



2006

Your Social Security number Spouse's Social Security number (only if joint return)
 Check if deceased Check if deceased
 For the year Jan. 1- Dec. 31, 2006 or other taxable year beginning **2 0 0 6**

Please use only UPPERCASE letters.

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)

Ohio Residency Status (see instructions on page 9)
 Resident Nonresident State abbreviation Part-year resident from: **2 0 0 6** to **2 0 0 6**

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#

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!

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.

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

INCOME INFORMATION – If amount is negative, please type a minus sign (“-”) before the figure.

1. Federal adjusted gross income (from federal forms 1040, line 37; or 1040A, line 21; or 1040EZ, line 4)	1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Ohio adjustments. Amount from line 48 on page 3.....	2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Multiply your personal and dependent exemptions <input type="text"/> times \$1,400 and enter the result here	4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGN HERE (required) **Continue to IT 1040 – 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 _____	For Departmental Use Only
▶ Spouse's signature (if filing jointly, BOTH must sign) _____	Phone number _____	
Preparer's signature _____	Phone number _____	

Processing Code

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

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



TAX AND CREDITS

Social Security no. _____

6. Tax on line 5 (see tax tables, pages 28-34).....6.		0 0
7. Credits from Schedule B (from line 58 on page 4 of form IT 1040).....7.		0 0
8. Ohio tax less Schedule B credits. (Subtract line 7 from line 6. If line 7 is more than line 6, enter -0-.).....8.		0 0
9. Exemption credit: Number of personal and dependent exemptions <input type="text"/> times \$20.....9.		0 0
10. Ohio tax less exemption credit. (Subtract line 9 from line 8. If line 9 is more than line 8, enter -0-.).....10.		0 0
11. Joint filing credit (see instructions on page 14 and include documentation) <input type="text"/> % times line 10 (limit \$650).....11.		0 0
12. Ohio tax less joint filing credit. (Subtract line 11 from line 10. If line 11 is more than line 10, enter -0-.).....12.		0 0
13. Resident/nonresident/part-year credits (Sch. C or D) and nonrefundable business credits (Sch. E).....13.		0 0
14. Ohio income tax before manufacturing equipment grant. (Subtract line 13 from line 12. If line 13 is more than line 12, enter -0-.).....14.		0 0
15. Manufacturing equipment grant. You must include the grant request form15.		0 0
16. Ohio income tax. (Subtract line 15 from line 14. If line 15 is more than line 14, enter -0-.).....16.		0 0
17. Interest penalty on underpayment of estimated tax: Check <input type="checkbox"/> if form IT 2210-1040 is included.....17.	<input type="text"/>	0 0
18. Unpaid Ohio use tax (see worksheet on page 27).....18.	<input type="text"/>	0 0
The amount you show on this line is part of your total income tax liability for this year.		
19. Total Ohio tax (add lines 16, 17 and 18).....19.		0 0

◀ **INTEREST PENALTY**
◀ **USE TAX**

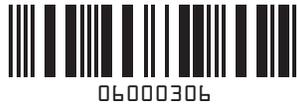
PAYMENTS

20. Ohio Tax Withheld (box 17 on your W-2). Include W-2s on front of return AMOUNT WITHHELD ▶ 20.	<input type="text"/>	0 0
21. 2005 overpayment credited to 2006, Ohio 2006 estimated tax and 2006 IT 40P payments.....21.		0 0
22. a. Refundable business jobs credit <input type="text"/> 0 0	b. Refundable pass-through entity credit <input type="text"/> 0 0	
Must include certificate(s)		Must include K-1(s)
Total of lines 22a and 22b.....22.		0 0
23. Add lines 20, 21 and 22..... TOTAL PAYMENTS ▶ 23.	<input type="text"/>	0 0

REFUND OR AMOUNT YOU OWE

24. Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). Check here <input type="checkbox"/> 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 <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card (see page 41).....	<input type="text"/>	0 0
..... AMOUNT YOU OWE ▶ 24.		0 0
25. If line 23 is GREATER than line 19, subtract line 19 from line 23..... AMOUNT OVERPAID ▶ 25.	<input type="text"/>	0 0
26. Amount of line 25 to be credited to 2007 estimated income tax liability..... CREDIT ▶ 26.	<input type="text"/>	0 0
27. Amount of line 25 that you wish to donate to the Military Injury Relief Fund.....27.	<input type="text"/>	0 0
28. Amount of line 25 that you wish to donate for Ohio's wildlife species and conservation of endangered wildlife.....28.	<input type="text"/>	0 0
29. Amount of line 25 that you wish to donate for nature preserves, scenic rivers and protection of endangered species.....29.	<input type="text"/>	0 0
30. Amount of line 25 to be refunded (subtract amounts on lines 26, 27, 28 and 29 from line 25).....	<input type="text"/>	0 0
..... YOUR REFUND ▶ 30.		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.



