Use only black ink.	10705			<b>)14</b>	Return	40EZ Rev. 11/14 Ial Income Tax for Full-Year esidents
Taxpayer Social Security no. (required)       If deceased         Use UPPERCASE letters.       check box         Your first name       check box	Spou M.I.	se's Social Ser Last name	curity no. (or	nly if joint return) 🕨	If deceased	Enter school district # for this return (see pages 45 SD# >>
Spouse's first name (only if married filing jointly)	M.I.	Last name				
Mailing address (for faster processing, use a street addres	s)					
City			State	ZIP code	Ohio c	county (first four letters)
Home address (if different from mailing address) – do NO	<u>r</u> show	city or state		ZIP code	. (	County (first four letters)
Foreign country (provide this information if the mailing add	ress is	outside the U	.S.)	Foreign p	postal code	
Married filing separately (enter spouse's SS#) Is someone else claiming you or your spouse (if joint retur as a dependent? Enter the number of dependents. If one or more, include Sch J with your Ohio income tax return (see instructions on page 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?	edule 16) Yes	s No	Inclu Vis Most and r	Ide forms W-20 Go pap sit tax.ohio t taxpayers wh request direct 10-15 business	G and 1099-R erless. It' D.gov to tr no file their re deposit will r	ry Ohio I-File. eturns electronically eceive their refunds r returns will take
Note: Checking "Yes" will not increase your tax or decreas INCOME AND TAX INFORMATION – If amount			the negat	ive sian ("–") in	the box prov	ided.
<ol> <li>Federal adjusted gross income (from IRS form 1040 or 1040EZ, line 4)</li> <li>Enter the amount from the worksheet on page 16 of the 3. Ohio adjusted gross income (line 1 minus line 2)4. Personal exemption and dependent exemption deduct instructions for information on Schedule J and exemption</li> </ol>	), line 3 le instru ion (see	7; 1040A, line ctions e page 16 of	21; 	1. 	,	
<ul><li>5. Ohio taxable income (line 3 minus line 4; enter -0- if line</li><li>6. Tax on line 5 (see tax tables on pages 37-43 of the instance)</li></ul>	ne 3 is le	ess than line	4)	5.		0
<ul><li>7. If line 5 is \$10,000 or less, enter a credit of \$88; other</li><li>8. Ohio tax less line 7 credit (line 6 minus line 7; enter -0</li></ul>	wise, en - if line (	ter -0 6 is less than	line 7)	7. 		
9. Income-based exemption credit (see instructions on particular descent of the second descent des	0 /		than line §	9) 10.	01 <i>1</i> IT	0 1040EZ

