

IT-1040 OHIO Income Tax Return

2001

For the year Jan. 1-Dec. 31, 2001 or other taxable year ending _____, 20__.

Social Security Numbers must be filled in below.

Your first name	Initial	Last name	Your social security number	Filing Status—check only one <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SS#
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number	
Home address (number and street)			Apt. Number	
City, town or post office, state and ZIP code				SS#

Ohio Public School District Number (See pages 33-35.)	
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Ohio Residency Status (see Instructions) <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident from: _____ state of residence	<input type="checkbox"/> / 01 to <input type="checkbox"/> / 01
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.		

INCOME	1. Federal Adjusted Gross Income (from Federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040 TEL) ... 1		00
	2. Ohio Adjustments (from line 45 on back of this return) 2		00
	3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1) 3		00
	4. Multiply your personal and dependent exemptions <input type="text"/> times \$1,150 and enter the result here 4		00
	5. Ohio Taxable Income (subtract line 4 from line 3) 5		00
TAX AND CREDITS	6. Tax on line 5 (see tax tables, pages 26-32) 6		00
	7. Credits from Schedule B (line 54 on back of this return) 7		00
	8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.) 8		00
	9. Exemption Credit: Number of personal and dependent exemptions <input type="text"/> times \$20 9		00
	10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.) 10		00
	11. Joint Filing Credit (see instructions and attach documentation) <input type="text"/> % times line 10 (limit \$650) 11		00
	12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10) 12		00
	13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E) 13		00
	14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero). 14		00
	15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT-2210 is attached 15		00
	16. Unpaid Ohio Use Tax (please see worksheet on page 24) 16		00
	The amount you show on this line is part of your total income tax liability for this year.		
17. Total Ohio Tax (add line 14, line 15, and line 16) 17		00	
PAYMENTS	18. Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to the back of this form) AMOUNT WITHHELD ▶ 18		00
	19. Ohio Estimated Tax, IT-40P Payments for 2001, and 2000 Overpayment Credited to 2001 ... 19		00
	20. Refundable Business Jobs Refundable Pass-through Entity Total of Credit 20a <input type="text"/> Credits 20b <input type="text"/> 20a & 20b 20		00
	21. Add lines 18, 19, and 20 TOTAL PAYMENTS ▶ 21		00
	22. If line 21 is LESS than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with a credit card (see instructions) AMOUNT YOU OWE ▶ 22		00
REFUND OR AMOUNT YOU OWE	23. If line 21 is GREATER than line 17, subtract line 17 from line 21 AMOUNT OVERPAID ▶ 23		00
	24. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24 24		00
	25. Amount of line 23 you wish to DONATE for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25 25		00
	26. Amount of line 23 to be credited to 2002 estimated tax liability CREDIT ▶ 26		00
	27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) YOUR REFUND ▶ 27		00

**Electronic Filing
can speed-up
your refund by
6 weeks!**

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. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature	Date
Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
Preparer's signature	Preparer's phone number
Preparer's address (including zip code)	

