



2023 Ohio IT 1040 Individual Income Tax Return

Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased School district #

First name M.I. Last name

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City State ZIP code Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Table with 2 columns: Residency Status and Filing Status. Includes sub-sections for spouse and Ohio Nonresident Statement.

Do not staple or paper clip.

- 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative.....1.
2a. Additions - Ohio Schedule of Adjustments, line 11 (include schedule) .....2a.
2b. Deductions - Ohio Schedule of Adjustments, line 44 (include schedule).....2b.
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative .. ....3.
4. Exemption amount (include Schedule of Dependents if applicable) .....4.
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero).....5.
6. Taxable business income - Ohio Schedule of Business Income, line 15 (include schedule).....6.
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero) .....7.

MM-DD-YY

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SSN:

Sequence 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 of Business Income, line 16 (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 payments (add lines 10, 11 and 12).....13.
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) .....14.
15. Estimated and extension payments, and credit carryforward from last year's return.....15.
16. Refundable credits – Ohio Schedule of Credits, line 44 (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 if negative.....20.
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.
22. Interest due on late payment of tax (see instructions) .....22.
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" ..... AMOUNT DUE ▶ 23.
24. Overpayment (line 20 minus line 13) .....24.
25. Original return only – portion of line 24 carried forward to next year's tax liability .....25.
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
Total....26g.

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 \_\_\_\_\_
Preparer's printed name \_\_\_\_\_ Phone number \_\_\_\_\_

Authorize your preparer to discuss this return Non-paid preparer 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