SCHEDULE A – Adjustments to Income (Additions and Deductions) Social Security no.

Additions – Add to the extent not included in federal adjusted gross income (line 1).

31. Add non-Ohio state or local government interest and dividends	31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32. Add certain pass-through entity Ohio taxes	32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33. Add income from an electing small business trust (see page 18)	33.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
34. a. Federal interest and dividends subject to state taxation	34.a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Reimbursement of college tuition expenses and fees deducted in any previous year(s)	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Losses from sale or disposition of Ohio public obligations	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Nonmedical withdrawals from an Ohio medical savings account and miscellaneous federal tax adjustments ..	d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimburse- ment is not in federal adjusted gross income.....	e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Noneducation expenditures from college savings account.....	f.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
35. Total additions (add lines 31 through 34g and enter here). Applicable line items must be completed	35.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Deductions – See page 19 for limitations.

36. Deduct federal interest and dividends exempt from state taxation	36.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
37. Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents.....	37.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
38. Deduct state or municipal income tax overpayments included in federal adjusted gross income	38.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
39. Deduct disability and survivorship benefits (do not include pension continuation benefits)	39.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40. Deduct qualifying Social Security benefits and certain railroad benefits	40.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
41. Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits.....	41.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
42. Deduct certain Ohio National Guard reimbursements and benefits (see page 20)	42.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
43. Deduct unsubsidized health insurance, long-term care insurance and excess medical expenses (see worksheet on page 21)	43.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
44. Deduct funds deposited into, and earnings of, a medical savings account for eligible medical expenses (see worksheet on page 21)	44.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
45. Deduct certain losses from an electing small business trust (see page 22)	45.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
46. a. Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits ...	46a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Interest income from Ohio public obligations and Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations.....	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Refund or reimbursements shown on federal form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Repayment of income reported in a prior year and miscellaneous federal tax adjustments	d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Amount contributed to an individual development account	e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	f.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
47. Total deductions (add lines 36 through 46f). Applicable line items must be completed	47.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
48. Net adjustments – If line 35 is GREATER than line 47, enter the difference here and on line 2 as a positive amount. If line 35 is LESS than line 47, enter the difference here and on line 2 as a negative amount.....	48.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Please do not use staples.



2006

IT 1040 Rev. 10/06 Individual Income Tax Return

SCHEDULE B – Credits

Social Security no. []

49. Retirement income credit (see credit table on page 23) (limit \$200 per return)	49.	[]	[]	[]	[]
50. Senior citizen credit (\$50 per return)	50.	[]	[]	[]	[]
51. Lump sum distribution credit (you must be 65 years of age or older to claim this credit)	51.	[]	[]	[]	[]
52. Child care and dependent care credit (see instructions and worksheet on page 23)	52.	[]	[]	[]	[]
53. Lump sum retirement credit	53.	[]	[]	[]	[]
54. If line 5 is \$10,000 or less, enter \$102; otherwise, enter -0- or leave blank	54.	[]	[]	[]	[]
55. Job training credit (see instructions on page 23 and worksheet on page 24) (limit \$500 per taxpayer)	55.	[]	[]	[]	[]
56. Ohio political contributions credit (limit \$50 per taxpayer)	56.	[]	[]	[]	[]
57. Ohio adoption credit (\$500 per child adopted during the year)	57.	[]	[]	[]	[]
58. Total credits (add lines 49 through 57) – enter here and on line 7	58.	[]	[]	[]	[]

SCHEDULE C – Ohio Resident

59. Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident (limits apply – see line 59 instructions on page 24)	59.	[]	[]	[]	[]
60. Enter Ohio adjusted gross income (line 3)	60.	[]	[]	[]	[]
61. Divide line 59 by line 60 and enter the result here. [] % Multiply by the amount on line 12...	61.	[]	[]	[]	[]
62. Enter the 2006 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see line 62 instructions on page 25)	62.	[]	[]	[]	[]
63. Enter the smaller of line 61 or line 62. This is your Ohio resident tax credit. Enter here and on line 13. If you filed a return in 2006 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below	63.	[]	[]	[]	[]
[] [] [] [] [] []					

SCHEDULE D – Nonresident/Part-Year Resident

64. Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include form IT 2023 (limits apply – see line 64 instructions on page 25)	64.	[]	[]	[]	[]
65. Enter the Ohio adjusted gross income (line 3)	65.	[]	[]	[]	[]
66. Divide line 64 by line 65 and enter the result here. [] % Multiply by the amount on line 12. Enter here and on line 13. If both the resident credit and the nonresident/part-year resident credit apply, enter the sum of lines 63 and 66 on line 13.	66.	[]	[]	[]	[]