**IT-1040 OHIO Income Tax Return 1999**

For the year Jan. 1-Dec. 31, 1999 or other taxable year ending _______ 19

**Social Security Number(s) Must Be Filled In Below**

<table>
<thead>
<tr>
<th>Filing Status—Check Only One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single or Head of Household</td>
</tr>
<tr>
<td>Married Filing Joint Return</td>
</tr>
<tr>
<td>Married Filing Separately, Enter Spouse Social Security Number</td>
</tr>
</tbody>
</table>

**Ohio Residency Status** (See Instructions):
- Resident
- Part-Year Resident From: / / 1999 to / / 1999
- Nonresident

**Ohio Political Party Fund**
- Yes
- No

### INCOME

1. Federal Adjusted Gross Income (from Federal Form 1040, line 33, or 1040A, line 18, or 1040EZ, line 4 or 1040 TEL) .

2. Ohio Adjustments (from line 45 on back of this return).

3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1).

4. Multiply your personal and dependent exemptions _______ times $1,050 and enter the result here.

5. Ohio Taxable Income (subtract line 4 from line 3).

### TAX AND CREDITS

6. Ohio Tax before Credits (see tax tables).

7. Credits from Schedule B (line 54 on back of this return).

8. Ohio Tax less Schedule B Credits (subtract line 7 from line 6. If line 7 is more than line 6, enter zero).

9. Exemption Credit: Number of personal and dependent exemptions _______ times $20.

10. Ohio Tax less Exemption Credit (subtract line 9 from line 8. If line 9 is more than line 8, enter zero).

11. Joint Filing Credit (see instructions and attach documentation) _______% times line 10 (Limit $650.00).

12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10).

13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E).

14. Ohio Income Tax (subtract line 13 from line 12. If line 13 is more than line 12, enter zero).

15. Ohio Tax Withheld (attach W-2's to the back of this form) AMOUNT WITHHELD ▶ 15.


17. Refundable Business Jobs

18. Add lines 15, 16, and 17... TOTAL PAYMENTS ▶ 18.

19. If line 18 is LESS than line 14, subtract line 18 from line 14 and enter the tax due.

20. Interest Penalty on Underpayment of Estimated Taxes: Check ▶ if Form IT-2210 is attached 19a.

21. Amount You Owe (add lines 19, 19a) Attach Payment made payable to Treasurer of State of Ohio. AMOUNT YOU OWE ▶ 19b.

22. If line 18 is GREATER than line 14, subtract line 14 from line 18... AMOUNT OVERPAID ▶ 20.

23. Amount of line 20 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: $3 $5 $10 Other ▶ 21.

24. Amount of line 20 you wish to DONATE for conservation of endangered species and wildlife diversity: $3 $5 $10 Other ▶ 22.

25. Amount of line 20 to be credited to 2000 estimated tax liability... CREDIT ▶ 23.

26. Amount of line 20 to be refunded (subtract amounts on lines 19a, 21, 22, and 23 from line 20)... YOUR REFUND ▶ 24.

### PAYMENTS

21. Amount of line 20 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection. $3 $5 $10 Other ▶ 21.

22. Amount of line 20 you wish to DONATE for conservation of endangered species and wildlife diversity. $3 $5 $10 Other ▶ 22.

23. Amount of line 20 to be credited to 2000 estimated tax liability. CREDIT ▶ 23.

24. Amount of line 20 to be refunded (subtract amounts on lines 19a, 21, 22, and 23 from line 20)... YOUR REFUND ▶ 24.

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**Sign Here**

If the balance due is less than $1.01, payment need not be made. And if the overpayment is less than $1.01, no refund will be issued. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief the return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has knowledge.

**Your Signature**

**Date**

**Spouse's Signature (if filing jointly, BOTH must sign)**

**Telephone Number (Optional)**

**Preparer's Signature and Address (including zip code)**

**Preparer's Phone Number**

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**For Departmental Use Only**

**Refund/credit Requested—Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43210-2679**

**Payment Enclosed—Mail to:**

**Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43210-2679**
## SCHEDULE A — ADJUSTMENTS TO INCOME (ADDITIONS AND DEDUCTIONS)

### ADDITIONS

- Add non-Ohio state or local government interest and dividends
- Add federal interest and dividends subject to state taxation (attach explanation) and add accumulation distribution from a complex trust (attach Form IT-4970)
- Pass-through entity addback
- Add losses from the sale, exchange, or other disposition of Ohio Public Obligations
- Add non-medical withdrawals or interest thereon from a medical savings account (see instructions and worksheet)
- Total additions (add lines 25, 26, 27, 28 and 29)

### DEDUCTIONS — SEE LIMITATIONS IN INSTRUCTIONS

- Deduct federal interest and dividends exempt from state taxation
- Deduct compensation earned in Ohio by full-year residents of neighboring states
- Deduct state or municipal income tax overpayments (from line 10 of Federal Form 1040)
- Deduct disability and survivorship benefits
- Deduct wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits
- Deduct qualifying social security benefits and some railroad benefits
- Deduct interest earned from Ohio Public and Purchase Obligations and the gain from the sale or disposition of Ohio Public Obligations
- Deduct increased value of nonrefundable tuition credits or decreased value of refunded credits
- Deduct the refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)
- Deduct the repayment of income reported in a prior year
- Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)
- Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet)
- Deduct the amount contributed to an Individual Development Account
- Total deductions (add lines 31 through 43)

### SCHEDULE B — CREDITS

- Retirement Income Credit (see instructions for credit table) (LIMIT $200)
- Senior Citizen’s Credit (LIMIT $50 per return)
- Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)
- Child and Dependent Care Credit (see instructions and worksheet)
- Lump Sum Retirement Credit
- Job Training Credit (see instructions and worksheet) (LIMIT $500)
- Ohio Political Contributions Credit
- Ohio Adoption Credit (LIMIT $500)
- TOTAL CREDITS (add lines 46 through 53) — enter here and on line 7

### SCHEDULE C — OHIO RESIDENT

- Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident
- Enter Ohio Adjusted Gross Income (line 3)

### SCHEDULE D — NON-RESIDENTS, PART-TIME RESIDENTS

- Divide line 58 by line 59 % and Multiply by the amount on line 12

### Scenarios

- Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio
- Enter the Ohio Adjusted Gross Income (line 3)

- Divide line 58 by line 59 % and Multiply by the amount on line 12. Enter here and on line 13.