

2023 Ohio IT 1040
Individual Income Tax Return

23000102

Sequence No. 1

Use only black ink/UPPERCASE letters. Use whole dollars only.

☐ **AMENDED RETURN** - Check here and include Ohio IT RE.☐ **NOL CARRYBACK** - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required)

☒ If deceased

Spouse's SSN (if filing jointly)

☒ If deceased

School district #

First name

M.I. Last name

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City

State

ZIP code

Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary *Indicate state☐ Resident☐ Part-year
resident*☐ Nonresident*

Check only one for spouse (if filing jointly)

*Indicate state

☐ Resident☐ Part-year
resident*☐ Nonresident***Filing Status** - Check one (as reported on federal income tax return)☐ Single, head of household or qualifying surviving spouse☐ Married filing jointly☐ Married filing separately

Spouse's SSN

Ohio Nonresident Statement - See instructions for required criteria☐ Primary meets the five criteria for irrebuttable presumption as nonresident.☐ Spouse meets the five criteria for irrebuttable presumption as nonresident.☐ **Federal extension filers** - check here.☐ If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

1. **Federal adjusted gross income** (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative.....2a. Additions - Ohio Schedule of Adjustments, line 11 (**include schedule**).....2a.2b. Deductions - Ohio Schedule of Adjustments, line 44 (**include schedule**).....2b.

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ..

4. Exemption amount (**include Schedule of Dependents** if applicable).....4.

Number of exemptions including you and your spouse/dependents, if applicable:

5. Ohio income tax base (line 3 minus line 4; if negative, enter zero).....5.

6. Taxable business income - Ohio Schedule of Business Income, line 15 (**include schedule**).....6.

7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero).....7.

Do not write in this area; for department use only.

MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



23000202

Sequence No. 2

SSN:

7a. Amount from line 7 on page 1	7a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule).....	9.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12. Unpaid use tax (see instructions).....	12.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15. Estimated and extension payments, and credit carryforward from last year's return.....	15.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. Amended return only – amount previously paid with original and/or amended return	17.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Interest due on late payment of tax (see instructions)	22.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	AMOUNT DUE ▶ 23.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. Overpayment (line 20 minus line 13)	24.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
26. Original return only – portion of line 24 you wish to donate:		
a. Wishes for Sick Children b. Wildlife Species c. Military Injury Relief		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Primary signature _____ Phone number _____

▶ Spouse's signature _____ Date _____

Preparer's printed name _____ Phone number _____

☐ Authorize your preparer to discuss this return

☐ Non-paid preparer

PTIN: P

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057



2023 Ohio Schedule of Adjustments

Use only black ink. Use whole dollars only.



23000302

Primary taxpayer's SSN

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Sequence No. 3

Additions

(Only add the following amounts if they are not included on Ohio IT 1040, line 1)

- | | | | | | | | | | | | | | | | | |
|--|----|---|---|--|--|--|---|---|--|--|--|---|--|--|--|--|
| 1. Non-Ohio state or local government interest and dividends..... | 1. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 2. Ohio pass-through entity taxes excluded from federal adjusted gross income | 2. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 3. Taxes paid to another state or District of Columbia related to IRS notice 2020-75 | 3. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 4. 529 plan funds used for non-qualified expenses | 4. | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | |
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| 5. Losses from sale or disposition of Ohio public obligations | 5. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 6. Nonmedical withdrawals from a medical savings account | 6. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 7. Reimbursement of expenses previously deducted on an Ohio income tax return | 7. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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Federal

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| 8. Internal Revenue Code 168(k) and 179 depreciation expense add-back | 8. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 9. Exempt federal interest and dividends subject to state taxation | 9. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 10. Federal conformity additions | 10. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 11. Total additions (add lines 1 through 10 ONLY). Enter here and on Ohio IT 1040, line 2a | 11. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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Deductions

(Only deduct the following amounts if they are included on Ohio IT 1040, line 1)

