

IT 1040 OHIO Income Tax Return

2004

For the year Jan. 1-Dec. 31, 2004 or other taxable year ending _____, 20__.

Social Security Numbers must be filled in below.

Please clip Form IT 40P with Your Check or Money Order Here.

Your first name	Initial	Last name	Your social security number	Filing Status—check only one <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately, enter spouse's SS# _____				
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number					
PLACE LABEL HERE OR PRINT/TYPE INFORMATION			Ohio county					
Home address (number and street)			Apt. Number	SS# _____				
City, town or post office, state and ZIP code			Ohio Public School District Number (See pages 33-35.) ▶ <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>					
Ohio Residency Status (see Instructions)			Ohio Political Party Fund					
<input type="checkbox"/> Resident <input type="checkbox"/> Nonresident _____ state of residence			Do you want \$1 to go to this fund? <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table> If joint return, does your spouse want \$1 to go to this fund? . <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table> Note: Checking "Yes" will not increase your tax or decrease your refund.					
<input type="checkbox"/> Part-Year Resident from: _____ / /04 to _____ / /04								

INCOME	1. Federal Adjusted Gross Income (from federal Form 1040, line 36; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL) 1	00	
	2. Ohio Adjustments (from line 45 on back of this return) 2	00	
	3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1) 3	00	
	4. Multiply your personal and dependent exemptions _____ times \$1,300 and enter the result here 4	00	
	5. Ohio Taxable Income (subtract line 4 from line 3) 5	00	
TAX AND CREDITS	6. Tax on line 5 (see tax tables, pages 26-32) 6	00	
	7. Credits from Schedule B (line 54 on back of this return) 7	00	
	8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.) 8	00	
	9. Exemption Credit: Number of personal and dependent exemptions _____ times \$20 9	00	
	10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.) 10	00	
	11. Joint Filing Credit (see instructions and attach documentation) _____ % times line 10 (limit \$650) 11	00	
	12. Ohio Tax less Joint Filing Credit (Subtract line 11 from line 10. If line 11 is more than line 10, enter zero.) 12	00	
	13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E) 13	00	
	14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.) 14	00	
	15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT 2210 is attached 15	00	
	16. Unpaid Ohio Use Tax (please see worksheet on page 24) 16 <small>The amount you show on this line is part of your total income tax liability for this year.</small>	00	
	17. Total Ohio Tax (add line 14, line 15, and line 16) 17	00	
PAYMENTS	18. Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to the back of this form) AMOUNT WITHHELD ▶ 18	00	GO Paperless. It's FREE! Try I-File. www.tax.ohio.gov
	19. Ohio Estimated Tax, IT 40P Payments for 2004, and 2003 Overpayment Credited to 2004 ... 19	00	
	20. Refundable Business Jobs Refundable Pass-through Entity Total of Credit 20a _____00 Credit 20b _____00 20a & 20b 20 <small>(attach certificates) (attach K-1's)</small>	00	
	21. Add lines 18, 19, and 20 TOTAL PAYMENTS ▶ 21	00	
REFUND OR AMOUNT YOU OWE	22. Amount You Owe (if line 21 is less than line 17, subtract line 21 from line 17). See pages 37 and 38. Check here <input type="checkbox"/> and attach Form IT 40P if you are making a payment – make payable to Ohio Treasurer of State. Check here <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card AMOUNT YOU OWE ▶ 22	00	File electronically and receive your refund in 5-7 days by direct deposit!
	23. If line 21 is GREATER than line 17, subtract line 17 from line 21 AMOUNT OVERPAID ▶ 23	00	
	24. Amount of line 23 you wish to DONATE for Ohio's wildlife species & endangered wildlife conservation: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24 24	00	
	25. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25 25	00	
	26. Amount of line 23 to be credited to 2005 estimated tax liability CREDIT ▶ 26	00	
	27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) YOUR REFUND ▶ 27	00	
	IF THE BALANCE DUE IS LESS THAN \$1.01, PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.		

SIGN HERE	Your signature	Date
	Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
	Preparer's signature	
	Preparer's phone number	

FOR DEPARTMENTAL USE ONLY	
NO Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	Payment Enclosed—Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057