FOR DEPARTMENTAL USE ONLY	
18a.	U
NO Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Schedule A – Adjustments to Income (Additions and Deductions)		Schedule B Credits		Schedule C Ohio Resident		Schedule D Non-Res/ Part-Year Resident	
Additions – Add to the extent not included in federal adjusted gross income (Line 1)							
28.	Add non-Ohio state or local government interest and dividends and depreciation add-back	28	●			00	
29.	Add Pass-through Entity addback	29	●			00	
30.	Add income from an electing small business trust (ESBT–see instructions)	30	●			00	
31.	Other. Check if from:						
a.	<input type="checkbox"/> Federal interest and dividends subject to state taxation						
b.	<input type="checkbox"/> Accumulation Distributions from a complex trust						
c.	<input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations						
d.	<input type="checkbox"/> Non-medical withdrawals from an Ohio Medical Savings Account						
e.	<input type="checkbox"/> Reimbursements previously deducted but not included in federal adjusted gross income						
f.	<input type="checkbox"/> Non-education expenditures from college savings account NEW!						
	Total	31	●			00	
32.	Total additions (add lines 28, 29, 30, and 31)	32	●			00	
Deductions – See Limitations in Instructions							
33.	Deduct federal interest and dividends exempt from state taxation	33	●			00	
34.	Deduct compensation earned in Ohio by full-year residents of neighboring states	34	●			00	
35.	Deduct state or municipal income tax overpayments (see instructions)	35	●			00	
36.	Deduct disability and survivorship benefits (does not include pension continuations)	36	●			00	
37.	Deduct qualifying social security benefits and some railroad benefits	37	●			00	
38.	Deduct contributions to a variable college savings account and/or purchases of tuition credits	38	●			00	
39.	Deduct tuition expenses paid to a qualified Ohio educational institution NEW!	39	●			00	
40.	Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40	●			00	
41.	Deduct funds deposited into & earnings of a medical savings account for eligible medical expenses (see worksheet)	41	●			00	
42.	Deduct losses from an electing small business trust (ESBT–see instructions)	42	●			00	
43.	Other. Check if :						
a.	<input type="checkbox"/> Wage & salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits						
b.	<input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations or gains from the sale or disposition of Ohio Public Obligations.						
c.	<input type="checkbox"/> Refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)						
d.	<input type="checkbox"/> Repayment of income reported in a prior year						
e.	<input type="checkbox"/> Amount contributed to an Individual Development Account						
	Total	43	●			00	
44.	Total Deductions (add lines 33 through 43)	44	●			00	
45.	Net adjustments–If line 32 is GREATER than line 44, enter the difference here & on line 2 as a positive amount.						
	If line 32 is LESS than line 44, enter the difference here & on line 2 as a negative amount	45	●			00	
46.	Retirement Income Credit (see instructions for credit table) (Limit–\$200)	46	●			00	
47.	Senior Citizen Credit (Limit–\$50 per return)	47	●			00	
48.	Lump Sum Distribution credit (you must be 65 years of age or older to claim this credit)	48	●			00	
49.	Child and Dependent Care Credit (see instructions and worksheet)	49	●			00	
50.	Lump Sum Retirement Credit	50	●			00	
51.	Job Training Credit (see instructions and worksheet) (Limit–\$500)	51	●			00	
52.	Ohio Political Contributions Credit	52	●			00	
53.	Ohio Adoption Credit (Limit–\$500 per adoption)	53	●			00	
54.	Total Credits (add lines 46 through 53) – enter here and on line 7	54	●			00	
55.	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55	●			00	
56.	Enter Ohio Adjusted Gross Income (line 3)	56				00	
57.	Divide line 55 by line 56 <input type="text"/> % Multiply by the amount on line 12	57				00	
58.	Enter the 2001 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	58	●			00	
59.	Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	59				00	
	List the state(s) other than Ohio with which you filed 2001 Income Tax Returns						
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
60.	Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio	60	●			00	
61.	Enter the Ohio Adjusted Gross Income (line 3)	61				00	
62.	Divide line 60 by line 61 <input type="text"/> % Multiply by the amount on line 12. Enter here and on line 13.	62				00	

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2001

For the year Jan. 1-Dec. 31, 2001 or other taxable year ending _____, 20__.

Social Security Numbers must be filled in below.

Your first name	Initial	Last name	Your social security number	Filing Status—check only one <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SS# <input type="text"/>
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number	
Home address (number and street)			Apt. Number	
City, town or post office, state and ZIP code				Ohio Public School District Number (See pages 33-35.) <input type="text"/>

Ohio Residency Status (see Instructions)

<input type="checkbox"/> Resident	<input type="checkbox"/> Part-Year Resident from:
<input type="checkbox"/> Nonresident <input type="text"/>	<input type="text"/> / 01 to <input type="text"/> / 01
state of residence	

Ohio Political Party Fund

Do you want \$1 to go to this fund?	Yes	No
If joint return, does your spouse want \$1 to go to this fund?	<input type="checkbox"/>	<input type="checkbox"/>
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 19; or 1040EZ, line 4; or 1040 TEL) ...	1	<input type="text"/>	00
2. Ohio Adjustments (from line 45 on back of this return)	2	<input type="text"/>	00
3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	<input type="text"/>	00
4. Multiply your personal and dependent exemptions <input type="text"/> times \$1,150 and enter the result here	4	<input type="text"/>	00
5. Ohio Taxable Income (subtract line 4 from line 3)	5	<input type="text"/>	00

