Please do not use staples.

	Ohio	Department of Taxation			Taxable year	10 In	T 1040 Rev. 9/10 dividual come Tax Return			
Ple	ease use only blac	ck ink.								
Тах	kpayer Social Secu	rity no. (required) 🕨	If deceased	Spouse's So	cial Security no. (only i	f joint return) 🕨 If de	ceased			
	Use UPPERCA Your first name	SE letters.	check box	— M.I.	Last name	che	ck box			
ere										
Place Label Here	Spouse's first nar	me (only if joint retur	m)	M.I.	Last name					
ace L	Mailing address (for faster processing	g, please use a sti	eet address						
₽	City				🗕 🗕 🗕 State	ZIP code	County (first four lette	re)		
	City							13)		
	Home address (if	different from mailir	ng address) – plea	ise do <u>NOT</u> s	show city or state	ZIP code	County (first fou	r lette	rs)	
For	roign country (place	se provide this inforr	nation if the mailir	a addross is	outside the LLS)	Foreign posta	Loodo			
1.01	leigh country (pieas			iy address is	outside the 0.5.)	i oreigin posta				
Oł	nio Residency	Status – Check a	pplicable box		Check applica	ble box for spouse	(only if married filing jointly)			
<u>v</u> .	Full-year resident	Part-year resident	Nonresident Indicate state	••	Full-year resident	Part-year resident				
<u>Fil</u>	ing Status – Ch	neck one (as reporte	d on federal incor	ne tax return) Please do n	ot use staples, t	tape or glue. Place your \	N-2(s	s).	
	Single or head of h	nousehold or qualify	ing widow(er)		check (paya	check (payable to Ohio Treasurer of State) and Ohio form 40P on top of your return. Also place forms W-2G and 109				
	Married filing jointly				if tax was w	if tax was withheld. Place any other supporting documents				
	Married filing sepa (enter spouse's SS				or stat		e last page of your return	1.		
	nio Political Pa	to this fund?			0		ess. It's FREE! r Ohio eForms			
		ur spouse want \$1 t				· · · · · · · · · · · · · · · · · · ·	tax.ohio.gov.			
No	te: Checking "Yes"	will not increase yo	ur tax or decrease		Most ele	ectronic filer	s receive their refu	Ind	S	
<u>Oh</u> (se	nio School Dist e pages 42-46 of t	trict Number fo he instructions)	o <u>r 2010</u>		in 5-7	business da	iys by direct depos	sit!		
IN	COME AND TA	X INFORMATIC	ON − If amount i	s negative,	shade the negative	e sign ("−") in the l	box provided.			
1.		l <mark>gross income</mark> (fro 040NR, line 36; or 10				1		0	0	
2.		line 47 on page 3 o				2.		0	0	
		ss income (line 2 ac				3.		0	0	
4.	 Personal exemption and dependent exemption deduction – multiply your personal and dependent exemptions times \$1,600 and enter the result here4. 					4.		0	0	
5.	Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) .				an line 4)	5		0	0	
6.	Tax on line 5 (see tax tables on pages 34-40 of the instructions)					6.		0	0	
7.	Credits from Sche	edule B from line 57	on page 4 of Ohio	form IT 104	0 (enclose page 4)	7.		0	0	
8.	8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 7 is)8.		0	0	
9. Exemption credit: Number of personal and dependent exemptions					times \$20	9.		0	0	
10.		mption credit (line 8	minus line 9; ente	er -0- if line 8	is less than line 9).				0	
	2010	IT 1040		pg	1 of 4	2	010 IT 1040			

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Taxable year beginning in **2010**

