

Department of Taxation



IT 1040 Rev. 11/14 Individual

Use only black ink.	140	00705		20	14	Income	Гах Return		
Taxpayer Social Security no. (required)	If deceased check box	Spous	se's Social S	Security no. (only if	joint return)	If deceased check box	Enter school distrithis return (see page SD# >>		
Use UPPERCASE letters. Your first name	CHECK DOX	M.I.	Last nam	ne.		CHECK DOX		_	
			Lastrian						
Spouse's first name (only if married filing jo	ointly)	M.I.	Last nam	ne					
Mailing address (for faster processing, use	a street addres	s)							
City				State Z	IP code	Ohio co	unty (first four lette	s)	
								-,	
Home address (if different from mailing add	dress) – do <u>NOT</u>	show	city or state	;	ZIP cod	e Co	ounty (first four lette	ers)	
Foreign country (provide this information if	the mailing add	ress is	outside the	(U.S.)	Foreign	postal code			
		<u> </u>							
Ohio Residency Status – Check ap						oouse (only if mar			
Full-year Part-year resident resident	Nonresident Indicate state	>>	ш	Full-year resident		rt-year sident	Nonresident Indicate state		
Filing Status – Check one (as reported with limited exceptions –				Required to	o file Schedu	ule IT S (see instr	uctions on page 9)		
Single, head of household or qualifying	g widow(er)		Ī	Do n	not staple o	r otherwise atta	ch. Place vour		
Married filing jointly			_	W-2(s),	check (pay	able to Ohio Tr	easurer of State)		
Married filing separately (enter spouse's SS#)							porting docume e of your return.	nts	
,	(*** * * * * *	, Yes	No				tax was withheld	ı.	
Is someone else claiming you or your spou as a dependent?		1)			Go nan	orlace Itic	EDEEL		
Enter the number of dependents. If one or mowith your Ohio income tax return (see instruc				Visit		erless. It's o.gov to try	Ohio I-File.		
Ohio Political Party Fund		Yes	No	Most ta	xpayers wl	no file their retu	rns electronicall	y	
Do you want \$1 to go to this fund?							eive their refund	S	
If joint return, does your spouse want \$1 to			الم ما ما	in 10-		ss days. Paper r ately 30 days to	eturns will take process.		
Note: Checking "Yes" will not increase you		-		la tha manativa	-ion (" ") :	n the here morelle			
INCOME AND TAX INFORMATIO 1. Federal adjusted gross income (from					sign ("-") i	n the box provid	lea.		
1040EZ, line 4; 1040NR, line 36; 1040N					1			0	
2. Adjustments from line 50 on page 3 of	Ohio form IT 10)40 (en	close page	e 3) 2	2.				
3. Ohio adjusted gross income (line 2 ad	ded to or subtra	cted fro	m line 1)	= 3	3.			0	0
 Personal exemption and dependent ex of the instructions for information on S 	•		. •	4	1				0
5. Ohio taxable income (line 3 minus line	4; enter -0- if lir	ne 3 is l	ess than lir	ne 4) 5	5.				
6. Tax on line 5 (see tax tables on pages	37-43 of the ins	truction	ıs)		6.			0	
7. Schedule B credits from line 59 on page	ge 4 of Ohio forr	n IT 104	40 (enclos	e page 4)	7.				0
8. Ohio tax less Schedule B credits (line 6	minus line 7; ent	er -0- if	line 6 is les	s than line 7)	8.				
9. Income-based exemption credit (see in	nstructions on p	age 20)			9.			0	
10. Ohio tax less exemption credit (line 8 m	inus line 9; ente	r -O- if lir	ne 8 is less	than line 9)	10.			0	0
■ 2014 IT 1040	,		na 1			2044	IT 4040		