TAX AND CREDITS

6. Tax on line 5 (see tax tables, pages 26-32)	6	<input type="text"/>	00
7. Credits from Schedule B (line 54 on back of this return)	7	<input type="text"/>	00
8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	<input type="text"/>	00
9. Exemption Credit: Number of personal and dependent exemptions <input type="text"/> times \$20	9	<input type="text"/>	00
10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	<input type="text"/>	00
11. Joint Filing Credit (see instructions and attach documentation) <input type="text"/> % times line 10 (limit \$650)	11	<input type="text"/>	00
12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12	<input type="text"/>	00
13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E)	13	<input type="text"/>	00
14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero).	14	<input type="text"/>	00
15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT-2210 is attached	15	<input type="text"/>	00
16. Unpaid Ohio Use Tax (please see worksheet on page 24)	16	<input type="text"/>	00
The amount you show on this line is part of your total income tax liability for this year.			
17. Total Ohio Tax (add line 14, line 15, and line 16)	17	<input type="text"/>	00

PAYMENTS

18. Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to the back of this form)	AMOUNT WITHHELD	18	<input type="text"/>	00
19. Ohio Estimated Tax, IT-40P Payments for 2001, and 2000 Overpayment Credited to 2001 ...		19	<input type="text"/>	00
20. Refundable Business Jobs Refundable Pass-through Entity Total of				
Credit 20a <input type="text"/> Credits 20b <input type="text"/> 20a & 20b		20	<input type="text"/>	00
21. Add lines 18, 19, and 20	TOTAL PAYMENTS	21	<input type="text"/>	00

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REFUND OR AMOUNT YOU OWE

22. If line 21 is LESS than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with a credit card (see instructions)	AMOUNT YOU OWE	22	<input type="text"/>	00
23. If line 21 is GREATER than line 17, subtract line 17 from line 21	AMOUNT OVERPAID	23	<input type="text"/>	00
24. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24		24	<input type="text"/>	00
25. Amount of line 23 you wish to DONATE for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25		25	<input type="text"/>	00
26. Amount of line 23 to be credited to 2002 estimated tax liability	CREDIT	26	<input type="text"/>	00
27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	YOUR REFUND	27	<input type="text"/>	00

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.
I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature	Date
Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
Preparer's signature	Preparer's phone number
Preparer's address (including zip code)	

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NO Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Schedule A – Adjustments to Income (Additions and Deductions)		Schedule B Credits		Schedule C Ohio Resident		Schedule D Non-Res/ Part-Year Resident	
Additions – Add to the extent not included in federal adjusted gross income (Line 1)							
28.	Add non-Ohio state or local government interest and dividends and depreciation add-back	28 ●		00			
29.	Add Pass-through Entity addback	29 ●		00			
30.	Add income from an electing small business trust (ESBT–see instructions)	30 ●		00			
31.	Other. Check if from:						
a.	<input type="checkbox"/> Federal interest and dividends subject to state taxation						
b.	<input type="checkbox"/> Accumulation Distributions from a complex trust						
c.	<input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations						
d.	<input type="checkbox"/> Non-medical withdrawals from an Ohio Medical Savings Account						
e.	<input type="checkbox"/> Reimbursements previously deducted but not included in federal adjusted gross income						
f.	<input type="checkbox"/> Non-education expenditures from college savings account NEW!						
	Total	31 ●		00			
32.	Total additions (add lines 28, 29, 30, and 31)	32 ●		00			
Deductions – See Limitations in Instructions							
33.	Deduct federal interest and dividends exempt from state taxation	33 ●		00			
34.	Deduct compensation earned in Ohio by full-year residents of neighboring states	34 ●		00			
35.	Deduct state or municipal income tax overpayments (see instructions)	35 ●		00			
36.	Deduct disability and survivorship benefits (does not include pension continuations)	36 ●		00			
37.	Deduct qualifying social security benefits and some railroad benefits	37 ●		00			
38.	Deduct contributions to a variable college savings account and/or purchases of tuition credits	38 ●		00			
39.	Deduct tuition expenses paid to a qualified Ohio educational institution NEW!	39 ●		00			
40.	Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40 ●		00			
41.	Deduct funds deposited into & earnings of a medical savings account for eligible medical expenses (see worksheet)	41 ●		00			
42.	Deduct losses from an electing small business trust (ESBT–see instructions)	42 ●		00			
43.	Other. Check if :						
a.	<input type="checkbox"/> Wage & salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits						
b.	<input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations or gains from the sale or disposition of Ohio Public Obligations.						
c.	<input type="checkbox"/> Refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)						
d.	<input type="checkbox"/> Repayment of income reported in a prior year						
e.	<input type="checkbox"/> Amount contributed to an Individual Development Account						
	Total	43 ●		00			
44.	Total Deductions (add lines 33 through 43)	44 ●		00			
45.	Net adjustments–If line 32 is GREATER than line 44, enter the difference here & on line 2 as a positive amount.						
	If line 32 is LESS than line 44, enter the difference here & on line 2 as a negative amount	45 ●		00			
46.	Retirement Income Credit (see instructions for credit table) (Limit–\$200)	46 ●		00			
47.	Senior Citizen Credit (Limit–\$50 per return)	47 ●		00			
48.	Lump Sum Distribution credit (you must be 65 years of age or older to claim this credit)	48 ●		00			
49.	Child and Dependent Care Credit (see instructions and worksheet)	49 ●		00			
50.	Lump Sum Retirement Credit	50 ●		00			
51.	Job Training Credit (see instructions and worksheet) (Limit–\$500)	51 ●		00			
52.	Ohio Political Contributions Credit	52 ●		00			
53.	Ohio Adoption Credit (Limit–\$500 per adoption)	53 ●		00			
54.	Total Credits (add lines 46 through 53) – enter here and on line 7	54 ●		00			
55.	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55 ●		00			
56.	Enter Ohio Adjusted Gross Income (line 3)	56		00			
57.	Divide line 55 by line 56 <input type="text"/> % Multiply by the amount on line 12	57		00			
58.	Enter the 2001 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	58 ●		00			
59.	Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	59		00			
	List the state(s) other than Ohio with which you filed 2001 Income Tax Returns						
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
60.	Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio	60 ●		00			
61.	Enter the Ohio Adjusted Gross Income (line 3)	61		00			
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2001

