

Please do not use staples.



Department of Taxation



Taxable year beginning in

2008

IT 1040 Rev. 9/08 Individual Income Tax Return

Please use only black ink.

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

Input fields for Social Security numbers and deceased checkboxes.

Use UPPERCASE letters.

Place Label Here

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 County (first four letters)

Home address (if different from mailing address) - please do NOT show city or state ZIP code 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 - Check box for primary taxpayer

Full-year resident Part-year resident Nonresident/indicate state

Check box for secondary taxpayer (spouse if married filing jointly)

Full-year resident Part-year resident Nonresident/indicate state

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#

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.

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.

Ohio School District Number for 2008 (see pages 38-42 in the instructions)

Go paperless. It's FREE! Try I-File 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.

Table with 10 rows for income and tax information, including Federal adjusted gross income, adjustments, Ohio adjusted gross income, exemptions, taxable income, tax, credits, and exemption credit.



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08000206

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SS#

10a. Amount from line 10 on page 1
11. Joint filing credit
12. Ohio tax less joint filing credit
13. Total credits from line 69
14. Ohio income tax before manufacturing equipment grant
15. Manufacturing equipment grant
16. Ohio income tax
17. Interest penalty on underpayment of estimated tax
18. Unpaid Ohio use tax
19. Total Ohio tax

PAYMENTS

20. Ohio Tax Withheld
21. 2007 overpayment credited to 2008
22. a. Refundable business jobs credit; b. Refundable pass-through entity credit; c. Historical building rehabilitation credit
23. Add lines 20, 21 and 22

REFUND OR AMOUNT YOU OWE If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary.

24. If line 23 is GREATER than line 19, subtract line 19 from line 23
25. Amount of line 24 to be credited to 2009 estimated income tax liability
26. Amount of line 24 that you wish to donate to the Military Injury Relief Fund
27. Amount of line 24 that you wish to donate for Ohio's wildlife species and conservation of endangered wildlife
28. Amount of line 24 that you wish to donate for nature preserves, scenic rivers and protection of endangered species
29. Amount of line 24 to be refunded
30. Amount You Owe

SIGN HERE (required) - See page 4 of this return for mailing information.

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 (see instructions on page 9) Phone number
Preparer's name (please print; see instructions on page 9) Phone number
Do you authorize your preparer to contact us regarding this return? Yes No

For Department Use Only

Code

Do not mail page 3 if line 2 (on page 1) is -0- or blank.



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08000306

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SCHEDULE A – Income Adjustments (Additions and Deductions)

Additions (add income items only to the extent not included on page 1, line 1).

Table with 3 columns: Description, Line Number, and Amount. Rows include 31. Non-Ohio state or local government interest and dividends, 32. Certain pass-through entity Ohio taxes paid, 33a. Federal interest and dividends subject to state taxation, 34. Total additions.

Deductions (deduct income items only to the extent included on page 1, line 1). Important: See caution on page 20 of the instructions.

Table with 3 columns: Description, Line Number, and Amount. Rows include 35. Federal interest and dividends exempt from state taxation, 36. Employee compensation earned in Ohio, 37. Military pay for Ohio residents, 38. State or municipal income tax overpayments, 39. Disability and survivorship benefits, 40. Qualifying Social Security benefits, 41. Contributions to CollegeAdvantage 529 savings plan, 42. Certain Ohio National Guard reimbursements, 43. Unreimbursed long-term care insurance premiums, 44. Funds deposited into, and earnings of, a medical savings account, 45a. Wage expense not deducted, 46. Total deductions, 47. Net adjustments.

Do not mail page 4 if line 7 (page 1) and line 13 (page 2) are both -0- or blank.



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SCHEDULE B – Nonbusiness Credits

Table with 2 columns: Description (lines 48-56) and Amount (00). Includes Retirement income credit, Senior citizen credit, Lump sum distribution credit, Child care and dependent care credit, Lump sum retirement credit, and Total Schedule B credits (line 57).

SCHEDULE C – Ohio Resident Credit

Table with 2 columns: Description (lines 58-62) and Amount (00). Includes portion of line 3 on page 1, Ohio adjusted gross income, and Ohio resident tax credit.

SCHEDULE D – Nonresident / Part-Year Resident Credit (date of part-year residency): to

Table with 2 columns: Description (lines 63-65) and Amount (00). Includes portion of Ohio adjusted gross income not earned in Ohio and Nonresident / Part-Year Resident Credit.

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

Table with 2 columns: Description (lines 66-69) and Amount (00). Includes Nonrefundable Business Credits and summary of credits from Schedules C, D, and E.

MAILING INFORMATION

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

Do not enclose your federal income tax return unless line 1 on page 1 is -0- or negative.

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