a. This is your Ohio Resident Tax Credit. Enter here and on line 13	57b	
		List the state(s) other than Ohio with which you filed 1998 income tax returns.		
SCHEDULE D NONRESIDENT/ PART-YEAR RES.	58	Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio.....	58	
	59	Enter the Ohio Adjusted Gross Income (line 3)	59	
	60	Divide line 58 by line 59	60	%
	61	Multiply line 60 by the amount on line 12. Enter here and on line 13	61	