



IT 1040 Rev. 11/11

Please use only black ink.	Income Tax Return			
Taxpayer Social Security no. (required) >> If deceased Spouse's Social	Security no. (only if joint return) >> If deceased			
Use UPPERCASE letters. Your first name Check box M.I. Last na	check box ame			
Spouse's first name (only if joint return) M.I. Last na	ume			
Mailing address (for faster processing, please use a street address)				
City	State ZIP code County (first four letters)			
Home address (if different from mailing address) – please do NOT show cit	y or state ZIP code County (first four letters)			
Foreign country (please provide this information if the mailing address is ou	utside the U.S.) Foreign postal code			
Ohio Residency Status – Check applicable box Full-year	Check applicable box for spouse (only if married filing jointly) Full-year Part-year Nonresident resident Indicate state			
Filing Status – Check one (as reported on federal income tax return) Single or head of household or qualifying widow(er) Married filing jointly Married filing separately (enter spouse's SS#)	Please do not use staples, tape or glue. Place your W-2(s), check (payable to Ohio Treasurer of State) and Ohio form IT 40P on top of your return. Include forms W-2G and 1099-R if tax was withheld. Place any other supporting documents or statements after the last page of your return.			
Ohio Political Party Fund Do you want \$1 to go to this fund?	Go paperless. It's FREE! Visit tax.ohio.gov to try Ohio I-File. Most electronic filers receive their refunds			
Ohio School District Number for 2011 (see pages 43-48 of the instructions)	in 5-7 business days by direct deposit!			
INCOME AND TAX INFORMATION — If amount is negative, sha	ade the negative sign ("–") in the box provided.			
1. Federal adjusted gross income (from IRS form 1040, line 37; 1040A, 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)				
2. Adjustments from line 47 on page 3 of Ohio form IT 1040 (enclose page)	ge 3) 0 0			
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1).				
Personal exemption and dependent exemption deduction – multiply you and dependent exemptions — times \$1,650 and enter the result he				
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)5.				
6. Tax on line 5 (see tax tables on pages 35-41 of the instructions)	6.			
7. Schedule B credits from line 57 on page 4 of Ohio form IT 1040 (enclo	ose page 4)7.			
8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 6 is	s less than line 7)8.			
9. Exemption credit: Number of personal and dependent exemptionstimes \$209.				
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is	less than line 9)			

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Taxable year beginning in

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SS#		77000505	" 2011	Individual Income Tax Return
10a A	mount from line 10 on page 1		1/	0 0
11. J	oint filing credit. See the instructions of his credit is for married filing jointly s	on page 20 for eligibility and doc	umentation requirements	0.0
12. C	Phio income tax less joint filing credit	(line 10a minus line 11)		12.
13. To	otal credits from line 69 on page 4 of	Ohio form IT 1040 (enclose p	age 4)	13.
	anufacturing equipment grant. You n			
th	hio income tax (line 12 minus lines 1 an line 12)			
	terest penalty on underpayment of e 1 of the instructions)			
17. U	npaid Ohio use tax (see the workshe	eet on page 33 of the instruction	ns)	
19. O	otal Ohio tax liability (add lines 15, 1) hio tax withheld (box 17 on your W-2 lace W-2(s), W-2G(s) and 1099-R(s)	2; box 14 on your W-2G; and bo	ox 12 on your 1099-R).	19.
21. R	010 overpayment credited to 2011, 20 efundable credits. Include certificate . Business jobs credit			20.
a	. Business jobs credit	0 0	0 0	
C.	Historic preservation credit	d. Motion picture pr		
		0 0	0 0	
	dd lines 19, 20 and 21a, b, c and d			22.
	22 is MORE THAN line 18, go to lin line 22 is MORE THAN line 18, subt			0.0
	mount of line 23 to be credited to 20			0.0
25. A	mount of line 23 to be credited to 20 mount of line 23 that you wish to <u>do</u> r Military injury relief			
	, 00	, 00		
C.	Wildlife species/endangered wildlife		iety	
26 1	0 0	0 0	on akin ta lina 22	0 0
	ine 23 minus the sum of lines 24 and		·	0.0
28. In in	line 22 is LESS THAN line 18, subtr terest and penalty due on late-paid t structions)	tax and/or late-filed return (see	page 22 of the TEREST AND PENALTY >	28.
-	entered an amount on line 26, sk	•		o line 29.
cl	mount due plus interest and penalty neck payable to Ohio Treasurer of Sta x.ohio.gov)	ate and include Ohio form IT 401	P (see our Web site at	9.
h	efund less interest and penalty (line ere. (If line 28 is more than line 26, y ne 26 from line 28 and enter this amo	ou have an amount due. Subtra	act	0 0
		,		\$1.01, no payment is necessary.
SIG	N HERE (required) – See pag	ge 4 of this return for mailing	information.	
	ve read this return. Under penalties of ef, the return and all enclosures are t		est of my knowledge and	For Department Use Only
	our signature	Date		
S	pouse's signature (see page 10 of the	ne instructions) Pho	ne number (optional)	
P	reparer's name (please print; see pa	ge 11 of the instructions) Pho	ne number	
D	o you authorize your preparer to cor	ntact us regarding this return?	Yes No	Code