IT 1040 Rev. 9/10 Individual Income Tax Return

	Amount from line 10 on page 1				00
11.	Joint filing credit. See the instructions on page 19 for eligibility and docume (this credit is for married filing jointly status only)% times line 1				0 0
12.	Ohio tax less joint filing credit (line 10a minus line 11; if line 11 is more than	line 10a, enter -0-) 12.			0 0
13.	Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page	4) 13.			0 0
	Manufacturing equipment grant. You must include the grant request form				0 0
	Ohio income tax (line 12 minus lines 13 and 14; if the total of lines 13 an 12, enter -0-)	15.			0 0
16.	Interest penalty on underpayment of income tax. Enclose Ohio form IT/S 20 of the instructions)				0 0
17.	Unpaid Ohio use tax (see the worksheet on page 32 of the instructions).	17.			0 0
	Total Ohio tax liability (add lines 15, 16 and 17)				00
19.	Ohio tax withheld (box 17 on your W-2; box 14 on your W-2G; and box 1 Place W-2(s), W-2G(s) and 1099-R(s) on top of this return				00
	2009 overpayment credited to 2010, 2010 est. tax payments and any othe	r 2010 tax payments20.			00
21.	Refundable credits. Include certificate(s) and K-1(s): a. Business jobs credit b. Pass-through entity	credit			
	00	, 0 0			
	c. Historic preservation credit d. Motion picture produ				
22	Add lines 19, 20 and 21a, b, c and d	0 0 TOTAL PAYMENTS ▶ 22.			00
lf I	ine 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line	18, skip to line 27.			0 0
	If line 22 is MORE THAN line 18, subtract line 18 from line 22A				0 0
	Amount of line 23 to be credited to 2011 income tax liability Amount of line 23 that you wish to donate to the following fund(s): a. Military injury relief b. Wildlife species/endangered wildlife		gered species		00
	0 0		00		
26.	Line 23 minus the sum of lines 24 and 25a, b and c. Enter the amount he line 28				00
	If line 22 is LESS THAN line 18, subtract line 22 from line 18				00
28.	Interest and penalty due on late-paid tax and/or late-filed return (see paginstructions)				00
-	ou entered an amount on line 26, skip to line 30. If you entered an ar	-	ne 29.		
29.	Amount due plus interest and penalty (add lines 27 and 28). If payment is check payable to Ohio Treasurer of State and include Ohio form IT 40P (so of the instructions)	ee page 7 or 47			00
30.	Refund less interest and penalty (line 26 minus line 28). Enter the amoun here. (If line 28 is more than line 26, you have an amount due. Subtract	nt		00	
	line 26 from line 28 and enter this amount on line 29.)		1 no novmont is n		
S	GN HERE (required) – See page 4 of this return for mailing informati	•	, no payment is n	ecessary.	
11	nave read this return. Under penalties of perjury, I declare that, to the best		For Doport	mont lice O	nhv
b	elief, the return and all enclosures are true, correct and complete.		For Departi	nent use u	illy
	Your signature Date				
	Spouse's signature (see page 10 of the instructions) Phone r	number (optional)			
	Preparer's name (please print; see page 10 of the instructions) Phone r	number			
	Do you authorize your preparer to contact us regarding this return?	Yes No			Code
	2010 IT 1040 pg. 2	of 4	2010	T 104	0

If line 2 (on page 1) is -0- or blank, do not mail page 3.

