

Taxable year beginning in

IT 1040 Rev. 9/09

	Taxation			200)8 Indi	ividual		
Please use only black ink.								
Tax	Taxpayer Social Security no. (required) If deceased Spouse's Social Security no. (only if joint return) If deceased							
	Use UPPERCASE letters.	check box			check	box		
4)	Your first name		M.I.	Last name				
Here	Spouse's first name (only if joint re	turn)	M.I.	Last name				
abe!			7 👸					
Place Label Here	Mailing address (for faster process	ing, please use a str	eet address					
₫.						Oncorto (Frank formation)	\	
	City			State	ZIP code	County (first four lett	ers)	
Hor	ne address (if different from mailing a	address) – please do	NOT show	city or state	ZIP code	County (first four lett	ers)	
For	eign country (please provide this info	rmation if the mailing	address is	outside the U.S.)	Foreign postal co	ode		
<u>Oł</u>	io Residency Status – Check	box for primary taxp	ayer	Check box for se	econdary taxpayer ((spouse if married filing join	ntly)	
	Full-year Part-year resident	Nonresident/ indicate state		Full-year resident	Part-year resident	Nonresident/ indicate state		
Oh Do If jo	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? 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. Ohio School District Number for 2008 (see pages 38-42 in the instructions) Please do not use staples, tape or glue. Place you check and Ohio form IT 40P on top of your refund. Place any other supporting documents or state 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 refunding 15-7 business days by direct deposition.				OP on top of your return documents or stateme of your return. s. It's FREE! Ohio eForms ax.ohio.gov.	rn. ents		
_	COME AND TAX INFORMAT	ION – If amount is	negative, s	hade the negative s	sign ("–") in the bo	x provided.		
1.	Federal adjusted gross income (fi						0	0
2	line 21; 1040EZ, line 4; or 1040NR,	,					0	0
						0	0	
 3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)								
4.	and dependent exemptionstir						0	
5.	5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)5.						0	
6.	6. Tax on line 5 (see tax tables on pages 30-36 in the instructions)				0			
7.	7. Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 (enclose page 4)7.				0			
8.	8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 7 is more than line 6)8.					0		
9.	9. Exemption credit: Number of personal and dependent exemptionstimes \$209.					0		
10.	Ohio tax less exemption credit (line						0	0
	2008 IT 40 <i>4</i> 0		na	1 of 4	20	NO IT 4N <i>A</i> N		

	Ohio
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Department of Taxation



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IT 1040 Rev. 9/09 Income Tax Return

557	# Income tax Net	uiii					
10a.	Amount from line 10 on page 1	0 0					
11.	Joint filing credit (only for married filing jointly filers; see page 16 in the instructions and enclose documentation) ————% times line 10a (limit \$650)11.	0 0					
12.	Ohio tax less joint filing credit (line 10a minus line 11; if line 11 is more than line 10a, enter -0-)	0 0					
13.	Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page 4)13.	0 0					
14.	Ohio income tax before manufacturing equipment grant (line 12 minus line 13; if line 13 is more than line 12, enter -0-)	0 0					
15.	Manufacturing equipment grant. You must include the grant request form15.	0 0					
16.	Ohio income tax (line 14 minus line 15; if line 15 is more than line 14, enter -0-)16.	0 0					
	Interest penalty on underpayment of estimated tax. Check if Ohio form IT/SD 2210 is included (may be required; see instructions on page 17)INTEREST PENALTY ▶ 17.	0 0					
18.	Unpaid Ohio use tax (see worksheet on page 29 of instructions)	0 0					
19.	Total Ohio tax (add lines 16, 17 and 18)	0 0					
PAY	YMENTS						
20.	Ohio Tax Withheld (box 17 on your W-2). Place W-2(s) on top of this return	0 0					
	AMOUNT WITHHELD > 20.	0 0					
	2007 overpayment credited to 2008, 2008 estimated tax payments and 2008 IT 40P extension payment(s)21.	00					
22.	 a. Refundable business jobs credit; b. Refundable pass-through entity credit; you must include certificate(s) you must include K-1(s) 						
		0 0					
	c. Historic preservation credit; 22. Add lines 22a, 22b and 22c22. you must include certificate(s)						
	0 0 23. Add lines 20, 21 and 22	0 0					
REF	TOTAL PAYMENTS ▶ 23. EFUND 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.						
		00					
24.	If line 23 is GREATER than line 19, subtract line 19 from line 23AMOUNT OVERPAID ▶ 24.	0 0					
25.	Amount of line 24 to be credited to 2009 estimated income tax liabilityCREDIT ▶ 25.	0 0					
	Amount of line 24 that you wish to donate to the Military Injury Relief Fund26.	0 0					
	Amount of line 24 that you wish to donate for Ohio's wildlife species and conservation of endangered wildlife27.	0 0					
28.	28. Amount of line 24 that you wish to donate for nature preserves, scenic rivers and protection of endangered species						
29.	Amount of line 24 to be refunded (subtract amounts on lines 25, 26, 27 and 28 from line 24)YOUR REFUND ▶ 29.						
	Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form	0 0					
SIC	IT 40P (see pages 5 or 43 of the instructions)						
	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						
	For Department Use Only						
> 5	Your signature Date						
3	Spouse's signature (see instructions on page 9) Phone number						
Ī	Preparer's name (please print; see instructions on page 9) Phone number						
[Do you authorize your preparer to contact us regarding this return? Yes No	Code					



Do not mail page 3 if line 2 (on page 1) is -0- or blank.

