

Do not staple or paper clip.



Department of Taxation  
Rev. 8/18

# Ohio Schedule J

## Dependents Claimed on the Ohio IT 1040 Return



18230106

Use only black ink and UPPERCASE letters.

Tax Year SSN of primary filer (required)

**2018**

Sequence No. 9

**Do not list the primary filer and/or spouse as dependents on this schedule.** Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

1. Dependent's SSN (required)      Dependent's date of birth (MM/DD/YYYY – required)      Dependent's relationship to you (required)

Dependent's first name (required)      M.I.      Dependent's last name (required)

2. Dependent's SSN (required)      Dependent's date of birth (MM/DD/YYYY – required)      Dependent's relationship to you (required)

Dependent's first name (required)      M.I.      Dependent's last name (required)

3. Dependent's SSN (required)      Dependent's date of birth (MM/DD/YYYY – required)      Dependent's relationship to you (required)

Dependent's first name (required)      M.I.      Dependent's last name (required)

4. Dependent's SSN (required)      Dependent's date of birth (MM/DD/YYYY – required)      Dependent's relationship to you (required)

Dependent's first name (required)      M.I.      Dependent's last name (required)

5. Dependent's SSN (required)      Dependent's date of birth (MM/DD/YYYY – required)      Dependent's relationship to you (required)

Dependent's first name (required)      M.I.      Dependent's last name (required)

6. Dependent's SSN (required)      Dependent's date of birth (MM/DD/YYYY – required)      Dependent's relationship to you (required)

Dependent's first name (required)      M.I.      Dependent's last name (required)

7. Dependent's SSN (required)      Dependent's date of birth (MM/DD/YYYY – required)      Dependent's relationship to you (required)

Dependent's first name (required)      M.I.      Dependent's last name (required)

**Do not write in this area: for department use only.**

Do not staple or paper clip.

Ohio Schedule J Dependents Claimed on the Ohio IT 1040 Return



Tax Year 2018

SSN of primary filer (required)

Sequence No. 10

Do not list the primary filer and/or spouse as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

- 8. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's last name (required)
9. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's last name (required)
10. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's last name (required)
11. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's last name (required)
12. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's last name (required)
13. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's last name (required)
14. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's last name (required)
15. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY - required) Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's last name (required)