

Department of Taxation



Taxable year beginning in

IT 1040 Rev. 9/10 Individual

Ple	ase use only black ink.		'" <u></u>	2010	Inc	ome Tax Returi	า			
Tax	xpayer Social Security no. (required) >> If deceased Spayer Spaye	pouse's S	ocial Security r	O. (only if joint re	eturn) 🕨 If dece	eased				
	Use UPPERCASE letters. check box Your first name — — — — — — — — — — — — — — — — — — —	M.I.	Last name		checl	< box				
Place Label Here	Spouse's first name (only if joint return)	M.I.	Last name							
Place L	Mailing address (for faster processing, please use a stree	t addres	s)							
	City			State Z	IP code	County (first four le	etters)			
	Home address (if different from mailing address) – please	do <u>NOT</u>	show city or	state	ZIP code	County (first	four lette	ers)		
For	reign country (please provide this information if the mailing a	address	s outside the	U.S.) I	oreign postal o	code				
<u>Oł</u>	Full-year Part-year Nonresident resident Indicate state		F	applicable bo ull-year esident	x for spouse (o Part-year resident	nly if married filing jointly Nonresident Indicate state	·)			
Fil	ing Status – Check one (as reported on federal income	tax retur	1 leas			pe or glue. Place yo				
	Single or head of household or qualifying widow(er)					urer of State) and Oh o place forms W-2G a				
	Married filing jointly  Married filing separately		if tax	if tax was withheld. Place any other supporting documents or statements after the last page of your return.						
	(enter spouse's SS#)		4			s. It's FREE!				
	nio Political Party Fund you want \$1 to go to this fund?	Yes	No			Ohio eForms				
If jo	pint return, does your spouse want \$1 to go to this fund?  te: Checking "Yes" will not increase your tax or decrease your	our refun	d	•		ax.ohio.gov.				
<u>Oh</u>	nio School District Number for 2010 e pages 42-46 of the instructions)		IVIO			receive their reve s by direct dep		S		
IN	COME AND TAX INFORMATION — If amount is n	egative	shade the r	egative sign	("–") in the bo	ox provided.				
1.	Federal adjusted gross income (from IRS form 1040, lin 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)			1.			0	0		
2.	Adjustments from line 47 on page 3 of Ohio form IT 1040 (	(enclose	page 3)	2.			0	0		
3.	Ohio adjusted gross income (line 2 added to or subtracted	from lin	∋ 1)	3.			0	0		
4.	Personal exemption and dependent exemption deduction – multiply your personal     and dependent exemptions — times \$1,600 and enter the result here4.					0	0			
5.	Ohio taxable income (line 3 minus line 4; enter -0- if line 3	is less th	nan line 4)	5.			0	0		
6.	. Tax on line 5 (see tax tables on pages 34-40 of the instructions)6.					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.	s. 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 exe	mptions	times	s \$20	9.		0			
10.	Ohio tax less exemption credit (line 8 minus line 9; enter -		is less than  1. 1 of 4	line 9)	10.	10 IT 10 <i>4</i>	0	0		

Ohio

Department of Taxation



Taxable year beginning in

IT 1040 Rev. 9/10

SS	# 10	000505	201		Income Tax Return	า
10a.	Amount from line 10 on page 1			10a.	, , , , , , , , , , , , , , , , , , , ,	0 0
11.	Joint filing credit. See the instructions on page 19 for e (this credit is for married filing jointly status only).					0 0
12.	Ohio tax less joint filing credit (line 10a minus line 11; if	line 11 is more than I	ine 10a, enter -0-)	)12.		0 0
13.	Total credits from line 69 on page 4 of Ohio form IT 1	040 <b>(enclose page</b> 4	4)	13.		0 0
	Manufacturing equipment grant. You must include the					0 0
	Ohio income tax (line 12 minus lines 13 and 14; if the 12, enter -0-)					0 0
16.	Interest penalty on underpayment of income tax. Enc 20 of the instructions)			16.		0 0
17.	Unpaid Ohio use tax (see the worksheet on page 32	of the instructions)		17.		0 0
	Total Ohio tax liability (add lines 15, 16 and 17)					0 0
19.	Ohio tax withheld (box 17 on your W-2; box 14 on you Place W-2(s), W-2G(s) and 1099-R(s) on top of this r					0 0
	2009 overpayment credited to 2010, 2010 est. tax pay	ments and any other	2010 tax paymen	nts20.		0 0
21.	Refundable credits. Include certificate(s) and K-1(s): a. Business jobs credit b. F	Pass-through entity c	redit			
	, , , , , , 0 0		0	0		
		Notion picture produc		0		
	0 0		0			0 0
	Add lines 19, 20 and 21a, b, c and dne 22 is MORE THAN line 18, go to line 23. If line 22 is					0 0
	If line 22 is MORE THAN line 18, subtract line 18 from		•			0 0
24.	Amount of line 23 to be credited to 2011 income tax li	ability	CREDIT TO 20	<b>11 ▶</b> 24.		0 0
25.	Amount of line 23 that you wish to <b>donate</b> to the follo a. Military injury relief b. Wildlife species	wing fund(s): /endangered wildlife	c. Natural area	as/endange	red species	
	0 0	0 0			0 0	
26.	Line 23 minus the sum of lines 24 and 25a, b and c. I line 28			26		0 0
27						0 0
	If line 22 is LESS THAN line 18, subtract line 22 from Interest and penalty due on late-paid tax and/or late-f	iled return (see page	21 of the			0 0
lf v	instructions)ou entered an amount on line 26, skip to line 30. If				29.	0 0
•	Amount due plus interest and penalty (add lines 27 a	•	•			
	check payable to Ohio Treasurer of State and include of the instructions)			<b>/</b> ▶ 29.		0 0
30.	Refund less interest and penalty (line 26 minus line 2 here. (If line 28 is more than line 26, you have an am line 26 from line 28 and enter this amount on line 29.	ount due. Subtract			0 0	
	If your refund is less than \$1.01, no refu			han \$1.01,	no payment is necessary.	
SI	GN HERE (required) — See page 4 of this return	for mailing informatio	n.			
	ave read this return. Under penalties of perjury, I declaring the return and all enclosures are true, correct and		f my knowledge a	and	For Department Use C	Only
	Your signature	Date				
•	Spouse's signature (see page 10 of the instructions)	Phone nu	umber (optional)	-		
	Preparer's name (please print; see page 10 of the ins	structions) Phone no	umber	-		
	Do you authorize your preparer to contact us regarding	ng this return?	es No			Code



