Taxable year beginning in 2010

IT 1040

Individual Income Tax Return

Please do not use staples.

Taxpayer Social Security no. (required) □ If deceased

Spouse’s Social Security no. (only if joint return) □ If deceased

Use UPPERCASE letters.

Your first name ● M.I. ● Last name

Spouse’s first name (only if joint return) ● M.I. ● Last name

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

City ● State ● ZIP code ● County (first four letters)

Home address (if different from mailing address) – please do NOT show city or state

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

Foreign postal code

Ohio Residency Status – Check applicable box

Check applicable box for spouse (only if married filing jointly)

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

Married filing jointly

Married filing separately (enter spouse’s SS#)

Ohio Political Party Fund

Yes No

Please do not use staples, tape or glue. Place your W-2(s), check (payable to Ohio Treasurer of State) and Ohio form IT 40P on top of your return. Also place forms W-2G and 1099-R if tax was withheld. Place any other supporting documents or statements after the last page of your return.

Go paperless. It’s FREE!

Try I-File or Ohio eForms by visiting tax.ohio.gov.

Most electronic filers receive their refunds in 5-7 business days by direct deposit!

INCOME AND TAX INFORMATION – If amount is negative, shade the negative sign (“–”) in the box provided.

1. Federal adjusted gross income (from IRS form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10) ...........................................

2. Adjustments from line 47 on page 3 of Ohio form IT 1040 (enclose page 3) .................

3. Ohio adjusted gross income (line 2 added to or subtracted from line 1) ......................

4. Personal exemption and dependent exemption deduction – multiply your personal and dependent exemptions ______ times $1,600 and enter the result here ..............

5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) ..........

6. Tax on line 5 (see tax tables on pages 34-40 of the instructions) ..............................

7. Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 (enclose page 4) ............

8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 7 is more than line 6) ...........

9. Exemption credit: Number of personal and dependent exemptions ______ times $20...........

10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) ......
10a. Amount from line 10 on page 1

11. Joint filing credit. See the instructions on page 19 for eligibility and documentation requirements (this credit is for married filing jointly status only). \( \% \) times line 10a (limit \$650)......11.

12. Ohio tax less joint filing credit (line 10a minus line 11; if line 11 is more than line 10a, enter -0-)......12.

13. Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page 4)......13.

14. Manufacturing equipment grant. You must include the grant request form......14.

15. Ohio income tax (line 12 minus lines 13 and 14; if the total of lines 13 and 14 is more than line 12, enter -0-)......15.


17. Unpaid Ohio use tax (see the worksheet on page 32 of the instructions)......17.

18. Total Ohio tax liability (add lines 15, 16 and 17)......18.

19. Ohio tax withheld (box 17 on your W-2; box 14 on your W-2G; and box 10 on your 1099-R).......19.


21. Refundable credits. Include certificate(s) and K-1(s):
   a. Business jobs credit
   b. Pass-through entity credit
   c. Historic preservation credit
   d. Motion picture production credit

22. Add lines 19, 20 and 21a, b, c and d......TOTAL PAYMENTS......22.

23. If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27.


25. Amount of line 23 that you wish to donate to the following fund(s):
   a. Military injury relief
   b. Wildlife species/endangered wildlife
   c. Natural areas/endangered species

26. Line 23 minus the sum of lines 24 and 25a, b and c. Enter the amount here, then skip to line 28......26.

27. If line 22 is LESS THAN line 18, subtract line 22 from line 18......AMOUNT DUE......27.

28. Interest and penalty due on late-paid tax and/or late-filed return (see page 21 of the instructions)......INTEREST AND PENALTY......28.

If you entered an amount on line 26, skip to line 30. If you entered an amount on line 27, go to line 29.

29. Amount due plus interest and penalty (add lines 27 and 28). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see page 7 or 47 of the instructions)......AMOUNT DUE PLUS INTEREST AND PENALTY......29.

30. Refund less interest and penalty (line 26 minus line 28). Enter the amount here. If line 28 is more than line 26, you have an amount due. Subtract line 26 from line 28 and enter this amount on line 29.)......YOUR REFUND......30.

If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary.

