

2020 Ohio IT 1040 Individual Income Tax Return



20000202

Sequence No. 2

SSN [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

7a. Amount from line 7 on page 1 ..... 7a. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)..... 8a. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE) ..... 8b. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
8c. Income tax liability before credits (line 8a plus line 8b) ..... 8c. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE) ..... 9. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)..... 10. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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) ..... 12. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... 13. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE) ..... 14. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return ..... 15. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE) ..... 16. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
17. Amended return only – amount previously paid with original and/or amended return ..... 17. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... 18. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
19. Amended return only – overpayment previously requested on original and/or amended return..... 19. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero..... 20. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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). If line 20 is negative, ignore the "-" and add line 20 to line 13..... 21. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
22. Interest due on late payment of tax (see instructions) ..... 22. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" ..... AMOUNT DUE ▶ 23. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
24. Overpayment (line 20 minus line 13) ..... 24. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
25. Original return only – amount of line 24 to be credited toward next year's income tax liability..... 25. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
26. Original return only – amount of line 24 to be donated:
a. Ohio History Fund [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
b. State nature preserves [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
c. Breast/Cervical Cancer [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Total .... 26g. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
d. Wishes for Sick Children [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
e. Wildlife species [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
f. Military injury relief [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
27. REFUND (line 24 minus lines 25 and 26g)..... YOUR REFUND ▶ 27. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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 (MM/DD/YY) \_\_\_\_\_
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name \_\_\_\_\_ Phone number \_\_\_\_\_
Preparer's TIN (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