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

Ohio

Department of Taxation



Taxable year beginning in

IT 1040 Rev. 11/11 Individual **Income Tax Return**

SS#

SS	# 11000302	income lax Return	
sc	HEDULE A – Income Adjustments (Additions and Deductions)		
	tions (add income items only to the extent not included on page 1, line 1).		0 0
	Non-Ohio state or local government interest and dividends	31.	
UZ.	pass-through entity adjustment	32.	0 0
	Federal interest and dividends subject to state taxation	33a.	
D.	Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from college savings account	b	0 0
c.	Losses from sale or disposition of Ohio public obligations	C	0 0
	Nonmedical withdrawals from an Ohio medical savings account		0 0
e.	Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income		0 0
f.	Lump sum distribution add-back and miscellaneous federal income tax adjustments	f	0 0
g.	5/6 adjustment for IRC section 168(k) and 179 depreciation expense	g.	0 0
34.	Total additions (add lines 31 through 33g and enter here). You must complete the applicable line items above		0 0
Ded	uctions (deduct income items only to the extent included on page 1, line 1).		0 0
35a.	Federal interest and dividends exempt from state taxation	35a	0 0
	Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense		0 0
36.	Employee compensation earned in Ohio by full-year residents of neighboring states and certa income earned by military nonresidents and civilian nonresident spouses (see instructions)		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	37a.	0 0
b.	Military retirement income and military injury relief fund amounts included in federal adjusted gross income (line 1 on page 1)	b.	0 0
38a.	State or municipal income tax overpayments shown on IRS form 1040, line 10	38a.	0 0
	Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return		0 0
c.	Repayment of income reported in a prior year and miscellaneous federal tax adjustments	c	0 0
39.	Disability and survivorship benefits (do not include pension continuation benefits)	39.	0 0
40.	Qualifying Social Security benefits and certain railroad retirement benefits	40.	0 0
41.	Education: Ohio 529 contributions; tuition credit purchases; and limited taxable grant amounts .	41,	0 0
42.	Certain Ohio National Guard reimbursements and benefits	42.	0 0
43a.	Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see worksheet on page 27 of the instructions) .	43a.	0 0
b.	Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 28 of the instructions)	b.	0 0
C.	Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed to an individual development account		0 0
	Wage expense not deducted due to the targeted jobs or the work opportunity tax credits 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	44.	0 0
	state of Ohio or income from a transfer agreement	45.	UU
46.	Total deductions (add lines 35a through 45). You must complete the applicable line items above		0 0
47.	Net adjustments – If line 34 is MORE 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		0 0



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

	○hio	Department of Taxation			Taxable year beginn	Indiv	1040 Re		
SS#			۱. دا	1000402		Inco	me Tax R	eturn	
SCHE	DULE B - N	Nonbusiness C	redits						
48. Reti	rement income	credit (limit \$200 p	er return). Se	ee the table on page 2	29 of the instructions	48.			0 0
49. Seni	or citizen credi	t (you must be 65 or	older to clain	n this credit; limit \$50	per return)	49.			0 0
 49. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return)								0 0	
				heet on page 30 of th					0 0
	·				•				0 0
				erwise, enter -0- or lea					0 0
				and worksheet on pa					
						54.			0 0
55. Ohio	political contri	butions credit (limit	\$50 per taxp	ayer)		55.			0 0
56. Ohio	adoption cred	it (\$1,500 per child	adopted dur	ing the year)		56.			0 0
									0 0
_				inter here and on pa	ge 1, line 7	.57.			
_		Full-Year Ohio F		by other states or the	District of				
				see page 31 of the ins					0 0
59. Ente	er Ohio adjusted	d gross income (line	3 on page 1)		59.				0 0
				digits; do not round). 2 and enter the result	here	60.			0 0
over	payment carryf	orwards from previo	us years, pai	ithholding and estimated to other states or th	e District of Columbi	а			0 0
line	67 below. If you	u filed a return for 20	11 with a stat	hio resident tax credit te(s) other than Ohio,	enter the two-letter	62			0 0
SCHE	DULE D – N	lonresident / P	art-Year R	esident Credit (d	date of part-yea	r residency		to)
				e 3) that was not earne age 31 of the instructi					0 0
64. Ente	er the Ohio adju	sted gross income (line 3 on pag	e 1)	64.				0 0
				r digits; do not round). e and on line 68 belov		.65.			0 0
SUMN	MARY OF C	REDITS FROM	SCHEDUL	ES C, D AND E					
				fundable Business Cr					0 0
67. Ente	er the amount fr	om line 62 above				67.			0 0
68. Ente	er the amount fr	om line 65 above				68.			0 0
69. Add	lines 66, 67 an	d 68. Enter here ar	d on page 2	, line 13		69.	إلىليا		0 0
MAILI	NG INFORM	MATION							
NO Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43218-2679 Enclose your federal income tax return if line 1 on page 1 of this return is -0- or negative. Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43218-2057						Taxation 7			
	0044	IT 1040				004	a im a	1040	

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