

Department of Taxation



IT 1040 Rev. 10/12 Individual

Use only black ink.	75000705	20	1 2	Income Tax Return				
Taxpayer Social Security no. (required) >> If deceased Spouse's Social Security no. (only if joint return) >> If deceased								
Use UPPERCASE letters.	check box			check box				
Your first name	M.I. Last	name						
Chausa's first name (ank if married filing isi	othy) M.L. Loot							
Spouse's first name (only if married filing join	ntly) M.I. Last	name						
Mailing address (for faster processing, use a	e street address)							
ivialing dudiess (ior laster processing, due to	a street duaress)							
City		State Z	ZIP code	Ohio county (first four letters)				
Home address (if different from mailing addr	ess) – do <u>NOT</u> show city or s	tate	ZIP code	County (first four letters)				
Foreign country (provide this information if t	he mailing address is outside	the U.S.)	Foreign po	ostal code				
E-mail address								
Ohio Residency Status - Check app	plicable box	Check applical	ble box for spor	use (only if married filing jointly)				
Full-year Part-year	Nonresident	Full-year	Part-	year Nonresident				
resident resident	Indicate state	resident	reside	ent Indicate state				
Filing Status - Check one (as reported on federal income tax return) Do not use staples, tape or glue. Place your W-2(s),								
Single or head of household or qualifying		(payable to Ohio Treasurer of State) and Ohio form IT 40P on top of your return. Include forms W-2G and						
Married filing jointly Married filing separately	1099-R if	1099-R if tax was withheld. Place any other supporting						
(enter spouse's SS#)		documents	or statement	s <u>after the last page</u> of your return.				
Ohio Political Party Fund	Yes N		Go pape	rless. It's FREE!				
Do you want \$1 to go to this fund?		Visit		gov to try Ohio I-File.				
If joint return, does your spouse want \$1 to go to this fund?								
Ohio School District Number for	lers receive their refunds							
(see pages 43-48 of the instructions)	2012	In 5-7	business	days by direct deposit!				
INCOME AND TAX INFORMATION	┩ ー If amount is negative, s	hade the negative	sign ("–") in t	the box provided.				
1. Federal adjusted gross income (from 1040EZ, line 4; 1040NR, line 36; or 104			1	0 0				
				0 0				
2. Adjustments from line 47 on page 3 of 0	` '	· /		0 0				
 Ohio adjusted gross income (line 2 added) Personal exemption and dependent exemption 			3.	0 0				
and dependent exemptions times	\$1,700 and enter the result I	nere 4	4.	0 0				
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)								
6. Tax on line 5 (see tax tables on pages 35-41 of the instructions)								
7. Schedule B credits from line 57 on page	e 4 of Ohio form IT 1040 (end	lose page 4)	7.	, , , , , , , , 0 0				
8. Ohio tax less Schedule B credits (line 6 n	ninus line 7; enter -0- if line 6 is	less than line 7)	8.	, , , , , , 0 0				
9. Exemption credit: Number of personal a	and dependent exemptions	times \$20	9.	0 0				
10. Ohio tax less exemption credit (line 8 mir	nus line 9; enter -0- if line 8 is I	ess than line 9)	10.	, , , , , , , , , , , , , , , ,				
■ 0040 IT 4040		4 6 4		ANALIT ANAL				

Ohio

Department of



IT 1040 Rev. 10/12 Individual

Taxation Income Tax Return SS# 0 0 10a. Amount from line 10 on page 1..... 11. Joint filing credit. See the instructions on page 20 for eligibility and documentation requirements 0 0 (this credit is for married filing jointly status only). __ ____ % times line 10a (limit \$650) 11. 0 0 0 0 0 0 Manufacturing equipment grant. You must include the grant request form...... 15. Ohio income tax (line 12 minus lines 13 and 14; enter -0- if the total of lines 13 and 14 is more 0 0 16. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 (see page 0 0 0 0 17. Unpaid Ohio use tax (see the worksheet on page 33 of the instructions)......17. 0 0 Ohio income tax withheld (box 17 on W-2; box 14 on W-2G; and box 12 on 1099-R). Place 0 0 20. Add the 2012 Ohio form IT 1040ES payment(s), 2012 Ohio form IT 40P extension payment(s) 0 0 and 2011 overpayment credited to 2012 21. Refundable credits. Include certificate(s) and K-1(s): b. Pass-through entity credit a. Business jobs credit 0 0 0 0 c. Historic preservation credit d. Motion picture production credit 0 0 0 0 0 0 If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27. 0 0 23. If line 22 is MORE THAN line 18, subtract line 18 from line 22......AMOUNT OVERPAID ▶ 23. 0 0 25. Amount of line 23 that you wish to **donate** to the following fund(s): a. Military injury relief b. Ohio Historical Society 0 0 d. Natural areas c. Wildlife species 0 0 0 0 0 0 26. Line 23 minus the sum of lines 24 and 25a, b, c and d. Enter here, then skip to line 28.................................. 26. 0 0 28. Interest and penalty due on late-paid tax and/or late-filed return (see page 22 of the 0 0 If you entered an amount on line 26, skip to line 30. If you entered an amount on line 27, go to line 29. 29. Amount due plus interest and penalty (add lines 27 and 28). If payment is enclosed, make 0 0 check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at 30. Refund less interest and penalty (line 26 minus line 28). Enter the amount here. (If line 28 is more than line 26, you have an amount due. Subtract line 26 from 0 0 **SIGN HERE (required)** If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary. 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 Spouse's signature (see page 10 of the instructions) Phone number (optional)

Preparer's printed name (see page 11 of the instructions) Do you authorize your preparer to contact us regarding this return?