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Social Security Numbers must be filled in below.

Your first name	Initial	Last name	Your social security number	Filing Status—check only one <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SS# <input type="text"/>
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number	
Home address (number and street)			Apt. Number	
City, town or post office, state and ZIP code				Ohio Public School District Number (See pages 33-35.) <input type="text"/>

Ohio Residency Status (see Instructions)

<input type="checkbox"/> Resident	<input type="checkbox"/> Part-Year Resident from:
<input type="checkbox"/> Nonresident <input type="text"/>	<input type="text"/> / 01 to <input type="text"/> / 01
state of residence	

Ohio Political Party Fund

Do you want \$1 to go to this fund?	Yes	No
If joint return, does your spouse want \$1 to go to this fund?	<input type="checkbox"/>	<input type="checkbox"/>
Note: Checking "Yes" will not increase your tax or decrease your refund.		

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4. Multiply your personal and dependent exemptions <input type="text"/> times \$1,150 and enter the result here	4	<input type="text"/>	00
5. Ohio Taxable Income (subtract line 4 from line 3)	5	<input type="text"/>	00

TAX AND CREDITS

6. Tax on line 5 (see tax tables, pages 26-32)	6	<input type="text"/>	00
7. Credits from Schedule B (line 54 on back of this return)	7	<input type="text"/>	00
8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	<input type="text"/>	00
9. Exemption Credit: Number of personal and dependent exemptions <input type="text"/> times \$20	9	<input type="text"/>	00
10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	<input type="text"/>	00
11. Joint Filing Credit (see instructions and attach documentation) <input type="text"/> % times line 10 (limit \$650)	11	<input type="text"/>	00
12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12	<input type="text"/>	00
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The amount you show on this line is part of your total income tax liability for this year.			
17. Total Ohio Tax (add line 14, line 15, and line 16)	17	<input type="text"/>	00

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18. Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to the back of this form)	18	<input type="text"/>	00
19. Ohio Estimated Tax, IT-40P Payments for 2001, and 2000 Overpayment Credited to 2001 ...	19	<input type="text"/>	00
20. Refundable Business Jobs Refundable Pass-through Entity Total of Credit 20a <input type="text"/> Credits 20b <input type="text"/> 20a & 20b	20	<input type="text"/>	00
21. Add lines 18, 19, and 20	21	<input type="text"/>	00

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REFUND OR AMOUNT YOU OWE

22. If line 21 is LESS than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with a credit card (see instructions)	22	<input type="text"/>	00
23. If line 21 is GREATER than line 17, subtract line 17 from line 21	23	<input type="text"/>	00
24. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24	<input type="text"/>	00
25. Amount of line 23 you wish to DONATE for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25	<input type="text"/>	00
26. Amount of line 23 to be credited to 2002 estimated tax liability	26	<input type="text"/>	00
27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	27	<input type="text"/>	00

