Department of



Taxable year beginning in

IT 1040 Rev. 12/09

Taxation Income Tax Return Please use only black ink. Taxpayer Social Security no. (required) >> If deceased Spouse's Social Security no. (only if joint return) If deceased check hox check box **Use UPPERCASE letters.** Your first name M.I. Last name Place Label He Spouse's first name (only if joint return) M.I. Last name Mailing address (for faster processing, please use a street address) County (first four letters) State ZIP code Citv Home address (if different from mailing address) – please do NOT show city or state ZIP code 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 - Check applicable box Check applicable box for spouse (only if married filing jointly) Full-year Part-year Nonresident Full-year Part-year Nonresident Indicate state resident Indicate state resident resident resident Filing Status – Check one (as reported on federal income tax return) Please do not use staples, tape or glue. Place your W-2(s), check (payable to Ohio Treasurer of State) Single or head of household or qualifying widow(er) and Ohio form IT 40P on top of your return. Married filing jointly Place any other supporting documents or Married filing separately; statements after the last page of your return. enter spouse's SS# Go paperless. It's FREE! Yes **Ohio Political Party Fund** No Do you want \$1 to go to this fund?..... Try I-File or Ohio eForms by visiting tax.ohio.gov. 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. Most electronic filers receive their refunds Ohio School District Number for 2009 in 5-7 business days by direct deposit! (see pages 38-42 in the instructions) INCOME AND TAX INFORMATION - If amount is negative, shade the negative sign ("-") in the box provided. 1. Federal adjusted gross income (from IRS forms 1040, line 37; 1040A, 0 0 line 21; 1040EZ, line 4; or 1040NR, line 35)..... 1. 0 02. 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)...... 4. Personal exemption and dependent exemption deduction - multiply your personal 0 0 and dependent exemptions _ __times \$1,550 and enter the result here4. 0 0 5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)5. 0 0 0 0 7. Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 (enclose page 4)7. 0 0 8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 7 is more than line 6)......8. 0 0 9. Exemption credit: Number of personal and dependent exemptions ____ _times \$20.....9. 0 0 10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9)10.

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Taxable year beginning in 2009

IT 1040 Rev. 12/09 Individual Income Tax Return

SS# 0 0 12. Joint filing credit (only for married filing jointly filers; see page 15 of the instructions and 0 0 enclose documentation) -—% times line 11 (limit \$650)12. 0 0 0 0 14. Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page 4)14. 0 0 15. Manufacturing equipment grant. You must include the grant request form15. 16. Ohio income tax (line 13 minus lines 14 and 15; if the total of lines 14 and 15 is more than line 0 0 0 0 17. Unpaid Ohio use tax (see worksheet on page 28 of the instructions)17. 0 0 19. Ohio tax withheld (box 17 on your W-2). Place W-2(s) on top of this return..... 0 0 0 0 20. 2008 overpayment credited to 2009, 2009 est. tax payments and any other 2009 tax payments.... 20. 21. Refundable credits. Include certificate(s) and K-1(s): a. Business jobs credit b. Pass-through entity credit 0 0 0 0 c. Historic preservation credit d. NEW - Motion picture production credit 0 0 0 0 If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27. 0 0 23. If line 22 is MORE THAN line 18, subtract line 18 from line 22.....AMOUNT OVERPAID ▶ 23. 0 0 25. Amount of line 23 that you are **donating** to the following funds: a. Military injury relief b. Nature preserves/scenic rivers c. Wildlife species/endangered wildlife 0 0 0 0 0 0 0 0 26. Line 23 minus the sum of lines 24 and 25a, b and cYOUR REFUND ▶ 26. 0 0 27. If line 22 is less than line 18, subtract line 22 from line 18.......27. 28. Interest penalty on underpayment of income tax. Enclose Ohio form IT/SD 2210 (see page 17 0 0 0 0 0 0 30. Add lines 27, 28 and 29. If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see pages 5 or 43 of the instructions) ... AMOUNT DUE ▶ 30. If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary. 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 For Department Use Only belief, the return and all enclosures are true, correct and complete. Your signature Date Spouse's signature (see page 9 in the instructions) Phone number (optional) Phone number Preparer's name (please print; see page 9 in the instructions) Do you authorize your preparer to contact us regarding this return? Yes No Code