Ohio

Department of Taxation



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SSI	N 14000202 Income lax Return	
11.	Amount from line 10 on page 1	0 0
	Ohio income tax less joint filing credit (line 10a minus line 11)	0 0
	Total credits from line 71 on page 4 of Ohio form IT 1040 (enclose page 4)	0 0
	Earned income credit (see the worksheet on page 20 of the instructions)	0 0
	Ohio adoption credit	0 0
	Manufacturing equipment grant. You must include the grant request form16.	0 0
17.	Ohio income tax (line 12 minus lines 13, 14, 15 and 16; enter -0- if the total of lines 13, 14, 15 and 16 is more than line 12)	0 0
18.	Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 (see page 21 of the instructions)	0 0
	Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions on page 34). If you certify that no sales or use tax is due, check here	0 0
20.	Total Ohio tax liability (add lines 17, 18 and 19)	0 0
21.	Ohio income tax withheld (box 17 on W-2; box 15 on W-2G; and box 12 on 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) after the last page of this return AMOUNT WITHHELD ▶ 21.	0 0
22.	Add the 2014 Ohio form IT 1040ES payment(s), 2014 Ohio form IT 40P extension payment(s) and 2013 overpayment credited to 2014	0 0
23.	Refundable credits from line 73 on page 4 of Ohio form IT 1040 (enclose page 4)	0 0
	Add lines 21, 22 and 23	0 0
	ne 24 is MORE THAN line 20, go to line 25. If line 24 is LESS THAN line 20, skip to line 29. If line 24 is MORE THAN line 20, subtract line 20 from line 24 AMOUNT OVERPAID ▶ 25.	0 0
26. 27.	Amount of line 25 to be credited to 2015 income tax liability	0 0
	0 0 0 0 0 0 0	
	d. State nature preserves e. Breast / cervical cancer	
	0 0	0 0
	Line 25 minus the sum of lines 26 and 27a, b, c, d and e. Enter here, then skip to line 30 28.	0 0
30.	If line 24 is LESS THAN line 20, subtract line 24 from line 20	0 0
•	ou entered an amount on line 28, skip to line 32. If you entered an amount on line 29, go to line 31.	
	Amount due plus interest and penalty (add lines 29 and 30). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at tax.ohio.gov)	0 0
	Refund less interest and penalty (line 28 minus line 30). Enter the amount here. (If line 30 is more than line 28, you have an amount due. Subtract line 28 from line 30 and enter this amount on line 31.)YOUR REFUND > 32.	
SIC the	GN HERE (required): I have read this return. Under penalties of perjury, I declare that, to best of my knowledge and belief, the return and all enclosures are true, correct and complete. If your refund is \$1.00 or less, no refund with the first that the properties of perjury is the properties of perjury. I declare that, to lift you owe \$1.00 or less, no payment is refund to the properties of perjury. I declare that, to lift you owe \$1.00 or less, no payment is refund to the properties of perjury. I declare that, to lift you owe \$1.00 or less, no payment is refund to the properties of perjury. I declare that, to lift you owe \$1.00 or less, no payment is refund to the properties of perjury. I declare that, to lift you owe \$1.00 or less, no payment is refund to the properties of perjury.	necessary.
) ;	Your signature Date (MM/DD/YYYY) For Department Use Or	nly
	Spouse's signature (see page 10 of the instructions) Phone number (optional)	
i	Preparer's printed name (see page 10 of the instructions) Phone number	Code
ı	Do you authorize your preparer to contact us regarding this return? Yes No	
	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. Enclose your federal income tax return if line 1 on page 1 of this P.O. Box 2057 Columbus, OH 43270-2057	