Ohio

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Department of Taxation





IT 1040 Rev. 9/10 Individual Income Tax Return

	2010 IT 1040 pg. 3 of 4	2010	IT 104	0
	Net adjustments – If line 34 is GREATER than line 46, enter the difference here and on line 2 as a positive amount. If line 34 is LESS than line 46, enter the difference here and on line 2 as a negative amount. Include this page when you file your return47.			00
	Total deductions (add lines 35 through 45g). You must complete the applicable line items above			00
g.	Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense Military retirement income and military injury relief fund amounts included in federal adjusted gross income (line 1)			0 0
	to an individual development account			00
	Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed			
d	on a prior year federal income tax return			0 0
	from the sale or disposition of Ohio public obligationst Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed			0 0
b.	Interest income from Ohio public obligations and from Ohio purchase obligations and gains			0 0
	Wage expense not deducted due to the targeted jobs or the work opportunity tax credits45a			00
	Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 26 of the instructions)	4		00
	Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see worksheet on page 25 of the instructions) 43	3.		00
42.	Certain Ohio National Guard reimbursements and benefits (see page 25 of the instructions)42	2. ,		00
41.	Contributions to Ohio CollegeAdvantage 529 savings plan and/or purchases of tuition credits4	1,		0 0
40.	Qualifying Social Security benefits and certain railroad retirement benefits40),		0 0
39.	Disability and survivorship benefits (do not include pension continuation benefits)	э,		0 0
38.	State or municipal income tax overpayments shown on IRS form 1040, line 10	3,		0 0
	Military pay for Ohio residents, but only if the military pay is included on line 1 of this return and is received while the military member was stationed outside Ohio	7		0 0
	Employee compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents and civilian nonresident spouses (see instructions)	6.		00
	Federal interest and dividends exempt from state taxation	5.		00
Imp	ductions (deduct income items only to the extent included on page 1, line 1). portant: See caution on page 23 of the instructions.			0.0
	Total additions (add lines 31 through 33g and enter here). You must complete the applicable line items above			00
-	5/6 adjustment for IRC section 168(k) and 179 depreciation expense	g		00
f.	Noneducation expenditures from college savings account	f 9		00
e.	Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	e.		0 0
	Nonmedical withdrawals from an Ohio medical savings account, lump sum distribution add-back and miscellaneous federal income tax adjustments	d.		00
c.	Losses from sale or disposition of Ohio public obligations	c. , ,		00
b.	Reimbursement of college tuition expenses and fees deducted in any previous year(s)) j		00
33a.	Federal interest and dividends subject to state taxation	a,		0 0
	Certain pass-through entity Ohio taxes paid and Ohio Revised Code section 5733.40(A) pass-through entity adjustment	2.		0 0
	Jitions (add income items only to the extent not included on page 1, line 1). Non-Ohio state or local government interest and dividends	1		00
36	HEDULE A – Income Adjustments (Additions and Deductions)			

If line 7 (page 1) and line 13 (page 2) are both -0- or blank, do not mail page 4.

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SCH	EDULE B – N	Vonbusiness	Credits

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IT 1040 Rev. 9/10 Individual Income Tax Return

48.	Retirement income credit (see table on page 28 of the instructions) (limit \$200 per return) 48.	0	0
49.	Senior citizen credit (limit \$50 per return). You must be 65 or older to claim this credit	0	0
50.	Lump sum distribution credit (you must be 65 or older to claim this credit)	0	0
51.	Child care and dependent care credit (see worksheet on page 29 of the instructions)	0	0
52.	Lump sum retirement credit	0	0
53.	If line 5 on page 1 is \$10,000 or less, enter \$93; otherwise, enter -0- or leave blank	0	0
54.	Displaced worker training credit (see the instructions and worksheet on page 29) (limit \$500 per taxpayer)	0	
55.	Ohio political contributions credit (limit \$50 per taxpayer)	0	
56.	Ohio adoption credit (\$1,500 per child adopted during the year)	0	0
		0	0
	Total Schedule B credits (add lines 48 through 56). Enter here and on page 1, line 7		
58.	Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident (limits apply – see page 30 of the instructions) 58.	0	
59.	Enter Ohio adjusted gross income (line 3 on page 1)	0	0
60.	Divide line 58 by line 59 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12 on page 2 and enter the result here60.	0	0
61.	Enter the 2010 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see page 30 of the instructions)	0	0
62.	Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67 below. If you filed a return for 2010 with a state(s) other than Ohio, enter the two-letter state abbreviation in the boxes below	0	0
SC	CHEDULE D – Nonresident / Part-Year Resident Credit (date of part-year residency		
63.	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required (see page 30 of the instructions)	0	0
64.	Enter the Ohio adjusted gross income (line 3)	0	0
		0	0
00.	Divide line 63 by line 64 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12. Enter here and on line 68 below	0	0
รเ	JMMARY OF CREDITS FROM SCHEDULES C, D AND E		
66.	Enter the amount from line 11 of Schedule E, Nonrefundable Business Credits (see page 30 of the instructions)	0	0
67.	Enter the amount from line 62 above	0	0
	Enter the amount from line 65 above	0	0

P.O. Box 2057 Columbus, OH 43270-2057 2010 IT 1040

Payment Enclosed – Mail to:

Ohio Department of Taxation

0 0



NO Payment Enclosed – Mail to:

Ohio Department of Taxation

P.O. Box 2679

Columbus, OH 43270-2679

MAILING INFORMATION

pg. 4 of 4

Enclose your federal income

tax return if line 1 on page 1 of this

return is -0- or negative.