Do not use staples.

Ohio | **Department of Taxation**

14010106

Taxable year beginning in

2014

IT 1040EZ Rev. 11/14

Individual Income Tax Return for Full-Year Ohio Residents

Use only black ink.

Taxpayer Social Security no. (required) ▶▶ If deceased ☐ check box

Use UPPERCASE letters.

Spouse's Social Security no. (only if joint return) ▶▶ If deceased ☐ check box

Enter school district # for this return (see pages 45-50).

SD# ▶▶

Your first name ___ M.I. ___ Last name ___

Spouse's first name (only if married filing jointly) ___ M.I. ___ Last name ___

Mailing address (for faster processing, use a street address) ___

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

Home address (if different from mailing address) – do **NOT** show city or state ___ ZIP code ___ County (first four letters) ___

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

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

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

☐ Married filing jointly

☐ Married filing separately (enter spouse's SS#) ▶▶ ___

Is someone else claiming you or your spouse (if joint return) as a dependent?................................... Yes ☐ No ☐

Enter the number of dependents. If one or more, include Schedule J with your Ohio income tax return (see instructions on page 16).... ___

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.

Do not staple or otherwise attach. Place your W-2(s), check (payable to Ohio Treasurer of State), Ohio form IT 40P and any other supporting documents or statements <u>after the last page</u> **of your return. Include forms W-2G and 1099-R if tax was withheld.**

Go paperless. It's FREE! Visit *tax.ohio.gov* **to try Ohio I-File.**

Most taxpayers who file their returns electronically and request direct deposit will receive their refunds in 10-15 business days. Paper returns will take approximately 30 days to process.

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

1. **Federal adjusted gross income** (from IRS form 1040, line 37; 1040A, line 21; or 1040EZ, line 4) .... 1.	0 0
2. Enter the amount from the worksheet on page 16 of the instructions........................... 2.	0 0
3. Ohio adjusted gross income (line 1 minus line 2) .... 3.	0 0
4. Personal exemption and dependent exemption deduction (see page 16 of the instructions for information on Schedule J and exemption amount) .... 4.	0 0
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) .... 5.	0 0
6. Tax on line 5 (see tax tables on pages 37-43 of the instructions).................................... 6.	0 0
7. If line 5 is $10,000 or less, enter a credit of $88; otherwise, enter -0- .... 7.	0 0
8. Ohio tax less line 7 credit (line 6 minus line 7; enter -0- if line 6 is less than line 7) .... 8.	0 0
9. Income-based exemption credit (see instructions on page 17) .... 9.	0 0
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) .... 10.	0 0

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Ohio | Department of Taxation

14010206

Taxable year beginning in **2014**

IT 1040EZ Rev. 11/14
Individual Income Tax Return for Full-Year Ohio Residents

SSN

10a. Amount from line 10 on page 1 .... 10a.	0 0
11. Joint filing credit. See instructions on page 17 for eligibility and documentation requirements (this credit is for married filing jointly status only). _____ % times line 10a **(limit $650)**...........11.	0 0
12. Ohio income tax less joint filing credit (line 10a minus line 11).. 12.	0 0
13. Earned income credit (see the worksheet on page 20 of the instructions) .... 13.	0 0
14. Ohio income tax less earned income credit (line 12 minus line 13)... 14.	0 0
15. Interest penalty on underpayment of income tax. Enclose Ohio form IT/SD 2210 (see page 17 of the instructions).. 15.	0 0
16. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions on page 34). If you certify that no sales or use tax is due, check here............. ☐ 16.	0 0
17. Total Ohio tax liability (add lines 14, 15 and 16) .... **TOTAL TAX ▸** 17.	0 0
18. Ohio income tax withheld (box 17 on W-2; box 15 on W-2G; and box 12 on 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) after the last page of this return .... **AMOUNT WITHHELD ▸** 18.	0 0

REFUND OR AMOUNT YOU OWE

If line 18 is MORE THAN line 17, go to line 19. If line 18 is LESS THAN line 17, skip to line 22.

19. If line 18 is MORE THAN line 17, subtract line 17 from line 18............. **AMOUNT OVERPAID ▸** 19.	0 0

20. Amount of line 19 that you wish to **donate** to the following fund(s):

a. Military injury relief	b. Wildlife species	c. Ohio Historical Society
0 0	0 0	0 0

d. State nature preserves	e. Breast / cervical cancer
0 0	0 0

21. Line 19 minus the sum of lines 20a, b, c, d and e. Enter the amount here, then skip to line 23.... 21.	0 0
22. If line 18 is LESS THAN line 17, subtract line 18 from line 17.......................... **AMOUNT DUE ▸** 22.	0 0
23. Interest and penalty due on late-paid tax and/or late-filed return (see page 17 of the instructions). ....**INTEREST AND PENALTY ▸** 23.	0 0

If you entered an amount on line 21, skip to line 25. If you entered an amount on line 22, go to line 24.

24. Amount due plus interest and penalty (add lines 22 and 23). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at **tax.ohio.gov**)...**AMOUNT DUE PLUS INTEREST AND PENALTY ▸** 24.	0 0
25. Refund less interest and penalty (line 21 minus line 23). Enter the amount here. (If line 23 is more than line 21, you have an amount due. Subtract line 21 from line 23 and enter this amount on line 24.) .... **YOUR REFUND ▸** 25.	0 0

If your refund is $1.00 or less, no refund will be issued. If you owe $1.00 or less, no payment is necessary.

SIGN HERE (required)

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

▸ _____
Spouse's signature (see page 10 of the instructions)

_____
Preparer's printed name (see page 10 of the instructions)

Date (MM/DD/YYYY)

Phone number (optional)

Phone number

Do you authorize your preparer to contact us regarding this return? ☐ Yes ☐ No

For Department Use Only

Code

2014 IT 1040EZ   pg. 2 of 2   **2014 IT 1040EZ**

14230106

Primary SS#

Schedule J
Dependents Claimed on the Ohio IT 1040EZ or IT 1040 Return

Use UPPERCASE letters.

Use this dependent schedule to claim dependents on your Ohio form IT 1040EZ or IT 1040. If you have more than 14 dependents, copy page 2 of this schedule and include all completed pages with your income tax return. Do not list on this schedule the primary and/or spouse reported on the income tax return.

1. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

   Dependent's first name   M.I.   Last name

2. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

   Dependent's first name   M.I.   Last name

3. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

   Dependent's first name   M.I.   Last name

4. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

   Dependent's first name   M.I.   Last name

5. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

   Dependent's first name   M.I.   Last name

6. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

   Dependent's first name   M.I.   Last name

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2014 Schedule J   **2014 Schedule J**

14230206

Primary SS#

Schedule J
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7. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

Dependent's first name   M.I.   Last name

8. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

Dependent's first name   M.I.   Last name

9. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

Dependent's first name   M.I.   Last name

10. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

Dependent's first name   M.I.   Last name

11. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

Dependent's first name   M.I.   Last name

12. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

Dependent's first name   M.I.   Last name

13. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

Dependent's first name   M.I.   Last name

14. Dependent's Social Security no. (required)   Dependent's date of birth (MM/DD/YYYY)

Dependent's first name   M.I.   Last name

2014 Schedule J

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2014 Schedule J