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Department of Taxation



Taxable year beginning in 2008

IT 1040 Rev. 9/09 Income Tax Return

SCHEDULE A - Income Adjustments (Additions and Deductions) Additions (add income items only to the extent not included on page 1, line 1). 0 0 31. Non-Ohio state or local government interest and dividends..... 32. Certain pass-through entity Ohio taxes paid and Ohio Revised Code section 5733.40(A) 0 0 pass-through entity adjustment32. 0 0 0 0 b. Reimbursement of college tuition expenses and fees deducted in any previous year(s).....b. 0 0 d. Nonmedical withdrawals from an Ohio medical savings account, lump sum distribution add-back 0 0 and miscellaneous federal income tax adjustments......d. e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the 0 0 reimbursement is not in federal adjusted gross incomee. 0 0 f. Noneducation expenditures from college savings accountf. 0 0 g. 5/6 adjustment for IRC sections 168(k) and 179 depreciation expenseg. 0 0 34. Total additions (add lines 31 through 33g and enter here). You must complete the applicable line items, above34. Deductions (deduct income items only to the extent included on page 1, line 1). Important: See caution on page 20 of the instructions. 0 0 36. Employee compensation earned in Ohio by full-year residents of neighboring states and O 0 certain income earned by military nonresidents36. 37. Military pay for Ohio residents, but only if the military pay is included on line 1 of this 0 0 0 0 38. State or municipal income tax overpayments shown on IRS 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 22 of the instructions) 42. 43. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance 0 premiums and excess health care expenses (see worksheet on page 23 of the instructions) ... 43. 44. Funds deposited into, and earnings of, a medical savings account for eligible health care ex-0 0 0 0 45a. Wage expense not deducted due to the targeted jobs or the work opportunity tax credits......45a. b. Interest income from Ohio public obligations and from Ohio purchase obligations and gains from 0 0 the sale or disposition of Ohio public obligations.....b. c. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed 0 0 0 0 d. Repayment of income reported in a prior year and miscellaneous federal tax adjustmentsd. e. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed 0 0 to an individual development accounte. 0 0 f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....f. g. NEW Military retirement income included in federal adjusted gross income (line 1) and 0 0 military injury relief fund amounts included in line 1g. 0 0 46. Total deductions (add lines 35 through 45g). You must complete the applicable line 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, 0 0 enter the difference here and on line 2 as a negative amount. Include this page when you file your return.....





Do not mail page 4 if line 7 (page 1) and line 13 (page 2) are both -0- or blank.

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SS#			08000402	2000	Inc	ome Tax Return	
SCHEDULE B – Nonbusiness Credits							
48. Re	etirement income	credit (see table or	page 25 of the instructions) (lin	nit \$200 per return)	48.		0 0
			Irn). You must be 65 or older to				0 0
			be 65 or older to claim this cred				0 0
			see worksheet on page 26 of the				0 0
							0 0
			nter \$93; otherwise, enter -0- or				0 0
54. Di:	splaced worker to	raining credit (see th	ne instructions and worksheet on	pages 26-27)			0 0
•	•		\$50 per taxpayer)				0 0
			adopted during the year)				0 0
		(* -,	,				0 0
57. To	tal Schedule B c	redits (add lines 48-	56) – enter here and on page 1	, line 7	57.		00
SCH	EDULE C – C	Ohio Resident (Credit				
Co	olumbia while you	are an Ohio resident	bjected to tax by other states or (limits apply – see page 26 of the	instructions) 58.			0 0
59. Er	ter Ohio adjuste	d gross income (line	: 3 on page 1)	59.			0 0
		e 59 and enter the re n page 2 and enter	esult here. Mu the result here	tiply this factor by the	60.		0 0
OV	erpayment carry	forwards from previo	its other than withholding and es ous years, paid to other states of actions)	the District of Columbia	a		00
67	, below. If you file	ed a return for 2008	This is your Ohio resident tax crewith a state(s) other than Ohio,	ist the two-letter			0 0
SCHI	EDULE D – N	onresident / Pa	rt-Year Resident Credit (date of part-year r	esidency):	to)
			s income (line 3) that was not ea equired (see page 27 of the instru				0 0
64. Er	ter the Ohio adju	usted gross income	(line 3)	64.			00
	•	ne 64 and enter the n page 2. Enter here	result here. Mu	tiply this factor by the	65.		0 0
SUMMARY OF CREDITS FROM SCHEDULES C, D AND E							
			dule E, Nonrefundable Business		66.		0 0
67. Er	iter the amount f	rom line 62, above			67.		0 0
68. Er	iter the amount f	rom line 65, above			68.		0 0
			nd on line 13 on page 2		69.		00
MAILING INFORMATION							
	Ohio De _l	nt Enclosed – Mail partment of Taxatior O. Box 2679 us, OH 43270-2679	income tax I	e your federal eturn unless s -0- or negative.	Ohio	Department of Taxation P.O. Box 2057 umbus, OH 43270-2057	
	2008	IT 1040	ng 4	of 4	20	08 IT 1040	