**SIGN HERE (required) — See page 4 of this return for mailing information.**

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 Date

Spouse’s signature (see page 10 of the instructions) Phone number (optional)

Preparer’s name (please print; see page 10 of the instructions) Phone number

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

For Department Use Only
| Additions (add income items only to the extent not included on page 1, line 1). |
|---------------------------------------------------------------|-----------------|
| 31. Non-Ohio state or local government interest and dividends| 0 0             |
| 32. Certain pass-through entity Ohio taxes paid and Ohio Revised Code section 5733.40(A) pass-through entity adjustment | 0 0            |
| 33a. Federal interest and dividends subject to state taxation | 0 0            |
| b. Reimbursement of college tuition expenses and fees deducted in any previous year(s) | 0 0             |
| c. Losses from sale or disposition of Ohio public obligations | 0 0            |
| d. Nonmedical withdrawals from an Ohio medical savings account, lump sum distribution add-back and miscellaneous federal income tax adjustments | 0 0          |
| e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income | 0 0          |
| f. Noneducation expenditures from college savings account | 0 0            |
| g. 5/6 adjustment for IRC section 168(k) and 179 depreciation expense | 0 0             |
| 34. Total additions (add lines 31 through 33g and enter here). You must complete the applicable line items above | 0 0            |

| Deductions (deduct income items only to the extent included on page 1, line 1). |
|-----------------------------------------------|-----------------|
| 35. Federal interest and dividends exempt from state taxation | 0 0            |
| 36. Employee compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents and civilian nonresident spouses (see instructions) | 0 0          |
| 37. Military pay for Ohio residents, but only if the military pay is included on line 1 of this return and is received while the military member was stationed outside Ohio | 0 0          |
| 38. State or municipal income tax overpayments shown on IRS form 1040, line 10 | 0 0            |
| 39. Disability and survivorship benefits (do not include pension continuation benefits) | 0 0          |
| 40. Qualifying Social Security benefits and certain railroad retirement benefits | 0 0            |
| 41. Contributions to Ohio CollegeAdvantage 529 savings plan and/or purchases of tuition credits | 0 0          |
| 42. Certain Ohio National Guard reimbursements and benefits (see page 25 of the instructions) | 0 0            |
| 43. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see worksheet on page 25 of the instructions) | 0 0          |
| 44. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 26 of the instructions) | 0 0          |
| 45a. Wage expense not deducted due to the targeted jobs or the work opportunity tax credits | 0 0            |
| b. Interest income from Ohio public obligations and from Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations | 0 0            |
| c. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return | 0 0          |
| d. Repayment of income reported in a prior year and miscellaneous federal tax adjustments | 0 0          |
| e. Qualified organ donor expenses (maximum $10,000 per taxpayer) and amounts contributed to an individual development account | 0 0          |
| f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense | 0 0            |
| g. Military retirement income and military injury relief fund amounts included in federal adjusted gross income (line 1) | 0 0          |
| 46. Total deductions (add lines 35 through 45g). You must complete the applicable line items above | 0 0            |

47. Net adjustments – If line 34 is GREATER than line 46, enter the difference here and on line 2 as a positive amount. If line 34 is LESS than line 46, enter the difference here and on line 2 as a negative amount. Include this page when you file your return.
### SCHEDULE B – Nonbusiness Credits

48. Retirement income credit (see table on page 28 of the instructions) *(limit $200 per return)*

49. Senior citizen credit *(limit $50 per return)*. You must be 65 or older to claim this credit

50. Lump sum distribution credit (you must be 65 or older to claim this credit)

51. Child care and dependent care credit (see worksheet on page 29 of the instructions)

52. Lump sum retirement credit

53. If line 5 on page 1 is $10,000 or less, enter $93; otherwise, enter -0- or leave blank

54. Displaced worker training credit (see the instructions and worksheet on page 29) *(limit $500 per taxpayer)*

55. Ohio political contributions credit *(limit $50 per taxpayer)*

56. Ohio adoption credit *(limit $1,500 per child adopted during the year)*

57. Total Schedule B credits (add lines 48 through 56). Enter here and on page 1, line 7

### SCHEDULE C – Ohio Resident Credit

58. Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident *(limits apply – see page 30 of the instructions)*

59. Enter Ohio adjusted gross income (line 3 on page 1)

60. Divide line 58 by line 59 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12 on page 2 and enter the result here

61. Enter the 2010 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia *(limits apply – see page 30 of the instructions)*

62. Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67 below. If you filed a return for 2010 with a state(s) other than Ohio, enter the two-letter state abbreviation in the boxes below

### SCHEDULE D – Nonresident / Part-Year Resident Credit (date of part-year residency ___ to ___)

63. Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required *(see page 30 of the instructions)*

64. Enter the Ohio adjusted gross income (line 3)

65. Divide line 63 by line 64 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12. Enter here and on line 68 below

### SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

66. Enter the amount from line 11 of Schedule E, Nonrefundable Business Credits *(see page 30 of the instructions)*

67. Enter the amount from line 62 above

68. Enter the amount from line 65 above

69. Add lines 66, 67 and 68. Enter here and on page 2, line 13

### MAILING INFORMATION

NO Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

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

Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

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If line 7 (page 1) and line 13 (page 2) are both -0- or blank, do not mail page 4.