

Do not use staples. Use only black ink and UPPERCASE letters.



Department of Taxation Rev. 9/16

2016 Ohio IT 1040 Individual Income Tax Return



Note: This form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.

Is this an amended return? Yes No If yes, include Ohio IT RE (do not include a copy of the previously filed return)

Is this a Net Operating Loss (NOL) carryback? Yes No If yes, include Schedule IT NOL

Taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD#

First name M.I. Last name

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

Mailing address (for faster processing, use a street address)

City State ZIP code Ohio county (first four letters)

Home address (if different from mailing address) - do NOT include city or state ZIP code Ohio county (first four letters)

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

Ohio Residency Status - Check applicable box Full-year resident Part-year resident Nonresident Indicate state

Check applicable box for spouse (only if married filing jointly) Full-year resident Part-year resident Nonresident Indicate state

Ohio Political Party Fund Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Note: Checking "Yes" will not increase your tax or decrease your refund.

Filing Status - Check one (as reported on federal income tax return, with limited exceptions - see instructions)

Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Did you file the federal extension 4868? Is someone else claiming you or your spouse (if joint return) as a dependent? If yes, enter "0" on line 4.

Table with 7 rows for income calculation: 1. Federal adjusted gross income, 2a. Additions to federal adjusted gross income, 2b. Deductions from federal adjusted gross income, 3. Ohio adjusted gross income, 4. Personal and dependent exemption deduction, 5. Ohio income tax base, 6. Taxable business income, 7. Line 5 minus line 6.

Include your federal income tax return if line 1 of this return is -0- or negative.

Do not write in this area: for department use only.

Postmark date Code



2016 Ohio IT 1040 Individual Income Tax Return



SSN []

7a. Amount from line 7 on page 1 7a. [] 0 0
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)..... 8a. [] 0 0
8b. Business income tax liability (include Ohio Schedule IT BUS, line 14)..... 8b. [] 0 0
8c. Income tax liability before credits (line 8a plus line 8b) 8c. [] 0 0
9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34)..... 9. [] 0 0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-)..... 10. [] 0 0
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... 11. [] 0 0
12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). If you certify that no sales or use tax is due, check the box to the right..... 12. [] 0 0
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... 13. [] 0 0
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return 14. [] 0 0
15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return 15. [] 0 0
16. Refundable credits (include Ohio Schedule of Credits, line 41)..... 16. [] 0 0
17. Amended return only – amount previously paid with original/amended return..... 17. [] 0 0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... 18. [] 0 0
19. Amended return only – overpayment previously requested on original/amended return 19. [] 0 0
20. Line 18 minus line 19. Place a negative sign (“-”) before the figure if the amount is less than -0- 20. [] 0 0

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the negative sign (“-”) and add line 20 to line 13..... 21. [] 0 0
22. Interest and penalty due on late filing or late payment of tax (see instructions) 22. [] 0 0
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” AMOUNT DUE ▶ 23. [] 0 0
24. Overpayment (line 20 minus line 13) 24. [] 0 0
25. Original return only – amount of line 24 to be credited toward 2017 income tax liability..... 25. [] 0 0
26. Amount of line 24 to be donated:
a. Wildlife species [] 0 0
b. Military injury relief [] 0 0
c. Ohio History Fund [] 0 0
d. State nature preserves [] 0 0
e. Breast / cervical cancer [] 0 0
f. Wishes for Sick Children [] 0 0
Total 26g. [] 0 0
27. REFUND (line 24 minus lines 25 and 26g)..... YOUR REFUND ▶ 27. [] 0 0

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.

Your signature _____ Date (MM/DD/YY) _____
Spouse's signature (see instructions) _____ Phone number _____
Preparer's printed name (see instructions) PTIN Phone number
Do you authorize your preparer to contact us regarding this return? [] Yes [] No

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



2016 Ohio Schedule A

Income Adjustments – Additions and Deductions

SSN of primary filer



Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends.....	1.	<input type="text"/>	00
2. Certain Ohio pass-through entity and financial institutions taxes paid	2.	<input type="text"/>	00
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account.....	3.	<input type="text"/>	00
4. Losses from sale or disposition of Ohio public obligations.....	4.	<input type="text"/>	00
5. Nonmedical withdrawals from a medical savings account	5.	<input type="text"/>	00
6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	6.	<input type="text"/>	00

Federal

7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....	7.	<input type="text"/>	00
8. Federal interest and dividends subject to state taxation	8.	<input type="text"/>	00
9. Miscellaneous federal income tax additions.....	9.	<input type="text"/>	00
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a	10.	<input type="text"/>	00

Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

11. Business income deduction (include Ohio Schedule IT BUS, line 11)	11.	<input type="text"/>	00
12. Employee compensation earned in Ohio by residents of neighboring states.....	12.	<input type="text"/>	00
13. State or municipal income tax overpayments shown on the federal 1040, line 10.....	13.	<input type="text"/>	00
14. Qualifying Social Security benefits and certain railroad retirement benefits	14.	<input type="text"/>	00
15. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the state of Ohio; or income from a transfer agreement	15.	<input type="text"/>	00
16. Amounts contributed to an individual development account	16.	<input type="text"/>	00
17. Amounts contributed to STABLE account: Ohio's ABLE Plan	17.	<input type="text"/>	00

Federal

18. Federal interest and dividends exempt from state taxation.....	18.	<input type="text"/>	00
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense.....	19.	<input type="text"/>	00
20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	20.	<input type="text"/>	00
21. Repayment of income reported in a prior year	21.	<input type="text"/>	00
22. Wage expense not deducted due to claiming the federal work opportunity tax credit.....	22.	<input type="text"/>	00
23. Miscellaneous federal income tax deductions.....	23.	<input type="text"/>	00



2016 Ohio Schedule A

Income Adjustments – Additions and Deductions

SSN of primary filer



Uniformed Services

24. Military pay for Ohio residents received while the military member was stationed outside Ohio	24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. Certain income earned by military nonresidents and civilian nonresident spouses	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. Uniformed services retirement income	26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27. Military injury relief fund	27.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28. Certain Ohio National Guard reimbursements and benefits	28.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Education

29. Ohio 529 contributions, tuition credit purchases	29.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	30.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical

31. Disability and survivorship benefits (do not include pension continuation benefits)	31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)	32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet)	33.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
34. Qualified organ donor expenses (maximum \$10,000 per taxpayer)	34.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
35. Total deductions (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b	35.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Department of Taxation
Rev. 9/16

2016 Ohio Schedule of Credits



16280106

Nonrefundable and Refundable

SSN of primary filer

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	<input type="text"/>	0	0
2. Retirement income credit (limit \$200 per return). See the table in the instructions	2.	<input type="text"/>	0	0
3. Lump sum retirement credit (include Ohio LS WKS, line 6).....	3.	<input type="text"/>	0	0
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return)	4.	<input type="text"/>	0	0
5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line 3).....	5.	<input type="text"/>	0	0
6. Child care and dependent care credit (see the worksheet in the instructions).....	6.	<input type="text"/>	0	0
7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit)	7.	<input type="text"/>	0	0
8. Displaced worker training credit (see the worksheet in the instructions) (limit \$500 per taxpayer)	8.	<input type="text"/>	0	0
9. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer) ..	9.	<input type="text"/>	0	0
10. Income-based exemption credit (\$20 personal/dependent exemption credit)	10.	<input type="text"/>	0	0
11. Total (add lines 2 through 10)	11.	<input type="text"/>	0	0
12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-)	12.	<input type="text"/>	0	0
13. Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for married filing jointly status only. _____% times amount on line 12 (limit \$650)	13.	<input type="text"/>	0	0
14. Earned income credit	14.	<input type="text"/>	0	0
15. Ohio adoption credit (limit \$10,000 per adopted child)	15.	<input type="text"/>	0	0
16. Job retention credit, nonrefundable portion (include a copy of the credit certificate).....	16.	<input type="text"/>	0	0
17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate).....	17.	<input type="text"/>	0	0
18. Credit for purchases of grape production property	18.	<input type="text"/>	0	0
19. Invest Ohio credit (include a copy of the credit certificate)	19.	<input type="text"/>	0	0
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.	<input type="text"/>	0	0
21. Enterprise zone day care and training credits (include a copy of the credit certificate)	21.	<input type="text"/>	0	0
22. Research and development credit (include a copy of the credit certificate).....	22.	<input type="text"/>	0	0
23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate)	23.	<input type="text"/>	0	0
24. Total (add lines 13 through 23)	24.	<input type="text"/>	0	0
25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-)	25.	<input type="text"/>	0	0

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Department of Taxation
Rev. 9/16

2016 Ohio Schedule of Credits



16280206

Nonrefundable and Refundable

SSN of primary filer

Nonresident Credit

Date of nonresidency to State of residency

- 26. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required..... 26.
- 27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) 27.
- 28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 to calculate your nonresident credit 28.

Resident Credit

- 29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply) 29.
- 30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) 30.
- 31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here 31.
- 32. Enter the 2016 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) 32.
- 33. Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you filed a return for 2016 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below 33.
- 34. **Total nonrefundable credits** (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).... 34.

Refundable Credits

- 35. Historic preservation credit (include a copy of the credit certificate) 35.
- 36. Business jobs credit (include a copy of the credit certificate) 36.
- 37. Pass-through entity credit (include a copy of the federal K-1s) 37.
- 38. Motion picture production credit (include a copy of the credit certificate) 38.
- 39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1s) 39.
- 40. Venture capital credit (include a copy of the credit certificate) 40.
- 41. **Total refundable credits** (add lines 35 through 40; enter here and on Ohio IT 1040, line 16) 41.