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|--|-----|---|--|--|--|--|---|--|--|--|--|
| 12. Business income deduction – Ohio Schedule of Business Income, line 13 | 12. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 13. Employee compensation earned in Ohio by residents of neighboring states..... | 13. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 14. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1) | 14. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 15. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b) | 15. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 16. Certain railroad benefits | 16. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 17. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement..... | 17. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 18. Amounts contributed to an Ohio county's individual development account program | 18. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 19. Amounts contributed to a STABLE account: Ohio's ABLE plan | 19. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 20. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period..... | 20. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 21. Certain payments related to the East Palestine train derailment | 21. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 22. Ohio adoption grant program payments received from the Ohio Department of Job and Family Services | 22. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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Federal

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| 23. Federal interest and dividends exempt from state taxation..... | 23. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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2023 Ohio Schedule of Adjustments

Primary taxpayer's SSN

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23000402

Sequence No. 4

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| 24. Deduction of prior year 168(k) and 179 depreciation add-backs..... | 24. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 25. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal itemized deductions
claimed on a prior year return | 25. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 26. Repayment of income reported in a prior year | 26. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 27. Wage expense not deducted based on the federal work opportunity tax credit..... | 27. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 28. Federal conformity deductions | 28. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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Uniformed Services

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| 29. Military pay received by Ohio residents while stationed outside Ohio | 29. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 30. Compensation earned by nonresident military servicemembers and their civilian spouses | 30. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 31. Uniformed services retirement income..... | 31. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 32. Military injury relief fund grants and veteran's disability severance payments..... | 32. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 33. Certain Ohio National Guard reimbursements and benefits..... | 33. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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Education

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| 34. Amounts contributed to a 529 Plan | 34. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 35. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board | 35. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 36. Ohio educator expenses in excess of federal deduction..... | 36. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 37. Income attributable to loan repayments by the Ohio Department of Higher Education under the rural
practice incentive program | 37. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 38. Grant program payments made by the Ohio Department of Higher Education on behalf of adopted students ... | 38. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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Medical

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| 39. Disability benefits | 39. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 40. Survivor benefits..... | 40. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 41. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy) | 41. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 42. Medical savings account contributions/earnings (see instructions for worksheet; include a copy) | 42. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 43. Qualified organ donor expenses | 43. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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| 44. Total deductions (add lines 12 through 43 ONLY). Enter here and on Ohio IT 1040, line 2b..... | 44. | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
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2023 Ohio Schedule of Business Income

Use only black ink/UPPERCASE letters.
Primary taxpayer's SSN



23260102

Sequence No. 5

Enter all business income that you (and your spouse, if filing jointly) received during the tax year on this schedule. Enter only those amounts that are included in your federal adjusted gross income. **Only one Schedule of Business Income should be used for each return filed.** See R.C. 5747.01(B). **Use whole dollars only.**

Part 1 – Business Income

Note: Do not include amounts listed on the IRS schedules below that are nonbusiness income.
See R.C. 5747.01(C). If the amount on a line is negative, place a "-" in the box provided.

1. Schedule B – Interest and Ordinary Dividends	1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Schedule C – Net Profit or Loss From Business (Sole Proprietorship)	2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Schedule D – Capital Gains and Losses	3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Schedule E – Supplemental Income and Loss	4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Schedule F – Net Profit or Loss From Farming	6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Add-back of electing pass-through entity taxes paid on the Ohio form IT 4738 that qualify as business income	7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Add-back of taxes paid to another state or the District of Columbia related to IRS notice 2020-75 that qualify as business income	8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Other business income or loss not reported above (e.g. form 4797 amounts)	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Total business income (add lines 1 through 9)	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 – Business Income Deduction

11. Enter the lesser of line 10 above or Ohio IT 1040, line 1. If negative, enter zero; stop here and do not complete Part 3	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Enter the lesser of line 11 or line 12. Enter here and on Ohio Schedule of Adjustments, line 12	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 – Taxable Business Income

Note: If Ohio IT 1040, line 5 is zero, do **not** complete Part 3.

