## IT 1040 OHIO Income Tax Return

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工	For the year Jan. 1-Dec. 31, 2002 or	otner ta	xable year ending _		<del></del>	Social Security Nu	mbers	must be filled in below.	
Order H	Your first name	Initial	Last name		Your so	cial security number	Filing	Status-check only one	
							Sing	gle or Head of Household	
ne)	If a joint return, spouse's first name	Initial	Last name		Spouse's	social security number	Mar	ried filing joint return	
Š	PLACE LABEL HERE							Married filing separately, enter spouse's	
0.	Home address (number and street)  OR PRINT/TYPE INFORMATION  Apt. Number					Ohio county		led lilling separately, effect spouses	
ec							SS#		
ې	City, town or post office, state and ZIP code				Ohio Publ	ic School District	٠.		
lno,					Number (	See pages 33-35.)			
lip)	Ohio Residency Status (see Instru	uctions	5)		Ohio Polit	ical Party Fund		Yes No	
Please Clip Your Check or Money	Resident Part-Year Resident from:				Do you war	Do you want \$1 to go to this fund?			
leas	Nonresident to If joint return, does your spouse want						nt \$1 to g	o to this fund? .	
State of residence Note: Checking "Yes" will not increase your tax or d								crease your refund.	
	1. Federal Adjusted Gross Income (from Federal Form 1040, line 35; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL)						_) 1  _	00	
M	Ohio Adjustments (from line 45 on back of this return)						2	00	
NCOME	Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)						3	00	
2								00	
_	4. Multiply your personal and dependent exemptions times \$1,200 and enter the result here								
	5. Ohio Taxable Income (subtract line 4 from line 3)							00	
	6. Tax on line 5 (see tax tables, pa	ges 26-	32)				6 _	00	
	7. Credits from Schedule B (line 54	on bac	ck of this return)				7 _	00	
	8. Ohio Tax less Schedule B Credi	ts (Subt	ract line 7 from line 6	6. If line 7 is more	than line 6, er	iter zero.)	8	00	
TS	Exemption Credit: Number of portion	ersonal	and dependent exen	notions	times \$20		9	00	
늄	1		•					00	
CRED									
	11. Joint Filing Credit (see instruction	ns and	attach documentatio	n) [ % tim	es line 10 (limit	\$650)	11	00	
AND	12. Ohio Tax less Joint Filing Credit	(subtra	ct line 11 from line 10	0)			12	00	
A	13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E)						13	00	
TAX	14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero)						14	00	
1	15. Interest Penalty on Underpayment of Estimated Tax: Check if Form IT-2210 is attached 15						00	·	
	16. Unpaid Ohio Use Tax (please see worksheet on page 24)						00		
	The amount you show on this line is part of your total income tax liability for this year.						100		
	17. Total Ohio Tax (add line 14, line	15, and	d line 16)			<u></u>	17	00	
	18. Ohio Tax Withheld (box 17 on	your W	-2)				00	Plantania Ellina	
TS	(attach W-2's to the back of this form)							Electronic Filing	
PAYMENT	19. Ohio Estimated Tax, IT-40P Payments for 2002, and 2001 Overpayment Credited to 2002 19						00	can speed up	
	20. Refundable Business Jobs Refundable Pass-through Entity Total of							your refund by	
	Credit 20a	Credit 2	20b	20a & 2	<b>:0b</b> 20		00	6 weeks!	
	21. Add lines 18, 19, and 20						00	O MCCK2:	
ш	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.								
OWE	Check here if you have paid or will pay with a credit card (see instructions)								
	23. If line 21 is GREATER than line 17, subtract line 17 from line 21							00	
OR AMOUNT YOU						TOTAL TRANSPORT			
	24. Amount of line 23 you wish to DONATE for conservation of endangered species and wildlife diversity:						00		
	\$3 \$\ \\$5 \$\ \\$ \\$10 \$\ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$						+		
AM	25. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection:						00		
JR.	\$3 S \$10 Other Check box and enter amount on line 25								
<u>Q</u>	26. Amount of line 23 to be credited to 2003 estimated tax liability						00		
3	27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) YOUR REFUND > 27								
REFUND	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, corr								rect, and complete.	
	Your signature For Departmental Use Only								
	Spouse's signature (if filing jointly, BOTH must s	ign)	Phone number (op				18a.	l <sub>u</sub> l	
	Preparer's signature		Propararia phase	number	NO Dovement I	nclosed Mail to:		ent Enclosed–Mail to:	
							Department of Taxation		
	Preparer's address (including zip code)					P.O. Box 2679 P.O. Box 2057 Columbus, OH 43270-2679 Columbus, OH 43270-2057			
	I			1 1	Columbus, (	JII 4321U-2019	Colum	1005, UF 432/U-203/	

Attach W-2 and 1099R Forms Here

Divide line 60 by line 61