

2015 Universal IT 1040 Individual Income Tax Return



15000202

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"/>	0	0
8a. 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"/>	0	0
8b. Business income tax liability (attach Ohio Schedule IT BUS, line 14)	8b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
8c. 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"/>	0	0
9. Ohio nonrefundable credits/grants (attach Ohio Schedule of Credits, line 35)	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
10. Tax liability after nonrefundable credits/grants (line 8c minus line 9; if less than -0-, enter -0-)	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
11. Interest penalty on underpayment of estimated tax (attach Ohio IT/SD 2210)	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). If you certify that no sales or use tax is due, check the box to the right	<input type="checkbox"/> 12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	0	0
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12)	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
16. Refundable credits (attach Ohio Schedule of Credits, line 41)	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
17. Amended return only – amount previously paid with original/amended return	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	0	0
19. Amended return only – overpayment previously received on original/amended return	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
20. Line 18 minus line 19	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

If line 20 is **MORE THAN** line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20)	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
22. Interest and penalty due on late filing or 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"/>	0	0
23. TOTAL AMOUNT DUE (line 21 plus line 22). Enclose Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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"/>	0	0
25. Original return only – amount of line 24 to be credited toward 2016 income tax liability	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
26. Amount of line 24 to be donated:									
a. Military injury relief b. Ohio History Fund c. State nature preserves		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
d. Breast / cervical cancer e. Wishes for Sick Children f. Wildlife species		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
	Total.....26g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
27. YOUR REFUND (line 24 minus lines 25 and 26g)	27.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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.

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

▶ Your signature _____		Date (MM/DD/YYYY) _____
▶ Spouse's signature (see instructions) _____		Phone number _____
Preparer's printed name (see instructions) _____	PTIN _____	Phone number _____
Do you authorize your preparer to contact us regarding this return? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NO Payment Enclosed – Mail to:

Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Enclosed – Mail to:

Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057