14. Line 11 minus line 13	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Taxable business income (enter the lesser of line 14 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Business income tax liability – multiply line 15 by 3% (.03). Enter here and on Ohio IT 1040, line 8b	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do not write in this area; for department use only.

2023 Ohio Schedule of Business Income

Primary taxpayer's SSN



23260202

Part 4 – Business Sources

Sequence No. 6

List all sources of business income, with Ohio sources listed first. Also separately list your ownership percentage and/or your spouse's ownership percentage (if filing jointly). If necessary, complete additional copies of this page and include with your return.

1. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
2. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
3. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
4. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
5. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
6. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
7. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		
8. FEIN / SSN	Primary ownership	Spouse's ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Business name		
<input type="text"/>		



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

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23280102

Sequence No. 7

Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
2. Retirement income credit (include 1099-R forms)	2.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
6. Child care & dependent care credit (include a copy of the worksheet)	6.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
7. Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
9. Exemption credit	9.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
10. Total (add lines 2 through 9)	10.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
12. Joint filing credit (see instructions for table). <table border="1"><tr><td></td><td></td></tr></table> % times line 11, up to \$650			12.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
13. Earned income credit	13.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
14. Home school expenses credit (include copies of all required documentation)	14.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
15. Scholarship donation credit (include copies of all required documentation)	15.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	16.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
17. Credit for work-based learning experiences (include a copy of the credit certificate)	17.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
18. Ohio adoption credit carryforward	18.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
19. Nonrefundable job retention credit (include a copy of the credit certificate)	19.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	20.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
21. Credit for the beginning farmers financial management program (include a copy of the credit certificate)	21.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
22. Welcome Home Ohio credit (include a copy of the credit certificate)	22.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
23. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)	23.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

Do not write in this area; for department use only.

2023 Ohio Schedule of Credits

Primary taxpayer's SSN

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23280202

Sequence No. 8

24. Grape production credit 24.

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25. InvestOhio credit (include a copy of the credit certificate) 25.

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26. Lead abatement credit (include a copy of the credit certificate) 26.

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27. Opportunity zone investment credit (include a copy of the credit certificate) 27.

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28. Technology investment credit carryforward (include a copy of the credit certificate) 28.

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29. Enterprise zone day care & training credits (include a copy of the credit certificate) 29.

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30. Research & development credit (include a copy of the credit certificate) 30.

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31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) 31.

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32. Ohio low-income housing credit (include a copy of the credit certificate) 32.

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33. Affordable single-family housing credit (include a copy of the credit certificate) 33.

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34. Total (add lines 12 through 33) 34.

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35. Tax less additional credits (line 11 minus line 34; if negative, enter zero) 35.

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Residency Credits

36. Nonresident credit – Ohio IT NRC, line 20 (include a copy) 36.

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37. Resident credit – Ohio IT RC, line 7 (include a copy) 37.

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38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9) 38.

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Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate) 39.

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40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) 40.

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41. Pass-through entity credit (include a copy of all Ohio IT K-1s) 41.

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42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 42.

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43. Venture capital credit (include a copy of the credit certificate) 43.

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44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16) 44.

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2023 Ohio Schedule of Dependents

Use only black ink/UPPERCASE letters.



23230102

Primary taxpayer's SSN

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Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you																																																												
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
Dependent's first name	M.I.	Dependent's last name																																																												
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Do not write in this area; for department use only.

2023 Ohio Schedule of Dependents



23230202

Sequence No. 10

Primary taxpayer's SSN

8. Dependent's SSN

Dependent's date of birth (MM-DD-YYYY)

Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name

9. Dependent's SSN

Dependent's date of birth (MM-DD-YYYY)

Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name

10. Dependent's SSN

Dependent's date of birth (MM-DD-YYYY)

Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name

11. Dependent's SSN

Dependent's date of birth (MM-DD-YYYY)

Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name

12. Dependent's SSN

Dependent's date of birth (MM-DD-YYYY)

Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name

13. Dependent's SSN

Dependent's date of birth (MM-DD-YYYY)

Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name

14. Dependent's SSN

Dependent's date of birth (MM-DD-YYYY)

Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name

15. Dependent's SSN

Dependent's date of birth (MM-DD-YYYY)

Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350102

Primary taxpayer's SSN

Sequence No. 11

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List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here
and on line 14 of your Ohio IT 1040.....1.