Department of Taxation



Taxable year beginning in 2009

IT 1040 Rev. 12/09 Individual Income Tax Return

SS# 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 section 168(k) and 179 depreciation expense.....g. 0 0 34. Total additions (add lines 31 through 33g and enter here). You must complete the Deductions (deduct income items only to the extent included on page 1, line 1). Important: See caution on page 19 of the instructions. 0 0 36. Employee compensation earned in Ohio by full-year residents of neighboring states and certain 0 0 income earned by military nonresidents and civilian nonresident spouses (see instructions)36. 37. Military pay for Ohio residents, but only if the military pay is included on line 1 of this return 0 0 0 0 0 0 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 21 of the instructions)42. 43. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance 0 0 premiums and excess health care expenses (see worksheet on page 21 of the instructions) 43. 44. Funds deposited into, and earnings of, a medical savings account for eligible health care 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 0 0 from the sale or disposition of Ohio public obligationsb. c. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed 0 0 on a prior year IRS income tax return......c. 0 0 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. Military retirement income included in federal adjusted gross income (line 1) and military injury 0 0 relief fund amounts included in line 1g. 46. Total deductions (add lines 35 through 45g). You must complete the applicable line 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, 0 0 enter the difference here and on line 2 as a negative amount. Include this page when you file your return





If line 7 (page 1) and line 14 (page 2) are both -0- or blank, do not mail page 4.

	Ohio	Department of Taxation		Taxable year begin	g ir	T 104 ndividu	al	
SS# D9000402 Income Tax Return								
SCHEDULE B – Nonbusiness Credits								
48.	Retirement income	credit (see table on	page 24 of the instruction	s) (limit \$200 per return)	48.			0 0
49. Senior citizen credit (limit \$50 per return). You must be 65 or older to claim this credit								0 0
50. Lump sum distribution credit (you must be 65 or older to claim this credit)50.							,	0 0
51. Child care and dependent care credit (see worksheet on page 25 of the instructions)								0 0
52. Lump sum retirement credit								0 0
53. If line 5 on page 1 is \$10,000 or less, enter \$93; otherwise, enter -0- or leave blank 53.								0 0
				eet on page 25) (limit \$500				0 0
55.	Ohio political contri	butions credit (limit	\$50 per taxpayer)		55.			0 0
				·)				0 0
57.	Total Schedule B cr	redits (add lines 48 t	through 56). Enter here a	nd on page 1, line 7	57.		,	0 0
SCHEDULE C – Ohio Resident Credit								
			bjected to tax by other sta (limits apply – see page 26	tes or the District of of the instructions) 58.	, ,	<u></u>		0 0
59.	Enter Ohio adjusted	d gross income (line	3 on page 1)	59.	,	L.,	,	0 0
		e 59 and enter the re n page 2 and enter		Multiply this factor by the	60.			0 0
	overpayment carryf	forwards from previo	ous years, paid to other sta	nd estimated tax payments at ates or the District of Columb	bia		■,■■■.	0 0
	line 67 below. If you	u filed a return for 20	009 with a state(s) other th	tax credit. Enter here and or nan Ohio, list the two-letter			,	0 0
SC	HEDULE D - N	Nonresident / P	art-Year Resident C	redit (date of part-ye	ar residenc	y	to)
			s income (line 3) that was quired (see page 26 of the	not earned or received e instructions)63.	, , , ,	<u>_</u> ,_	, ,	0 0
64.	Enter the Ohio adju	usted gross income	(line 3)	64.	, , ,	ļ.,l		0 0
		ne 64 and enter the linter here and on lin		Multiply this factor by the	65.	l ,		0 0
SUMMARY OF CREDITS FROM SCHEDULES C, D AND E								
				siness Credits. This form is	66.			0 0
								0 0
68.	Enter the amount fr	rom line 65 above			68.			0 0
69. Add lines 66, 67 and 68. Enter here and on line 14 on page 2								
MAILING INFORMATION								
	NO Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679 Do not enclose your federal income tax return unless line 1 on page 1 of this return is -0- or negative. Payment Enclosed – Mail to Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057						tment of Taxation Box 2057	
	0000	IT 4040				000	IT 4040	