



15270101

2015 Ohio IT RE – Reason and Explanation of Corrections

Note: For amended individual return only

Please attach documentation to support any adjustments to line items. Refer to the instructions to identify required documentation for complete processing of the amended return.

Taxpayer Social Security no. (required)

Grid for Social Security number

First name

M.I. Last name

Grid for name and middle initial

Reason(s):

- Net operating loss carryback (IMPORTANT: Be sure to complete and attach Ohio IT NOL, Net Operating Loss Carryback Schedule [available at tax.ohio.gov] and check the box on the front of the IT 1040 indicating that you are amending for a NOL.)
Ohio Schedule of Credits, manufacturing equipment grant increased
Ohio Schedule of Credits, manufacturing equipment grant decreased
Ohio Schedule of Credits, refundable credit(s) increased
Ohio Schedule of Credits, refundable credit(s) decreased
Ohio IT/SD 2210 interest penalty amount increased
Ohio IT/SD 2210 interest penalty amount decreased
Ohio sales and use tax increased
Ohio sales and use tax decreased
Ohio withholding increased
Ohio withholding decreased
Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment increased
Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment decreased
Amount paid with original filing did not equal amount reported as paid with the original filing

Detailed explanation of adjusted items (attach additional sheet(s) if necessary):

Horizontal lines for detailed explanation

E-mail address (optional) Telephone number (optional)

Federal Privacy Act Notice
Because we require you to provide us with a Social Security number, the Federal Privacy Act of 1974 requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.



Department of Taxation

Rev. 11/15

Do not use staples. Use only black ink and UPPERCASE letters.

2015 Universal IT 1040 Individual Income Tax Return



15000101

Note: For taxable year 2015 and forward, this form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.

Are you filing this as an amended return? Is this a Net Operating Loss (NOL) carryback? Taxpayer Social Security no. (required) Spouse's Social Security no. (if filing jointly) Enter school district # for this return (see instructions).

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 Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box Full-year resident Part-year resident Nonresident Indicate state

Ohio Political Party Fund Do you want \$1 to go to this fund? 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.

Filing Status - Check one (as reported on federal income tax return, with limited exceptions - see instructions) Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Table with 7 rows and 4 columns: Line number, Description, Amount, and Total. Includes Federal adjusted gross income, additions, deductions, and taxable business income.

Enclose your federal income tax return if line 1 of this return is -0- or negative.

Do not write in this area; for department use only.

Postmark date Code