Department of Taxation



Taxable year beginning in 2014

IT 1040 Rev. 11/14 Individual Income Tax Return

SSN SCHEDULE A - Income Adjustments (Additions and Deductions) Additions (add income items only to the extent not included on page 1, line 1). 0 0 34. Certain Ohio pass-through entity and financial institutions taxes paid and Ohio Revised Code 0 0 0 0 b. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and 0 0 noneducation expenditures from a college savings accountb. 0 0 0 0 d. Nonmedical withdrawals from a medical savings account........................d. e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if 0 0 the reimbursement is not in federal adjusted gross income.....e. 0 0 f. Lump sum distribution add-back and miscellaneous federal income tax adjustmentsf. 0 0 g. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expenseg. 0 0 Deductions (deduct income items only to the extent included on page 1, line 1). 0 0 0 0 b. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expenseb. 38. Employee compensation earned in Ohio by full-year residents of neighboring states and certain 0 0 39a. 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 Ohio39a. Uniformed services retirement income and military injury relief fund amounts included in 0 0 federal adjusted gross income (line 1 on page 1).....b. 0 0 40a. State or municipal income tax overpayments shown on IRS form 1040, line 10.......40a. b. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed 0 0 on a prior year federal income tax returnb. 0 0 c. Repayment of income reported in a prior year and miscellaneous federal tax adjustments.....c. 0 0 0 0 42. Disability and survivorship benefits (do not include pension continuation benefits)42. 0 0 43. Qualifying Social Security benefits and certain railroad retirement benefits43. 0 0 0 0 b. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board......b. 0 0 45. Certain Ohio National Guard reimbursements and benefits45. 46a. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance 0 0 premiums and excess health care expenses (see worksheet on page 28 of the instructions) ... 46a. b. Funds deposited into, and earnings of, a medical savings account for eligible health care 0 0 expenses (see worksheet on page 24 of the instructions).....b. c. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed 0 0 0 0 47. Wage expense not deducted due to claiming the federal work opportunity tax credit47. 48. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the 0 0 0 0 50. Net adjustments - If line 36 is MORE THAN line 49, enter the difference here and on line 2 as a positive amount. If line 36 is LESS THAN line 49, enter 0 0 the difference here and on line 2 as a negative amount 50.



	in line 7 (page 1) and lines 15 and 25 (page 2) are an -0-01 b	iank, do not mai	page 4.
SS	Ohio Department of Taxation N Taxable year beginning in 2014	IT 1040 Re Individual Income Tax R	
SC	CHEDULE B – Nonbusiness Credits		
	Retirement income credit (limit \$200 per return). See the table on page 30 of the instructions 51. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return) 52.		0 0
			0 0
53.	Lump sum distribution credit (you must be 65 or older to claim this credit)		0 0
54.	Child care and dependent care credit (see the worksheet on page 30 of the instructions) 54.		
55.	Lump sum retirement credit		0 0
	If line 5 on page 1 is \$10,000 or less, enter \$88; otherwise, enter -0		0 0
58.	Ohio political contributions credit (limit \$50 per taxpayer)		0 0
			0 0
	Total Schedule B credits (add lines 51 through 58). Enter here and on page 1, line 759.	1 1 191 1 199	
SC	CHEDULE C – Full-Year 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 were an Ohio resident (limits apply – see page 32 of the instructions) 60.		0 0
61.	Enter Ohio adjusted gross income (line 3 on page 1)61.		
	Divide line 60 by line 61 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12 and enter the result here		0 0
64	overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see page 32 of the instructions)		0 0
04.	line 69 below. If you filed a return for 2014 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below		0 0
SC	HEDULE D – Nonresident / Part-Year Resident Credit (date of part-year res	sidency)	to
65.	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received		00
	in Ohio. Include Ohio form IT 2023 if required (see page 32 of the instructions)65.		
66.	Enter the Ohio adjusted gross income (line 3 on page 1)		0 0
67.	Divide line 65 by line 66 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12. Enter here and on line 70 below		0 0
SL	IMMARY OF CREDITS FROM SCHEDULES C, D AND E		
68.	Enter the amount from line 10 of Schedule E, Nonrefundable Business Credits (see page 32 of the instructions)		0 0
69.	Enter the amount from line 64 above		0 0
70.	Enter the amount from line 67 above70.		0 0
71.	Add lines 68, 69 and 70. Enter here and on page 2, line 1371.		0 0
RE	FUNDABLE CREDITS – INCLUDE CERTIFICATE(S) AND K-1(S)		
72a	Business jobs credit 72b. Pass-through entity credit 72c. History	oric preservation credit	
	0 0		0 0
720	I. Motion picture production credit 72e. Financial Institutions Tax (FIT) credit		
70			
73.	Total of lines 72a-e. Enter here and on page 2, line 23.		
	0 0		

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