**hio** Department of Taxation

SSN



Taxable year beginning in

IT 1040EZ Rev. 11/14 Individual Income Tax Return for Full-Year Ohio Residents

	enie Residents
10a Amount from line 10 on page 1	100 0 0
<ul> <li>10a. Amount from line 10 on page 1</li></ul>	0.0
12. Ohio income tax less joint filing credit (line 10a minus line 11)	. 12. 0 0
13. Earned income credit (see the worksheet on page 20 of the instructions)	0.0
14. Ohio income tax less earned income credit (line 12 minus line 13)	0.0
<ol> <li>Interest penalty on underpayment of income tax. Enclose Ohio form IT/SD 2210 (see page 17 of the instructions).</li> </ol>	0.0
16. Sales and use tax due on Internet, mail order or other out-of-state purchases (see	16 0 0
17. Total Ohio tax liability (add lines 14, 15 and 16) TOTAL TAX >	. 17. 0 0
<ol> <li>Ohio income tax withheld (box 17 on W-2; box 15 on W-2G; and box 12 on 1099-R).</li> <li>Place W-2(s), W-2G(s) and 1099-R(s) after the last page of this return AMOUNT WITHHELD ▶</li> </ol>	0 0
REFUND OR AMOUNT YOU OWE	
If line 18 is MORE THAN line 17, go to line 19. If line 18 is LESS THAN line 17, skip to line 22.	
19. If line 18 is MORE THAN line 17, subtract line 17 from line 18 AMOUNT OVERPAID >	19 0 0
<ul> <li>20. Amount of line 19 that you wish to <u>donate</u> to the following fund(s):</li> <li>a. Military injury relief</li> <li>b. Wildlife species</li> <li>c. Ohio Historical Society</li> </ul>	
a. Military injury relief b. Wildlife species c. Ohio Historical Society 0 0	
d. State nature preserves e. Breast / cervical cancer	
21. Line 19 minus the sum of lines 20a, b, c, d and e. Enter the amount here, then skip to line 23	21 0 0
	0.0
<ol> <li>If line 18 is LESS THAN line 17, subtract line 18 from line 17 AMOUNT DUE ▶</li> <li>Interest and penalty due on late-paid tax and/or late-filed return (see page 17 of the instruction</li> </ol>	• 22.
INTEREST AND PENALTY ►	
If you entered an amount on line 21, skip to line 25. If you entered an amount on line 22, go to line 10. If you entered an amount on line 22, go to line 10.	ne 24.
24. Amount due plus interest and penalty (add lines 22 and 23). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at tax.ohio.gov)	4.
25. Refund less interest and penalty (line 21 minus line 23). Enter the amount	
here. (If line 23 is more than line 21, you have an amount due. Subtract line 21 from line 23 and enter this amount on line 24.)	, 0 0
If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or le	ess, no payment is necessary.
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.	For Department Use Only
Your signature Date (MM/DD/YYYY)	
Spouse's signature (see page 10 of the instructions)         Phone number (optional)	
Preparer's printed name (see page 10 of the instructions) Phone number	
Do you authorize your preparer to contact us regarding this return?	Code
NO Payment Enclosed – Mail to: Enclose your federal income	Payment Enclosed – Mail to:
Ohio Department of Taxation P.O. Box 182294 Chine Chine Chin	Ohio Department of Taxation P.O. Box 182850
Columbus, OH 43218-2294	Columbus, OH 43218-2850
<b>2014 IT 1040EZ</b> pg. 2 of 2	2014 IT 1040EZ

Ohio Department Taxation	t of	2014	Sche Rev.
Primary SS#	14230102		1

## Schedule J

Taxable year beginning in

# Dependents Claimed on the Ohio IT 1040EZ or IT 1040 Return

#### Use UPPERCASE letters.

Use this dependent schedule to claim dependents on your Ohio form IT 1040EZ or IT 1040. If you have more than 14 dependents, copy page 2 of this schedule and include all completed pages with your income tax return. Do not list on this schedule the primary and/or spouse reported on the income tax return.

1.	Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
2.	Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
3.	Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
4.	Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
5.	Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
6.	Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)
	Dependent's first name	M.I.	Last name
	(payab other su your re Most ta direct d	ble to Ohio Treasure upporting document turn. Include forms <b>Go pape</b> <b>Visit <i>tax.ohio</i> xpayers who file the posit will receive</b>	vise attach. Place your W-2(s), check rer of State), Ohio form IT 40P and any ents or statements <u>after the last page</u> of s W-2G and 1099-R if tax was withheld. erless. It's FREE! b.gov to try Ohio I-File. heir returns electronically and request e their refunds in 10-15 business days. approximately 30 days to process.

2014 Schedule J

• Ohio	Department of Taxation		2014	Schedule J Rev. 11/14
Primary SS#		14230202		

### Schedule J

Taxable year beginning in

## Dependents Claimed on the Ohio IT 1040EZ or IT 1040 Return

#### Use UPPERCASE letters.

Use this dependent schedule to claim dependents on your Ohio form IT 1040EZ or IT 1040. If you have more than 14 dependents, copy page 2 of this schedule and include all completed pages with your income tax return. Do not list on this schedule the primary and/or spouse reported on the income tax return.

7.	Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)		
	Dependent's first name	M.I.	Last name	
8.	Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name	
9.	Dependent's Social Security no. (required)	Dependent's date of	of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name	
10	. Dependent's Social Security no. (required)	Dependent's date o	of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name	
11.	Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name	
12	Dependent's Social Security no. (required)	Dependent's date of	of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name	
13	. Dependent's Social Security no. (required)	Dependent's date o	of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name	
14	. Dependent's Social Security no. (required)	Dependent's date	of birth (MM/DD/YYYY)	
	Dependent's first name	M.I.	Last name	



# 2014 Schedule J