

2023 Ohio IT 1040
Individual Income Tax Return



23000289 Sequence No. 2

SSN:

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

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:

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