Ohio Department of TAXATION

Please do not use staples.

06010100

**2006**

# IT 1040EZ

Rev. 10/06

## Individual Income Tax Return for Full-Year Ohio Residents

Your Social Security number (required) ☐ Check if deceased

Spouse's Social Security number (only if joint return) ☐ Check if deceased

For the year Jan. 1- Dec. 31, 2006 or other taxable year beginning ___ / ___ / 2006

**Please use only UPPERCASE letters.**

Place Label Here

Your first name | M.I. | Last name

Spouse's first name (only if joint return) | M.I. | Last name

Home address (number and street)

City | State | ZIP code | Ohio county (first four letters)

Foreign country | Foreign postal code

In care of/executor's name **(must indicate if refund will be issued in decedent's name)**

**Filing Status** – **Check one** (same as reported on federal income tax return)

☐ Single or head of household or qualifying widow(er)

☐ Married filing jointly

☐ Married filing separately – enter spouse's SS#

**Ohio Political Party Fund**

| | Yes | No |
|---|---|---|
| Do you want $1 to go to this fund? | ☐ | ☐ |
| If joint return, does your spouse want $1 to go to this fund? | ☐ | ☐ |

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

**Ohio Public School District Number**
(see pages 35-39)

**Please do not use staples.**
**Place your W-2, check and IT 40P on top of your return.**
**Place any other supporting documents or statements after the last page of your return.**

**Go paperless. It's FREE!**
**Try I-File.**
***tax.ohio.gov***

**File electronically and receive your refund in 5-7 days by direct deposit!**

**INCOME INFORMATION – If amount is negative or a loss, please shade the negative sign ("–") in the box provided. Example:** ▬

| | | |
|---|---|---|
| 1. **Federal adjusted gross income** (from federal forms 1040, line 37; or 1040A, line 21; or 1040EZ, line 4) | ▬ | 1. ___,___.00 |
| 2. Enter the amount from Worksheet A (see page 13) | ▬ | 2. ___,___.00 |
| 3. Ohio adjusted gross income (line 1 minus line 2) | ▬ | 3. ___,___.00 |
| 4. Personal exemption and dependent exemption deduction – multiply the number of your personal exemption and dependent exemptions _____ times $1,400 and enter the result here | | 4. ___,___.00 |
| 5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) | | 5. ___,___.00 |

**SIGN HERE (required)**

**Continue to IT 1040EZ – pg. 2**

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.

▶ Your signature | Date

▶ Spouse's signature (if filing jointly, BOTH must sign) | Phone number

Preparer's signature | Phone number

**For Departmental Use Only**

___,___,___.__

Code

**NO Payment Enclosed – Mail to:**
Ohio Department of Taxation
P.O. Box 182294
Columbus, OH 43218-2294

**Payment Enclosed – Mail to:**
Ohio Department of Taxation
P.O. Box 182850
Columbus, OH 43218-2850

Ohio Department of TAXATION

Please do not use staples.

06010200

**2006**

# IT 1040EZ Rev. 10/06

## Individual Income Tax Return for Full-Year Ohio Residents

## TAX AND CREDITS

Social Security no.

6. Tax on line 5 (see tax tables, pages 28-34) ..... 6. 0 0

7. If line 5 is $10,000 or less, enter $102; otherwise, enter -0- or leave blank ..... 7. 0 0

8. Tax less line 7 credit (line 6 minus line 7; enter -0- if line 6 is less than line 7) ..... 8. 0 0

9. Exemption credit – multiply the number of your personal and dependent exemptions _____ times $20 and enter the result here (number of exemptions claimed must equal the number of exemptions claimed on line 4 of the IT 1040EZ – page 1) ..... 9. 0 0

10. Tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) ..... 10. 0 0

11. Joint filing credit (see instructions on page 11 and include documentation) _____ % times line 10 (limit $650) ..... 11. 0 0

12. Ohio income tax (line 10 minus line 11; enter -0- if line 10 is less than line 11) ..... 12. 0 0

## ADDITIONAL AMOUNTS

13. Interest penalty on underpayment of estimated tax: Check ☐ if form IT 2210-1040EZ is included ..... 13. 0 0 ◀ INTEREST PENALTY

14. Unpaid Ohio use tax (from Worksheet B, line e on page 13) ..... 14. 0 0 ◀ USE TAX
*The amount you show on this line is part of your total income tax liability for this year.*

## TOTAL TAX AND AMOUNT WITHHELD

15. Total Ohio tax (add lines 12, 13 and 14) ..... 15. 0 0

16. **Ohio Tax Withheld** (box 17 on your W-2). Include W-2s with this form ..... AMOUNT WITHHELD ▸ 16. 0 0

## REFUND OR AMOUNT YOU OWE

17. **Amount You Owe** (if line 16 is less than line 15, subtract line 16 from line 15).
Check here ☐ and enclose form IT 40P (see page 41) with the front of return if you are enclosing a payment (payable to Ohio Treasurer of State).
Check here ☐ if you have paid or will pay with an electronic check or credit card (see page 41) .....
..... **AMOUNT YOU OWE** ▸ 17. 0 0

18. Amount overpaid (if line 16 is more than line 15, subtract line 15 from line 16)
This amount is your refund before donations, if any, that you show on lines 19, 20 and 21 ..... **AMOUNT OVERPAID** ▸ 18. 0 0

19. Amount of line 18 that you wish to **donate** to the Military Injury Relief Fund ..... 19. 0 0

20. Amount of line 18 that you wish to **donate** for Ohio's wildlife species and conservation of endangered wildlife ..... 20. 0 0

21. Amount of line 18 that you wish to **donate** for nature preserves, scenic rivers and protection of endangered species ..... 21. 0 0

22. Amount of line 18 to be refunded (subtract amounts on lines 19, 20 and 21 from line 18) .....
..... **YOUR REFUND** ▸ 22. 0 0

**If the amount you owe is less than $1.01, payment need not be made.**
**If your refund is less than $1.01, no refund will be issued.**

**Have you completed the 1040EZ worksheets on page 13?**