

# IT 1040 OHIO Income Tax Return 2003

Rev. 1/04

For the year Jan. 1-Dec. 31, 2003 or other taxable year ending \_\_\_\_\_, 20\_\_ **Social Security Numbers must be filled in below.**

Please Clip Your Check or Money Order Here.

Your first name	Initial	Last name	Your social security number	<b>Filing Status—check only one</b> <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SS# _____								
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number									
Home address (number and street) <span style="color: red; font-size: small;">PLACE LABEL HERE OR PRINT/TYPE INFORMATION</span>			Ohio county									
City, town or post office, state and ZIP code			Ohio Public School District Number (See pages 33-35.)	SS# _____								
<b>Ohio Residency Status (see Instructions)</b> <input type="checkbox"/> Resident <input type="checkbox"/> Part-Year Resident from: _____ / /03 to _____ / /03 <input type="checkbox"/> Nonresident _____ state of residence			<b>Ohio Political Party Fund</b> Do you want \$1 to go to this fund? ..... <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Yes</td><td>No</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> If joint return, does your spouse want \$1 to go to this fund? . <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Yes</td><td>No</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> Note: Checking "Yes" will not increase your tax or decrease your refund.		Yes	No			Yes	No		
Yes	No											
Yes	No											

<b>INCOME</b>	1. Federal Adjusted Gross Income (from Federal Form 1040, line 34; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL) ...	1		00
	2. Ohio Adjustments (from line 45 on back of this return) .....	2		00
	3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1) .....	3		00
	4. Multiply your personal and dependent exemptions _____ times \$1,250 and enter the result here .....	4		00
	5. Ohio Taxable Income (subtract line 4 from line 3) .....	5		00
<b>TAX AND CREDITS</b>	6. Tax on line 5 (see tax tables, pages 26-32) .....	6		00
	7. Credits from Schedule B (line 54 on back of this return) .....	7		00
	8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.) .....	8		00
	9. Exemption Credit: Number of personal and dependent exemptions _____ times \$20 .....	9		00
	10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.) .....	10		00
	11. Joint Filing Credit (see instructions and attach documentation) _____ % times line 10 (limit \$650) .....	11		00
	12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10) .....	12		00
	13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E) .....	13		00
	14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero) .....	14		00
	15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT-2210 is attached .....	15		00
	16. Unpaid Ohio Use Tax (please see worksheet on page 24) .....	16		00
	The amount you show on this line is part of your total income tax liability for this year.			
17. Total Ohio Tax (add line 14, line 15, and line 16) .....	17		00	
<b>PAYMENTS</b>	18. <b>Ohio Tax Withheld</b> (box 17 on your W-2) (attach W-2's to the back of this form) .....	18	00	<b>GO Paperless. It's FREE! Try I-File—go to <a href="http://www.ohio.gov/tax">www.ohio.gov/tax</a></b>
	19. Ohio Estimated Tax, IT-40P Payments for 2003, and 2002 Overpayment Credited to 2003 ...	19	00	
	20. Refundable Business Jobs Refundable Pass-through Entity <b>Total of</b> Credit 20a _____   00 Credit 20b _____   00 <b>20a &amp; 20b</b> .....	20	00	
	21. Add lines 18, 19, and 20 .....	21	00	
<b>REFUND OR AMOUNT YOU OWE</b>	22. If line 21 is LESS than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card .....	22	00	
	23. If line 21 is GREATER than line 17, subtract line 17 from line 21 .....	23	00	
	24. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24 .....	24	00	
	25. Amount of line 23 you wish to DONATE for Ohio's wildlife species and endangered wildlife conservation: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25 .....	25	00	
	26. Amount of line 23 to be credited to 2004 estimated tax liability .....	26	00	
	27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) .....	27	00	
	<b>IF THE BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED.</b> I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.			

<b>SIGN HERE</b>	Your signature	Date
	Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
	Preparer's signature	
	Preparer's phone number	

FOR DEPARTMENTAL USE ONLY	
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<b>NO Payment Enclosed—Mail to:</b> Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	<b>Payment Enclosed—Mail to:</b> Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Additions – Add to the extent not included in federal adjusted gross income (Line 1)

Table with 3 columns: Line number, Description, and Amount. Includes lines 28-32 for additions.

Deductions – See Limitations in Instructions

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-45 for deductions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 46-54 for credits.

Table with 3 columns: Line number, Description, and Amount. Includes lines 55-59 for Ohio Resident tax calculations.

Table with 3 columns: Line number, Description, and Amount. Includes lines 60-62 for nonresident/part-year resident calculations.

Attach W-2 and 1099R Forms Here

Schedule A – Adjustments to Income (Additions and Deductions)

Schedule B Credits

Schedule C Ohio Resident

Sched. D Nonres/ Part-Year Resident