



Please do not use staples.



07000106

Taxable years beginning in

2007

IT 1040 Rev. 9/09
**Individual
Income Tax Return**

Taxpayer Social Security no. (required) ▶▶ If deceased ☐ check box Spouse's Social Security no. (only if joint return) ▶▶ If deceased ☐ check box

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 Ohio county (first four letters)

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

ZIP code Ohio county (first four letters)

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

Foreign postal code

Ohio Residency Status (see instructions on page 9)

☐ Resident ☐ Nonresident/state ☐ Part-year resident from: 2 0 0 7 to 2 0 0 7

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

- ☐ Single or head of household or qualifying widow(er)
☐ Married filing jointly
☐ Married filing separately – enter spouse's SS# ▶▶

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? Yes No

Note: Checking "Yes" will not increase your tax or decrease your refund.

Ohio Public School District Number
(see pages 35-39 in the instructions)

Please do not use staples, tape or glue. Place your W-2(s), check and Ohio form IT 40P on top of your return. 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 refunds
in 5-7 business days by direct deposit!

INCOME AND TAX INFORMATION – If amount is negative, please type a minus sign ("–") before the figure.

- | | |
|---|-----|
| 1. Federal adjusted gross income (from federal forms 1040, line 37; or 1040-A, line 21; 1040-EZ, line 4; or 1040-NR, line 35) | 0 0 |
| 2. Adjustments from line 47 on page 3 of Ohio form IT 1040 (enclose page 3) | 0 0 |
| 3. Ohio adjusted gross income (line 2 added to or subtracted from line 1) | 0 0 |
| 4. Personal exemption and dependent exemption deduction – multiply your personal and dependent exemptions _____ times \$1,450 and enter the result here | 0 0 |
| 5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) | 0 0 |
| 6. Tax on line 5 (see tax tables, pages 28-34 in the instructions) | 0 0 |
| 7. Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 (enclose page 4) | 0 0 |
| 8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 7 is more than line 6) | 0 0 |
| 9. Exemption credit: Number of personal and dependent exemptions _____ times \$20 | 0 0 |
| 10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) | 0 0 |

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IT 1040



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07000206

10a. Amount from line 10 on page 1	10a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Joint filing credit (see page 14 in the instructions and enclose documentation) _____ % times line 10a (limit \$650)	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Ohio tax less joint filing credit (line 10a minus line 11; if line 11 is more than line 10a, enter -0-.)	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page 4)	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Ohio income tax before manufacturing equipment grant (line 12 minus line 13; if line 13 is more than line 12, enter -0-.)	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Manufacturing equipment grant. You must include the grant request form	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Ohio income tax (line 14 minus line 15; if line 15 is more than line 14, enter -0-.)	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Interest penalty on underpayment of estimated tax. Check <input type="checkbox"/> if Ohio form IT 2210-1040 is enclosed (may be required; see instructions on pages 15-16) INTEREST PENALTY ▶ 17.	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Unpaid Ohio use tax (see worksheet on page 27 of instructions)..... USE TAX ▶ 18.	18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Total Ohio tax (add lines 16, 17 and 18)	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYMENTS

20. Ohio Tax Withheld (box 17 on your W-2). Place W-2(s) on top of this return	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. 2006 overpayment credited to 2007, 2007 estimated tax payments and 2007 IT 40P extension payments....	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. a. Refundable business jobs credit	b. Refundable pass-through entity credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 0 0	<input type="text"/> 0 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
You must include certificate(s)	You must include K-1(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Historic preservation credit	22. Add lines 22a, 22b and 22c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 0 0	23. Add lines 20, 21 and 22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
You must include certificate(s) TOTAL PAYMENTS ▶ 23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFUND OR AMOUNT YOU OWE If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary.

24. If line 23 is GREATER than line 19, subtract line 19 from line 23..... AMOUNT OVERPAID ▶ 24.	24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. Amount of line 24 to be credited to 2008 estimated income tax liability CREDIT ▶ 25.	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. Amount of line 24 that you wish to donate to the Military Injury Relief Fund.....	26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27. Amount of line 24 that you wish to donate for nature preserves, scenic rivers and pro- tection of endangered species	27.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28. Amount of line 24 that you wish to donate for Ohio's wildlife species and conservation of endangered wildlife	28.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
29. Amount of line 24 to be refunded (subtract amounts on lines 25, 26, 27 and 28 from line 24)..... YOUR REFUND ▶ 29.	29.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30. Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). If pay- ment is enclosed make check payable to Ohio Treasurer Richard Cordray and include Ohio form IT 40P (see page 41 of the instructions) AMOUNT YOU OWE ▶ 30.	30.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 7 in the instructions)	Phone number
Preparer's name (please print)	Phone number
Do you authorize your preparer to contact us regarding this return? <input type="checkbox"/> Yes <input type="checkbox"/> No	

For Department Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
									Code

2007**IT 1040**



2007

SS#

SCHEDULE A – Income Adjustments (Additions and Deductions)
Additions – Add to the extent not included in federal adjusted gross income (line 1).

