



2024 Schedule of Ohio Withholding



24350102

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

SSN input boxes

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401.

Part B - W-2s

<p>1. P/S <input type="checkbox"/> Box b - EIN <input type="text"/></p> <p>Box 15 - Employer's Ohio ID number <input type="text"/></p>	<p>Box 1 - Wages, tips, other compensation <input type="text"/></p> <p>Box 16 - Ohio wages, tips, etc. <input type="text"/></p>	<p>Box 2 - Federal income tax withheld <input type="text"/></p> <p>Box 17 - Ohio income tax <input type="text"/></p>
<p>2. P/S <input type="checkbox"/> Box b - EIN <input type="text"/></p> <p>Box 15 - Employer's Ohio ID number <input type="text"/></p>	<p>Box 1 - Wages, tips, other compensation <input type="text"/></p> <p>Box 16 - Ohio wages, tips, etc. <input type="text"/></p>	<p>Box 2 - Federal income tax withheld <input type="text"/></p> <p>Box 17 - Ohio income tax <input type="text"/></p>
<p>3. P/S <input type="checkbox"/> Box b - EIN <input type="text"/></p> <p>Box 15 - Employer's Ohio ID number <input type="text"/></p>	<p>Box 1 - Wages, tips, other compensation <input type="text"/></p> <p>Box 16 - Ohio wages, tips, etc. <input type="text"/></p>	<p>Box 2 - Federal income tax withheld <input type="text"/></p> <p>Box 17 - Ohio income tax <input type="text"/></p>
<p>4. P/S <input type="checkbox"/> Box b - EIN <input type="text"/></p> <p>Box 15 - Employer's Ohio ID number <input type="text"/></p>	<p>Box 1 - Wages, tips, other compensation <input type="text"/></p> <p>Box 16 - Ohio wages, tips, etc. <input type="text"/></p>	<p>Box 2 - Federal income tax withheld <input type="text"/></p> <p>Box 17 - Ohio income tax <input type="text"/></p>
<p>5. P/S <input type="checkbox"/> Box b - EIN <input type="text"/></p> <p>Box 15 - Employer's Ohio ID number <input type="text"/></p>	<p>Box 1 - Wages, tips, other compensation <input type="text"/></p> <p>Box 16 - Ohio wages, tips, etc. <input type="text"/></p>	<p>Box 2 - Federal income tax withheld <input type="text"/></p> <p>Box 17 - Ohio income tax <input type="text"/></p>
<p>6. P/S <input type="checkbox"/> Box b - EIN <input type="text"/></p> <p>Box 15 - Employer's Ohio ID number <input type="text"/></p>	<p>Box 1 - Wages, tips, other compensation <input type="text"/></p> <p>Box 16 - Ohio wages, tips, etc. <input type="text"/></p>	<p>Box 2 - Federal income tax withheld <input type="text"/></p> <p>Box 17 - Ohio income tax <input type="text"/></p>
<p>7. P/S <input type="checkbox"/> Box b - EIN <input type="text"/></p> <p>Box 15 - Employer's Ohio ID number <input type="text"/></p>	<p>Box 1 - Wages, tips, other compensation <input type="text"/></p> <p>Box 16 - Ohio wages, tips, etc. <input type="text"/></p>	<p>Box 2 - Federal income tax withheld <input type="text"/></p> <p>Box 17 - Ohio income tax <input type="text"/></p>

2024 Schedule of Ohio Withholding



24350202

Sequence No. 12

SSN:

Part C - 1099-Rs

1. P/S	Payer's TIN <input type="text"/>	Box 1 - Gross distribution <input type="text"/>	Total distribution <input type="checkbox"/>	Box 7 - Distribution code <input type="text"/>
	Box 15 - Payer's Ohio number <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>		Box 14 - Ohio tax withheld <input type="text"/>
2. P/S	Payer's TIN <input type="text"/>	Box 1 - Gross distribution <input type="text"/>	Total distribution <input type="checkbox"/>	Box 7 - Distribution code <input type="text"/>
	Box 15 - Payer's Ohio number <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>		Box 14 - Ohio tax withheld <input type="text"/>
3. P/S	Payer's TIN <input type="text"/>	Box 1 - Gross distribution <input type="text"/>	Total distribution <input type="checkbox"/>	Box 7 - Distribution code <input type="text"/>
	Box 15 - Payer's Ohio number <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>		Box 14 - Ohio tax withheld <input type="text"/>
4. P/S	Payer's TIN <input type="text"/>	Box 1 - Gross distribution <input type="text"/>	Total distribution <input type="checkbox"/>	Box 7 - Distribution code <input type="text"/>
	Box 15 - Payer's Ohio number <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>		Box 14 - Ohio tax withheld <input type="text"/>

Part D - W-2Gs

1. P/S	Payer's TIN <input type="text"/>	Box 1 - Reportable winnings <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>
	Box 13 - Payer's Ohio ID number <input type="text"/>	Box 14 - Ohio winnings <input type="text"/>	Box 15 - Ohio income tax withheld <input type="text"/>
2. P/S	Payer's TIN <input type="text"/>	Box 1 - Reportable winnings <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>
	Box 13 - Payer's Ohio ID number <input type="text"/>	Box 14 - Ohio winnings <input type="text"/>	Box 15 - Ohio income tax withheld <input type="text"/>
3. P/S	Payer's TIN <input type="text"/>	Box 1 - Reportable winnings <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>
	Box 13 - Payer's Ohio ID number <input type="text"/>	Box 14 - Ohio winnings <input type="text"/>	Box 15 - Ohio income tax withheld <input type="text"/>

Part E - 1099-NECs

1. P/S	Payer's TIN <input type="text"/>	Box 1 - Nonemployee compensation <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>
	Box 6 - Payer's Ohio number <input type="text"/>	Box 7 - Ohio income <input type="text"/>	Box 5 - Ohio tax withheld <input type="text"/>
2. P/S	Payer's TIN <input type="text"/>	Box 1 - Nonemployee compensation <input type="text"/>	Box 4 - Federal income tax withheld <input type="text"/>
	Box 6 - Payer's Ohio number <input type="text"/>	Box 7 - Ohio income <input type="text"/>	Box 5 - Ohio tax withheld <input type="text"/>