2021 Ohio IT 1040

Individual Income Tax Return



SOIT			21000202	Seque	ence No. 2
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 1	4 (include schedule)	8b.			
8c. Income tax liability before credits (line 8a plus line 8b)		8c.			
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line	38 (include schedule)	.9.			
10. Tax liability after nonrefundable credits (line 8c minus line 9;	if negative, enter zero)	10.			
11. Interest penalty on underpayment of estimated tax (include	Ohio IT/SD 2210)	11.			
12. Unpaid use tax (see instructions)		12.			
13. Total Ohio tax liability before withholding or estimated pay	ments (add lines 10, 11 and 12)	13.			
14. Ohio income tax withheld – Schedule of Ohio Withholding, p income statements)		14.			
15. Estimated and extension payments (from Ohio IT 1040ES a from last year's return		15.			
16. Refundable credits – Ohio Schedule of Credits, line 44 (incl	ude schedule)	16.			
17. <u>Amended return only</u> – amount previously paid with original and/or amended return					
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		18.			
19. <u>Amended return only</u> – overpayment previously requested	on original and/or amended return	19.			
20. Line 18 minus line 19. Place a "-" in the box if negative		20.			
If line 20 is MORE THAN line 13, skip to line 24. O	-	24			
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore					
22. Interest due on late payment of tax (see instructions)	22.				
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohi (if amended return) and make check payable to "Ohio Trea		23.			
24. Overpayment (line 20 minus line 13)		24.			
 25. <u>Original return only</u> – portion of line 24 carried forward to not not not not not not not not not	ext year's tax liability	25.			
d. Breast/Cervical Cancer e. Wishes for Sick Children	Total 26 f. Wildlife Species	ig.			
d. Breast Cervical Caricer e. Wishes for Sick Children	i, vviidile species				
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND	27.			_00
Sign Here (required): I have read this return. Under penalties of pand belief, the return and all enclosures are true, correct and complete.	perjury, I declare that, to the best of my knowledge		is \$1.00 or less, no \$1.00 or less, no pa		
Primary signature	Phone number	NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679		i il to: on	
Spouse's signature	Date	Col	P.O. Box 20 Iumbus, OH 43		79
Check here to authorize your preparer to discuss this return with the Preparer's printed name	e Department.		ment Included to Department of P.O. Box 20	of Taxati	
		Co	lumbus, OH 43		57

Preparer's TIN (PTIN)