Do not staple or paper clip.



2017 Ohio IT 1040 Individual Income Tax Return



Use only black ink and UPPERCASE letters.

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Taxpayer's SSN (required)	▶ If deceas	sea Sp	Spouse's SSN (if filing jointly)		y)	••	If deceased	Enter school district # for this return (see instructions		
	check b	check box					check box	SD# >>		
First name		M.I.	Last name							
Spouse's first name (only if marri	ed filing iointly)	M.I.	Last name							
Address line 1 (number and stree	et) or P.O. Box									
Address line 2 (apartment numbe	er, suite number, etc.)									
City				State	ZIP code		Ohio cour	nty (first four l	etters)	
City				State	Zii code		Offic codi	ity (ili st loui i	cuci3)	
Foreign country (if the mailing address is outside the U.S.)				Foreign	oostal code					
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				Filing St	atus – Checl	k one	(as reported o	n federal inc	come tax	return)
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Postmark date

Code



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2 SSN 0 0 0 0 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)......8a. 0 0 0 0 0 0 9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 33 (include schedule)9. 0 0 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)......10. 0 0 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). 0 0 Check here to certify that no use tax is due..... 0 0 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)......13. 14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12), Include W-2(s), W-2G(s) 0 0 and 1099-R(s) with the return14. 15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit 0 0 0 0 0 0 17. Amended return only – amount previously paid with original and/or amended return17. 0 0 0 0 19. Amended return only - overpayment previously requested on original and/or amended return......19. 0 0 20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero...... If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 0 0 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13......21. 0 0 23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if 0 0 amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23. 0 0 24. Overpayment (line 20 minus line 13)24. 0 0 26. Original return only – amount of line 24 to be donated: a. Wishes for Sick Children b. Wildlife species c. Military injury relief 0 0 0 0 0 0 d. Ohio History Fund e. State nature preserves f. Breast / cervical cancer 0 0 0 0 Total 26a 0 0 If your refund is \$1.00 or less, no refund will be issued. Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If you owe \$1.00 or less, no payment is necessary. and belief, the return and all enclosures are true, correct and complete. Your signature _ Date (MM/DD/YY) NO Payment Included - Mail to: Ohio Department of Taxation Spouse's signature_ - Phone number. P.O. Box 2679 Columbus, OH 43270-2679 Check here to authorize your preparer to discuss this return with Taxation Payment Included – Mail to: Preparer's printed name_ Ohio Department of Taxation P.O. Box 2057

Preparer's TIN (PTIN)

Phone number

Columbus, OH 43270-2057