# IT-1040 OHIO Income Tax Return 1999

PLEASE CLIP YOUR CHECK OR MONEY ORDER HERE

For the year Jan. 1-Dec. 31, 1999 or other taxable year ending _____, 19___ SOCIAL SECURITY NUMBER(S) MUST BE FILLED IN BELOW

| | | |
|---|---|---|
| Your first name / Initial / Last name | Your social security number | **Filing Status—check only one**<br>Single or Head of Household<br>Married filing joint return<br>Married filing separately, enter spouse SS# |
| If a joint return, spouse's first name / Initial / Last name | Spouse's social security number | |
| (PLACE LABEL HERE OR PRINT/TYPE INFORMATION)<br>Home address (number and street) / Apt. Number | Ohio county | |
| City, town or post office, state and ZIP code | Ohio Public School District Number ▶ | |

**Ohio Residency Status** (SEE INSTRUCTIONS):
Resident
Nonresident _____ (STATE OF RESIDENCY)
Part-Year Resident From: ___ / ___ / 99 to ___ / ___ / 99

**Ohio Political Party Fund** — Yes / No
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.*

## INCOME

| | | |
|---|---|---|
| 1 Federal Adjusted Gross Income (from Federal Form 1040, line 33, or 1040A, line 18, or 1040EZ, line 4 or 1040 TEL) . | 1 | |
| 2 Ohio Adjustments (from line 45 on back of this return) | 2 | |
| 3 Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1) | 3 | |
| 4 Multiply your personal and dependent exemptions _____ times $1,050 and enter the result here | 4 | |
| 5 Ohio Taxable Income (subtract line 4 from line 3) | 5 | |

## TAX AND CREDITS

| | | |
|---|---|---|
| 6 Ohio Tax before Credits (see tax tables) | 6 | |
| 7 Credits from Schedule B (line 54 on back of this return) | 7 | |
| 8 Ohio Tax less Schedule B Credits (subtract line 7 from line 6. If line 7 is more than line 6, enter zero) | 8 | |
| 9 Exemption Credit: Number of personal and dependent exemptions _____ times $20 | 9 | |
| 10 Ohio Tax less Exemption Credit (subtract line 9 from line 8. If line 9 is more than line 8, enter zero) | 10 | |
| 11 Joint Filing Credit (see instructions and attach documentation) _____ % times line 10 (Limit $650.00) | 11 | |
| 12 Ohio Tax less Joint Filing Credit (subtract line 11 from line 10) | 12 | |
| 13 Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E) | 13 | |
| 14 Ohio Income Tax (subtract line 13 from line 12. If line 13 is more than line 12, enter zero) | 14 | |

## PAYMENTS

| | | |
|---|---|---|
| 15 **Ohio Tax Withheld** (attach W-2's to the back of this form) ..... AMOUNT WITHHELD ▶ | 15 | |
| 16 Ohio Estimated Tax, IT-40P Payments for 1999 and, 1998 Overpayment Credited to1999 | 16 | |
| 17 Refundable Business Jobs Credit 17a _____ Refundable Pass-through Entity Credits 17b _____ Total of 17a & 17b | 17 | |
| 18 Add lines 15, 16, and 17 ..... TOTAL PAYMENTS ▶ | 18 | |

## REFUND OR AMOUNT YOU OWE

| | | |
|---|---|---|
| 19 If line 18 is LESS than line 14, subtract line 18 from line 14 and enter the tax due | 19 | |
| 19a Interest Penalty on Underpayment of Estimated Tax; Check ▶ if Form IT-2210 is attached | 19a | |
| 19b Amount You Owe (add lines 19 &19a) Attach Payment made payable to Treasurer of State of Ohio. AMOUNT YOU OWE ▶ | 19b | |
| 20 If line 18 is GREATER than line 14, subtract line 14 from line 18 ..... AMOUNT OVERPAID ▶ | 20 | |
| 21 Amount of line 20 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: $3 $5 $10 Other Check box and enter amount on line 21 | 21 | |
| 22 Amount of line 20 you wish to DONATE for conservation of endangered species and wildlife diversity: $3 $5 $10 Other Check box and enter amount on line 22 | 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 | |

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 this return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

## SIGN HERE

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

FOR DEPARTMENTAL USE ONLY

15a. / U

| REFUND/CREDIT REQUESTED--MAIL TO: | PAYMENT ENCLOSED--MAIL TO: |
|---|---|
| OHIO DEPARTMENT OF TAXATION<br>P.O. BOX 2679<br>COLUMBUS, OHIO 43270-2679 | OHIO DEPARTMENT OF TAXATION<br>P.O. BOX 2057<br>COLUMBUS, OHIO 43270-2057 |

