

Do not use staples.



Department of Taxation



Taxable year beginning in

2014

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

Use only black ink.

Taxpayer Social Security no. (required) If deceased Spouse's Social Security no. (only if joint return) If deceased

Enter school district # for this return (see pages 45-50). SD#

Use UPPERCASE letters.

Your 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 show city or state ZIP code County (first four letters) Foreign country (provide this information if the mailing address is outside the U.S.) Foreign postal code

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er) Married filing jointly Married filing separately (enter spouse's SS#)

Is someone else claiming you or your spouse (if joint return) as a dependent? Yes No Enter the number of dependents. If one or more, include Schedule J with your Ohio income tax return (see instructions on page 16)...

Ohio Political Party Fund Yes No 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.

Do not staple or otherwise attach. Place your W-2(s), check (payable to Ohio Treasurer of State), Ohio form IT 40P and any other supporting documents or statements after the last page of your return. Include forms W-2G and 1099-R if tax was withheld.

Go paperless. It's FREE! Visit tax.ohio.gov to try Ohio I-File.

Most taxpayers who file their returns electronically and request direct deposit will receive their refunds in 10-15 business days. Paper returns will take approximately 30 days to process.

INCOME AND TAX INFORMATION - If amount is negative, type a negative sign ("-") before the figure.

Table with 10 rows for income and tax information, including Federal adjusted gross income, Ohio adjusted gross income, tax on line 5, and Ohio tax less exemption credit.



Department of Taxation



14010206

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SSN [ ] [ ] [ ]

10a. Amount from line 10 on page 1
11. Joint filing credit. See instructions on page 17 for eligibility and documentation requirements
12. Ohio income tax less joint filing credit (line 10a minus line 11)
13. Earned income credit (see the worksheet on page 20 of the instructions)
14. Ohio income tax less earned income credit (line 12 minus line 13)
15. Interest penalty on underpayment of income tax. Enclose Ohio form IT/SD 2210 (see page 17 of the instructions)
16. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions on page 34). If you certify that no sales or use tax is due, check here
17. Total Ohio tax liability (add lines 14, 15 and 16) TOTAL TAX
18. Ohio income tax withheld (box 17 on W-2; box 15 on W-2G; and box 12 on 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) after the last page of this return AMOUNT WITHHELD

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
20. Amount of line 19 that you wish to donate to the following fund(s):
a. Military injury relief
b. Wildlife species
c. Ohio Historical Society
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.
22. If line 18 is LESS THAN line 17, subtract line 18 from line 17. AMOUNT DUE
23. Interest and penalty due on late-paid tax and/or late-filed return (see page 17 of the instructions). 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 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). AMOUNT DUE PLUS INTEREST AND PENALTY
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.) YOUR REFUND

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, 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.

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? Yes No

For Department Use Only

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Code

NO Payment Enclosed - Mail to: Ohio Department of Taxation P.O. Box 182294 Columbus, OH 43218-2294

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 182850 Columbus, OH 43218-2850



Primary SS#

## Schedule J 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)
<input type="text"/>	<input type="text"/>
Dependent's first name	M.I. Last name
<input type="text"/>	<input type="text"/>
2. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Dependent's first name	M.I. Last name
<input type="text"/>	<input type="text"/>
3. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Dependent's first name	M.I. Last name
<input type="text"/>	<input type="text"/>
4. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Dependent's first name	M.I. Last name
<input type="text"/>	<input type="text"/>
5. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Dependent's first name	M.I. Last name
<input type="text"/>	<input type="text"/>
6. Dependent's Social Security no. (required)	Dependent's date of birth (MM/DD/YYYY)
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Dependent's first name	M.I. Last name
<input type="text"/>	<input type="text"/>

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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 birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

10. Dependent's Social Security no. (required) Dependent's date 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 birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

13. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)
Dependent's first name M.I. Last name

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Dependent's first name M.I. Last name