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2016 Ohio Schedule J
Dependents Claimed on the Ohio IT 1040 Return



16230106

SSN of primary filer

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

1. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

2. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

3. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

4. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

5. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

6. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

7. Dependent's SSN (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

Do not write in this area: for department use only.



2016 Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



16230206

SSN of primary filer

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

8. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Dependent's first name (required)	M.I. Last name (required)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
9. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Dependent's first name (required)	M.I. Last name (required)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
10. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Dependent's first name (required)	M.I. Last name (required)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
11. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Dependent's first name (required)	M.I. Last name (required)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
12. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Dependent's first name (required)	M.I. Last name (required)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
13. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Dependent's first name (required)	M.I. Last name (required)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
14. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Dependent's first name (required)	M.I. Last name (required)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
15. Dependent's SSN (required)	Dependent's date of birth (MM/DD/YYYY)	Dependent's relationship to you (required)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Dependent's first name (required)	M.I. Last name (required)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

Electronic Payment Available

You can eliminate writing a paper check by using any of our electronic payment methods. Go to our Web site at tax.ohio.gov for all electronic payment options.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

2016 Ohio IT 40P



OHIO IT 40P Income Tax Payment Voucher

Rev. 6/16



DO NOT STAPLE OR OTHERWISE ATTACH YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

Taxable Year

2016

Do **NOT** fold check or voucher.

Use UPPERCASE letters to print the first three letters of

First name	M.I.	Last name
Spouse's first name (only if joint filing)	M.I.	Last name
Address		
City, state, ZIP code		

Taxpayer's last name

Spouse's last name (only if joint filing)

Your SSN

Spouse's SSN (only if joint filing)

If you are sending this voucher and paper check or money order (payable to Ohio Treasurer of State) with your income tax return, mail to the address shown on page 2 of Ohio IT 1040. If you are sending **ONLY** this voucher and paper check or money order separately from the return, then mail this voucher and payment to Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131.

Amount of Payment



Electronic Payment Available

You can eliminate writing a paper check by using any of our electronic payment methods. Go to our Web site at tax.ohio.gov for all electronic payment options.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.



2016 Ohio IT 40XP

OHIO IT 40XP

Rev. 6/16

Income Tax Payment Voucher for Amended Returns

DO NOT STAPLE OR OTHERWISE ATTACH YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

Taxable Year

2016

Do **NOT** fold check or voucher.



First name	M.I.	Last name
Spouse's first name (only if joint filing)	M.I.	Last name
Address		
City, state, ZIP code		

Use UPPERCASE letters to print the first three letters of
 Taxpayer's last name
 Spouse's last name (only if joint filing)

--	--

Your SSN

Spouse's SSN (only if joint filing)

If you are sending this voucher and paper check or money order (payable to Ohio Treasurer of State) with your amended income tax return, mail to the address shown on page 2 of Ohio IT 1040. If you are sending **ONLY** this voucher and paper check or money order separately from the return, then mail this voucher and payment to Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131.

Amount of Payment → \$



16270101

2016 Ohio IT RE – Reason and Explanation of Corrections

Note: For amended individual return only

Complete the Ohio IT 1040 (checking the amended return box) and include this form with documentation to support any adjustments to line items on the return.

Taxpayer's SSN (required)

First name

M.I. Last name

Reason(s):

- Net operating loss carryback (**IMPORTANT:** Be sure to complete and include Ohio IT NOL, Net Operating Loss Carryback Schedule [available at tax.ohio.gov] and check the box on the front of the Ohio IT 1040 indicating that you are amending for a NOL.)
- Federal adjusted gross income increased
- Federal adjusted gross income decreased*
- Filing status changed*
- Residency status changed
- Exemptions increased (include Schedule J)*
- Exemptions decreased (include Schedule J)
- Ohio Schedule A, additions to income
- Ohio Schedule A, deductions from income
- Ohio Schedule of Credits, nonrefundable credit(s) increased
- Ohio Schedule of Credits, nonrefundable credit(s) decreased
- Ohio Schedule of Credits, nonresident credit increased
- Ohio Schedule of Credits, nonresident credit decreased
- Ohio Schedule of Credits, resident credit increased
- Ohio Schedule of Credits, resident credit decreased
- Ohio Schedule of Credits, refundable credit(s) increased
- Ohio Schedule of Credits, refundable credit(s) decreased
- Ohio IT/SD 2210 interest penalty amount increased
- Ohio IT/SD 2210 interest penalty amount decreased
- Ohio sales and use tax increased
- Ohio sales and use tax decreased
- Ohio withholding increased
- Ohio withholding decreased
- Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment increased
- Estimated and/or Ohio IT 40P amount or previous year carryforward overpayment decreased
- Amount paid with original filing did not equal amount reported as paid with the original filing

*To avoid delays you must include a copy of your federal account transcript **OR** a copy of your federal amended income tax return with a copy of the federal acceptance letter or refund check.

Detailed explanation of adjusted items (include additional sheet(s) if necessary):

E-mail address _____ Telephone number _____

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.