31. Non-Ohio state or local government interest and dividends	31.		0	0
32. Certain pass-through entity Ohio taxes paid	32.		0	0
33a. Federal interest and dividends subject to state taxation	33a.		0	0
b. Reimbursement of college tuition expenses and fees deducted in any previous year(s)	b.		0	0
c. Losses from sale or disposition of Ohio public obligations	c.		0	0
d. Nonmedical withdrawals from an Ohio medical savings account and miscellaneous federal tax adjustments	d.		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	e.		0	0
f. Noneducation expenditures from college savings account	f.		0	0
g. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	g.		0	0
h. Ohio Revised Code section 5733.40(A) pass-through entity adjustment	h.		0	0
34. Total additions (add lines 31 through 33h and enter here). You must complete the applicable line items above	34.		0	0

Deductions – Deduct to the extent included in federal adjusted gross income (line 1)

35. Federal interest and dividends exempt from state taxation	35.		0	0
36. Employee compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents	36.		0	0
37. Military pay for Ohio residents, but only if the military pay is included on line 1 of this return and received while the military member was stationed outside Ohio	NEW 37.		0	0
38. State or municipal income tax overpayments shown on federal form 1040, line 10	38.		0	0
39. Disability and survivorship benefits (do not include pension continuation benefits)	39.		0	0
40. Qualifying Social Security benefits and certain railroad retirement benefits	40.		0	0
41. Contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	41.		0	0
42. Certain Ohio National Guard reimbursements and benefits (see page 20 of the instructions)	42.		0	0
43. Unreimbursed long-term care insurance premiums, unsubsidized health care premiums and excess health care expenses (see worksheet on page 21 of the instructions)	43.		0	0
44. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 22 of the instructions)	44.		0	0
45a. Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits	45a.		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	b.		0	0
c. Refund or reimbursements shown on federal form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	c.		0	0
d. Repayment of income reported in a prior year and miscellaneous federal tax adjustments	d.		0	0
e. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed to an individual development account	e.		0	0
f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	f.		0	0
46. Total deductions (add lines 35 through 45f). You must complete the applicable line items above	46.		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 mail your return	47.		0	0



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SCHEDULE B – Nonbusiness Credits

48. Retirement income credit (see table in the instructions on page 23) (limit \$200 per return)	48.	<input type="text"/>	<input type="text"/>	0	0
49. Senior citizen credit (limit \$50 per return). You must be 65 or older to claim this credit	49.	<input type="text"/>	<input type="text"/>	0	0
50. Lump sum distribution credit (you must be 65 or older to claim this credit)	50.	<input type="text"/>	<input type="text"/>	0	0
51. Child care and dependent care credit (see worksheet on page 23 of the instructions)	51.	<input type="text"/>	<input type="text"/>	0	0
52. Lump sum retirement credit	52.	<input type="text"/>	<input type="text"/>	0	0
53. If line 5 on page 1 is \$10,000 or less, enter \$98; otherwise, enter -0- or leave blank	53.	<input type="text"/>	<input type="text"/>	0	0
54. Displaced worker training credit (see the instructions and worksheet on page 24) (limit \$500 per taxpayer)	54.	<input type="text"/>	<input type="text"/>	0	0
55. Ohio political contributions credit (limit \$50 per taxpayer)	55.	<input type="text"/>	<input type="text"/>	0	0
56. Ohio adoption credit (\$1,500 per child adopted during the year)	56.	<input type="text"/>	<input type="text"/>	0	0
57. Total Schedule B credits (add lines 48 through 56) – enter here and on line 7 on page 1	57.	<input type="text"/>	<input type="text"/>	0	0

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 25 of the instructions) ...	58.	<input type="text"/>	<input type="text"/>	0	0
59. Enter Ohio adjusted gross income (line 3 on page 1)	59.	<input type="text"/>	<input type="text"/>	0	0
60. Divide line 58 by line 59 and enter the result here. <input type="text"/> Multiply this factor by the amount on line 12 on page 2 and enter the result here	60.	<input type="text"/>	<input type="text"/>	0	0
61. Enter the 2007 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 25 of the instructions)	61.	<input type="text"/>	<input type="text"/>	0	0
62. Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67. If you filed a return for 2007 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below	62.	<input type="text"/>	<input type="text"/>	0	0

SCHEDULE D – Nonresident / Part-Year Resident Credit

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 25 of the instructions)	63.	<input type="text"/>	<input type="text"/>	0	0
64. Enter the Ohio adjusted gross income (line 3)	64.	<input type="text"/>	<input type="text"/>	0	0
65. Divide line 63 by line 64 and enter the result here. <input type="text"/> Multiply this factor by the amount on line 12 on page 2. Enter here and on line 68, below	65.	<input type="text"/>	<input type="text"/>	0	0

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

66. Enter the amount from line 11 of Schedule E, Nonrefundable Business Credits. This form is available on our Web site at tax.ohio.gov	66.	<input type="text"/>	<input type="text"/>	0	0
67. Enter the amount from line 62, above	67.	<input type="text"/>	<input type="text"/>	0	0
68. Enter the amount from line 65, above	68.	<input type="text"/>	<input type="text"/>	0	0
69. Add lines 66, 67 and 68. Enter here and on line 13 on page 2	69.	<input type="text"/>	<input type="text"/>	0	0

MAILING INFORMATION

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

**Please do not enclose your
federal tax return unless line 1
(FAGI) is -0- or negative.**

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

2007**IT 1040**