--	--	--	--	--	--	--	--	--	--

Part B - W-2s

1. P/S Box b - EIN

--	--	--	--	--	--	--	--	--	--

Box 15 - Employer's Ohio ID number

--	--	--	--	--	--	--	--	--	--

Box 1 - Wages, tips, other compensation

--	--	--	--	--	--	--	--	--	--

Box 16 - Ohio wages, tips, etc.

--	--	--	--	--	--	--	--	--	--

Box 2 - Federal income tax withheld

--	--	--	--	--	--	--	--	--	--

Box 17 - Ohio income tax

--	--	--	--	--	--	--	--	--	--

2. P/S Box b - EIN

--	--	--	--	--	--	--	--	--	--

Box 15 - Employer's Ohio ID number

--	--	--	--	--	--	--	--	--	--

Box 1 - Wages, tips, other compensation

--	--	--	--	--	--	--	--	--	--

Box 16 - Ohio wages, tips, etc.

--	--	--	--	--	--	--	--	--	--

Box 2 - Federal income tax withheld

--	--	--	--	--	--	--	--	--	--

Box 17 - Ohio income tax

--	--	--	--	--	--	--	--	--	--

3. P/S Box b - EIN

--	--	--	--	--	--	--	--	--	--

Box 15 - Employer's Ohio ID number

--	--	--	--	--	--	--	--	--	--

Box 1 - Wages, tips, other compensation

--	--	--	--	--	--	--	--	--	--

Box 16 - Ohio wages, tips, etc.

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Box 2 - Federal income tax withheld

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Box 17 - Ohio income tax

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4. P/S Box b - EIN

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Box 15 - Employer's Ohio ID number

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Box 1 - Wages, tips, other compensation

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Box 16 - Ohio wages, tips, etc.

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Box 2 - Federal income tax withheld

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Box 17 - Ohio income tax

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5. P/S Box b - EIN

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Box 15 - Employer's Ohio ID number

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Box 1 - Wages, tips, other compensation

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Box 16 - Ohio wages, tips, etc.

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Box 2 - Federal income tax withheld

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Box 17 - Ohio income tax

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6. P/S Box b - EIN

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Box 15 - Employer's Ohio ID number

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Box 1 - Wages, tips, other compensation

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Box 16 - Ohio wages, tips, etc.

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Box 2 - Federal income tax withheld

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Box 17 - Ohio income tax

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7. P/S Box b - EIN

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Box 15 - Employer's Ohio ID number

--	--	--	--	--	--	--	--	--	--

Box 1 - Wages, tips, other compensation

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Box 16 - Ohio wages, tips, etc.

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Box 2 - Federal income tax withheld

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Box 17 - Ohio income tax

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2023 Schedule of Ohio Withholding

Primary taxpayer's SSN



23350202

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

☐

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

☐

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

☐

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

☐

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

☐

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

☐

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

☐

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

☐

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number

☐

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

☐

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

☐

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN

☐

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

☐

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

Ohio Universal Payment Coupon (IT)

Include the coupon below with your Ohio individual income tax payment.

Important

- Make payment payable to: Ohio Treasurer of State
- Include the tax year, "IT 1040", and the last four digits of your SSN on the "Memo" line of your payment.
- Do not send cash.
- Do not use this coupon to make a payment for a school district income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. To pay by electronic check, credit card, or debit card, visit **tax.ohio.gov/pay** OR scan with your phone.



Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

 Cut on the dotted lines. Use only black ink.

Ohio Universal Payment Coupon (OUPC)

Individual Income Tax 440

ID Type	01	Coupon Type	54
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First name	M.I.	Last name
Address		
City, State, ZIP code		

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

Tax Year
2023



Using UPPERCASE letters,
print the first three letters of
the taxpayer's last name.

Taxpayer's SSN

Amount of Payment ➡ \$

00