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.
I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature	Date
Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
Preparer's signature	Preparer's phone number
Preparer's address (including zip code)	

FOR DEPARTMENTAL USE ONLY

18a.	U
NO Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Schedule A – Adjustments to Income (Additions and Deductions)		Schedule B Credits		Schedule C Ohio Resident		Schedule D Non-Res/ Part-Year Resident	
Additions – Add to the extent not included in federal adjusted gross income (Line 1)							
28.	Add non-Ohio state or local government interest and dividends and depreciation add-back	28 ●		00			
29.	Add Pass-through Entity addback	29 ●		00			
30.	Add income from an electing small business trust (ESBT–see instructions)	30 ●		00			
31.	Other. Check if from:						
a.	<input type="checkbox"/> Federal interest and dividends subject to state taxation						
b.	<input type="checkbox"/> Accumulation Distributions from a complex trust						
c.	<input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations						
d.	<input type="checkbox"/> Non-medical withdrawals from an Ohio Medical Savings Account						
e.	<input type="checkbox"/> Reimbursements previously deducted but not included in federal adjusted gross income						
f.	<input type="checkbox"/> Non-education expenditures from college savings account NEW!						
	Total	31 ●		00			
32.	Total additions (add lines 28, 29, 30, and 31)	32 ●		00			
Deductions – See Limitations in Instructions							
33.	Deduct federal interest and dividends exempt from state taxation	33 ●		00			
34.	Deduct compensation earned in Ohio by full-year residents of neighboring states	34 ●		00			
35.	Deduct state or municipal income tax overpayments (see instructions)	35 ●		00			
36.	Deduct disability and survivorship benefits (does not include pension continuations)	36 ●		00			
37.	Deduct qualifying social security benefits and some railroad benefits	37 ●		00			
38.	Deduct contributions to a variable college savings account and/or purchases of tuition credits	38 ●		00			
39.	Deduct tuition expenses paid to a qualified Ohio educational institution NEW!	39 ●		00			
40.	Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40 ●		00			
41.	Deduct funds deposited into & earnings of a medical savings account for eligible medical expenses (see worksheet)	41 ●		00			
42.	Deduct losses from an electing small business trust (ESBT–see instructions)	42 ●		00			
43.	Other. Check if :						
a.	<input type="checkbox"/> Wage & salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits						
b.	<input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations or gains from the sale or disposition of Ohio Public Obligations.						
c.	<input type="checkbox"/> Refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)						
d.	<input type="checkbox"/> Repayment of income reported in a prior year						
e.	<input type="checkbox"/> Amount contributed to an Individual Development Account						
	Total	43 ●		00			
44.	Total Deductions (add lines 33 through 43)	44 ●		00			
45.	Net adjustments–If line 32 is GREATER than line 44, enter the difference here & on line 2 as a positive amount.						
	If line 32 is LESS than line 44, enter the difference here & on line 2 as a negative amount	45 ●		00			
46.	Retirement Income Credit (see instructions for credit table) (Limit–\$200)	46 ●		00			
47.	Senior Citizen Credit (Limit–\$50 per return)	47 ●		00			
48.	Lump Sum Distribution credit (you must be 65 years of age or older to claim this credit)	48 ●		00			
49.	Child and Dependent Care Credit (see instructions and worksheet)	49 ●		00			
50.	Lump Sum Retirement Credit	50 ●		00			
51.	Job Training Credit (see instructions and worksheet) (Limit–\$500)	51 ●		00			
52.	Ohio Political Contributions Credit	52 ●		00			
53.	Ohio Adoption Credit (Limit–\$500 per adoption)	53 ●		00			
54.	Total Credits (add lines 46 through 53) – enter here and on line 7	54 ●		00			
55.	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55 ●		00			
56.	Enter Ohio Adjusted Gross Income (line 3)	56		00			
57.	Divide line 55 by line 56 <input type="text"/> % Multiply by the amount on line 12	57		00			
58.	Enter the 2001 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	58 ●		00			
59.	Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	59		00			
	List the state(s) other than Ohio with which you filed 2001 Income Tax Returns						
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
60.	Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio	60 ●		00			
61.	Enter the Ohio Adjusted Gross Income (line 3)	61		00			
62.	Divide line 60 by line 61 <input type="text"/> % Multiply by the amount on line 12. Enter here and on line 13.	62		00			