## If line 2 (on page 1) is -0- or blank, do not mail page 3.



Department of Taxation



Taxable year beginning in 2010

IT 1040 Rev. 9/10 Individual Income Tax Return

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 32. Certain pass-through entity Ohio taxes paid and Ohio Revised Code section 5733.40(A) 0 0 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 income ......e. 0 0 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 23 of the instructions. 0 0 35. Federal interest and dividends exempt from state taxation......35. 36. Employee compensation earned in Ohio by full-year residents of neighboring states and certain 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 and is received while the military member was stationed outside Ohio .......37. 0 0 0 0 0 0 0 0 41. Contributions to Ohio CollegeAdvantage 529 savings plan and/or purchases of tuition credits ...41. 0 0 42. Certain Ohio National Guard reimbursements and benefits (see page 25 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 25 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 obligations ......b. c. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed 0 0 on a prior year federal income tax return......c. O 0 d. Repayment of income reported in a prior year and miscellaneous federal tax adjustments .....d. e. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed 0 0 to an individual development account .....e. 0 f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....f. g. Military retirement income and military injury relief fund amounts included in federal adjusted 0 gross income (line 1) ......g. 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



2010 IT 1040



## If line 7 (page 1) <u>and</u> line 13 (page 2) are <u>both</u> -0- or blank, do not mail page 4.

	Chio Department of Taxation  Department of Taxation  Department of Taxation  Taxable year beginning in IT 1040 Rev. 9/10 Individual Income Tax Return		
S	CHEDULE B – Nonbusiness Credits		
48.	. Retirement income credit (see table on page 28 of the instructions) (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 49.	0	0
50.	Lump sum distribution credit (you must be 65 or older to claim this credit)50.	0	0
	Child care and dependent care credit (see worksheet on page 29 of the instructions)51.	0	0
	Lump sum retirement credit	0	0
	. If line 5 on page 1 is \$10,000 or less, enter \$93; otherwise, enter -0- or leave blank53.	0	0
	. Displaced worker training credit (see the instructions and worksheet on page 29) (limit \$500		
54.	per taxpayer)	0	0
55.	. Ohio political contributions credit (limit \$50 per taxpayer)	0	0
56.	. Ohio adoption credit (\$1,500 per child adopted during the year)56.	0	0
		0	0
_	. Total Schedule B credits (add lines 48 through 56). Enter here and on page 1, line 757.		
S	CHEDULE C – Ohio Resident Credit		
	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 30 of the instructions) 58.	0	
59.	Enter Ohio adjusted gross income (line 3 on page 1)59.	0	0
60.	Divide line 58 by line 59 and enter the result here (four digits; do not round).  Multiply this factor by the amount on line 12 on page 2 and enter the result here60.	0	0
61.	Enter the 2010 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 30 of the instructions)	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 below. If you filed a return for 2010 with a state(s) other than Ohio, enter the two-letter state abbreviation in the boxes below	0	0
S	CHEDULE D – Nonresident / Part-Year Resident Credit (date of part-year residency to		)
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 30 of the instructions)63.	0	0
64.	. Enter the Ohio adjusted gross income (line 3)64.	0	0
65.	. Divide line 63 by line 64 and enter the result here (four digits; do not round).  Multiply this factor by the amount on line 12. Enter here and on line 68 below	0	0
SI	UMMARY OF CREDITS FROM SCHEDULES C, D AND E		
66.	Enter the amount from line 11 of Schedule E, Nonrefundable Business Credits (see page 30 of the instructions)	0	0
67.	Enter the amount from line 62 above67.	0	0
68.	. Enter the amount from line 65 above	0	0
69.	. Add lines 66, 67 and 68. Enter here and on page 2, line 1369.	0	0
M	AILING INFORMATION		
	NO Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679  Enclose your federal income tax return if 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		

2010 IT 1040

pg. 4 of 4 2010 IT 1040

