

Please do not use staples.



Taxable years beginning in

**2007**

Taxpayer Social Security no. (required)  If deceased Spouse's Social Security no. (only if joint return)  If deceased

**Use UPPERCASE letters.**

Your first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

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

Mailing address (for faster processing, please use a street address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Ohio county (first four letters) \_\_\_\_\_

Home address (if different from mailing address) – please do **NOT** show city or state \_\_\_\_\_ ZIP code \_\_\_\_\_ Ohio county (first four letters) \_\_\_\_\_

Foreign country (please provide this information if the mailing address is outside the U.S.) \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**Ohio Residency Status** (see instructions on page 9)

Resident  Nonresident/state  Part-year resident from: \_\_\_\_\_ 2 0 0 7 to \_\_\_\_\_ 2 0 0 7

**Filing Status** – Check one (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**

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 in the instructions)

**Please do not use staples, tape or glue. Place your W-2(s), check and Ohio form 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 or Ohio eForms by visiting tax.ohio.gov.**

**Most electronic filers receive refunds in 5-7 business days by direct deposit!**

**INCOME AND TAX INFORMATION** – If amount is negative, please type a minus sign ("–") before the figure.

1. <b>Federal adjusted gross income</b> (from federal forms 1040, line 37; or 1040-A, line 21; 1040-EZ, line 4; or 1040-NR, line 35) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Adjustments from line 47 on page 3 of Ohio form IT 1040 (enclose page 3) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Personal exemption and dependent exemption deduction – multiply your personal and dependent exemptions _____ times \$1,450 and enter the result here .....	<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) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Tax on line 5 (see tax tables, pages 28-34 in the instructions) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 (enclose page 4) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 7 is more than line 6).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Exemption credit: Number of personal and dependent exemptions _____ times \$20.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>




 SS# 
**SCHEDULE A – Income Adjustments (Additions and Deductions)**
**Additions – Add to the extent not included in federal adjusted gross income (line 1).**

31. Non-Ohio state or local government interest and dividends .....	31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32. Certain pass-through entity Ohio taxes paid .....	32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33a. Federal interest and dividends subject to state taxation .....	33a.	<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 reimbursement 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"/>
h. Ohio Revised Code section 5733.40(A) pass-through entity adjustment .....	h.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

34. **Total additions** (add lines 31 through 33h and enter here). You must complete the applicable line items above ..... 34.

**Deductions – Deduct to the extent included in federal adjusted gross income (line 1)**

35. Federal interest and dividends exempt from state taxation .....	35.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
36. Employee compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents .....	36.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
37. Military pay for Ohio residents, but only if the military pay is included on line 1 of this return and received while the military member was stationed outside Ohio ..... <b>NEW</b>	37.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
38. State or municipal income tax overpayments shown on federal form 1040, line 10 .....	38.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
39. Disability and survivorship benefits (do not include pension continuation benefits) .....	39.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40. Qualifying Social Security benefits and certain railroad retirement benefits .....	40.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
41. 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. Certain Ohio National Guard reimbursements and benefits (see page 20 of the instructions) .....	42.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
43. Unreimbursed long-term care insurance premiums, unsubsidized health care premiums and excess health care expenses (see worksheet on page 21 of the instructions) .....	43.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
44. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 22 of the instructions) .....	44.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
45a. Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits .....	45a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Interest income from Ohio public obligations and from 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. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts 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"/>

46. **Total deductions** (add lines 35 through 45f). You must complete the applicable line items above ..... 46.

47. **Net adjustments** – If line 34 is GREATER than line 46, enter the difference here and on line 2 as a positive amount. If line 34 is LESS than line 46, enter the difference here and on line 2 as a negative amount. Include this page when you mail your return ..... 47.



Taxable years beginning in

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IT 1040 Rev. 9/09 Individual Income Tax Return

SS#

SCHEDULE B – Nonbusiness Credits

Table with 2 columns: Description and Amount. Rows include Retirement income credit, Senior citizen credit, Lump sum distribution credit, Child care and dependent care credit, Lump sum retirement credit, etc.

SCHEDULE C – Ohio Resident Credit

Table with 2 columns: Description and Amount. Rows include portion of line 3 on page 1, Ohio adjusted gross income, and Ohio resident tax credit.

SCHEDULE D – Nonresident / Part-Year Resident Credit

Table with 2 columns: Description and Amount. Rows include portion of Ohio adjusted gross income and division of line 63 by line 64.

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

Table with 2 columns: Description and Amount. Rows include Nonrefundable Business Credits and summary totals.

MAILING INFORMATION

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

Please do not enclose your federal tax return unless line 1 (FAGI) is -0- or negative.

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