Reset Form

Ohio Department of Taxation

14230106

Taxable year beginning in **2014**

Schedule J
Rev. 11/14

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

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 after the last page 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.

Ohio Department of Taxation

14230206

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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