

2022 Ohio IT 1040
Individual Income Tax Return



22000202

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"/> |
| 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"/> |
| 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (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"/> |
| 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"/> |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), 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"/> |
| 16. Refundable credits – Ohio Schedule of Credits, line 41 (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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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" | 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"/> |
| 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"/> |
| 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"/> |
| 26. Original return only – portion of line 24 you wish to donate: | | |
| a. Wildlife Species | b. Military Injury Relief | c. Ohio History Fund |
| <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. Nature Preserves/Scenic Rivers | e. Breast/Cervical Cancer | f. Wishes for Sick Children |
| <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. |

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 _____

☐ 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