ATTACH W-2 AND 1099R FORMS HERE

## SCHEDULE A — ADJUSTMENTS TO INCOME (ADDITIONS AND DEDUCTIONS)

**ADDITIONS — ADD TO THE EXTENT NOT INCLUDED IN FEDERAL ADJUSTED GROSS INCOME (LINE 1)**

| | | | |
|---|---|---|---|
| 25 | Add non-Ohio state or local government interest and dividends * | 25 | |
| 26 | Add federal interest and dividends subject to state taxation (attach explanation) and add accumulation distribution from a complex trust (attach Form IT-4970) | 26 | |
| 27 | Pass-through entity addback | 27 | |
| 28 | Add losses from the sale, exchange, or other disposition of Ohio Public Obligations | 28 | |
| 29 | Add non-medical withdrawals or interest thereon from a medical savings account (see instructions and worksheet) | 29 | |
| 30 | Total additions (add lines 25, 26, 27, 28 and 29) * | 30 | |

**DEDUCTIONS — SEE LIMITATIONS IN INSTRUCTIONS**

| | | | |
|---|---|---|---|
| 31 | Deduct federal interest and dividends exempt from state taxation * | 31 | |
| 32 | Deduct compensation earned in Ohio by full-year residents of neighboring states * | 32 | |
| 33 | Deduct state or municipal income tax overpayments (from line 10 of Federal Form 1040) * | 33 | |
| 34 | Deduct disability and survivorship benefits * | 34 | |
| 35 | Deduct wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits | 35 | |
| 36 | Deduct qualifying social security benefits and some railroad benefits * | 36 | |
| 37 | Deduct interest earned from Ohio Public and Purchase Obligations and the gain from the sale or disposition of Ohio Public Obligations | 37 | |
| 38 | Deduct increased value of nonrefunded/used tuition credits or decreased value of refunded credits * | 38 | |
| 39 | Deduct the refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040) | 39 | |
| 40 | Deduct the repayment of income reported in a prior year | 40 | |
| 41 | Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet) * | 41 | |
| 42 | Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet) * | 42 | |
| 43 | Deduct the amount contributed to an Individual Development Account | 43 | |
| 44 | Total deductions (add lines 31 through 43) * | 44 | |
| 45 | Net adjustments–If line 30 is GREATER than line 44 enter the difference here and on line 2 as a positive amount. If the amount is LESS than line 44, enter the difference here and on line 2 as a negative amount * | 45 | |

New *

## SCHEDULE B CREDITS

| | | | |
|---|---|---|---|
| 46 | Retirement Income Credit (see instructions for credit table) (LIMIT $200) * | 46 | |
| 47 | Senior Citizen's Credit (LIMIT $50 per return) * | 47 | |
| 48 | Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit) * | 48 | |
| 49 | Child and Dependent Care Credit (see instructions and worksheet) * | 49 | |
| 50 | Lump Sum Retirement Credit * | 50 | |
| 51 | Job Training Credit (see instructions and worksheet) (LIMIT $500) * | 51 | |
| 52 | Ohio Political Contributions Credit * | 52 | |
| 53 | Ohio Adoption Credit (LIMIT $500) * | 53 | |
| 54 | TOTAL CREDITS (add lines 46 through 53)—enter here and on line 7 * | 54 | |

New *

## SCHEDULE C OHIO RESIDENT

| | | | |
|---|---|---|---|
| 55 | Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident * | 55 | |
| 56 | Enter Ohio Adjusted Gross Income (line 3) | 56 | |
| 57 | Divide line 55 by line 56 [ % ] and Multiply by the amount on line 12 | 57 | |
| 57a | Enter the 1999 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia * | 57a | |
| 57b | Enter the smaller of line 57 or line 57a. This is your Ohio Resident Tax Credit. Enter on line 13 | 57b | |

List the state(s) other than Ohio with which you filed 1999 income tax returns.

_____ _____ _____ _____

## SCH. D NON-RES. PART-YR RES.

| | | | |
|---|---|---|---|
| 58 | Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio * | 58 | |
| 59 | Enter the Ohio Adjusted Gross Income (line 3) | 59 | |
| 60 | Divide line 58 by line 59 [ % ] and Multiply by the amount on line 12. Enter here and on line 13 | 60 | |