Phone number

MAILING INFORMATION:

NO Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43218-2679 Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43218-2057



2012 IT 1040

pg. 2 of 4



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Department of Taxation



Taxable year beginning in

IT 1040 Rev. 10/12 Individual Income Tax Return

SS# SCHEDULE A - Income Adjustments (Additions and Deductions) Additions (add income items only to the extent not included on page 1, line 1). 0 0 32. Certain pass-through entity Ohio taxes paid and Ohio Revised Code section 5733.40(A) 0 0 0 0 b. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and 0 0 noneducation expenditures from a college savings accountb. O 0 0 d. Nonmedical withdrawals from a medical savings account.................d. e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if 0 0 the reimbursement is not in federal adjusted gross income.....e. 0 0 f. Lump sum distribution add-back and miscellaneous federal income tax adjustmentsf. 0 0 g. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expenseg. 0 0 34. Total additions (add lines 31 through 33g and enter here). You must complete the Deductions (deduct income items only to the extent included on page 1, line 1). 0 0 0 0 b. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expenseb. 36. Employee compensation earned in Ohio by full-year residents of neighboring states and certain 0 0 37a. Military pay for Ohio residents, but only if the military pay is included on line 1 of this return 0 and is received while the military member was stationed outside Ohio.......37a. b. Military retirement income and military injury relief fund amounts included in federal adjusted 0 0 gross income (line 1 on page 1).....b. 0 0 b. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed 0 0 on a prior year federal income tax returnb. 0 0 c. Repayment of income reported in a prior year and miscellaneous federal tax adjustments............c. 0 0 0 0 40. Qualifying Social Security benefits and certain railroad retirement benefits40. 0 0 0 0 b. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board.....b. 0 0 43a. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance 0 0 premiums and excess health care expenses (see worksheet on page 27 of the instructions)...43a. b. Funds deposited into, and earnings of, a medical savings account for eligible health care 0 0 expenses (see worksheet on page 28 of the instructions).....b. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed 0 0 to an individual development account..... 0 0 44. Wage expense not deducted due to the targeted jobs or the work opportunity tax credits......44. 45. 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 0 0 state of Ohio or income from a transfer agreement45. 0 0 46. Total deductions (add lines 35a through 45 only). You must complete the applicable46. 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 0 047. the difference here and on line 2 as a negative amount

if line 7 (page 1) and line 13 (page 2) are both -0- or blank, do not mail page 4.						
SS	Chio Department of Taxation Department of Taxation 12000402 Taxable year beginning in 2012	IT 1040 Rev. 10/12 Individual Income Tax Return				
sc	HEDULE B – Nonbusiness Credits					
48.	Retirement income credit (limit \$200 per return). See the table on page 29 of the instructions 48		0 0			
	Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return)		0 0			
	Lump sum distribution credit (you must be 65 or older to claim this credit)		0 0			
	Child care and dependent care credit (see the worksheet on page 30 of the instructions) 51		0 0			
	Lump sum retirement credit		0 0			
	If line 5 on page 1 is \$10,000 or less, enter \$88; otherwise, enter -0- or leave blank53		0 0			
54. Displaced worker training credit (see the worksheet and instructions on pages 30 and 31)						
	(limit \$500 per taxpayer)		0 0			
55.	Ohio political contributions credit (limit \$50 per taxpayer)		0 0			
56.	Ohio adoption credit (\$1,500 per child adopted during the year)		0 0			
	Total Oak adula D. and the Andrews 40 through 50). Fortuning and an array 4. Unit 7.		0 0			
	Total Schedule B credits (add lines 48 through 56). Enter here and on page 1, line 7	, , ,				
	Enter the portion of line 3 on page 1 subjected to tax by other states or the District of		0 0			
	Columbia while you are an Ohio resident (limits apply – see page 31 of the instructions) 58.		0 0			
59.	Enter Ohio adjusted gross income (line 3 on page 1)		0 0			
60.	Divide line 58 by line 59 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12 on page 2 and enter the result here		0 0			
61.	Enter the 2012 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see page 31 of the instructions)		0 0			
62.	Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67 below. If you filed a return for 2012 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below		0 0			
SC	HEDULE D – Nonresident / Part-Year Resident Credit (date of part-year re	sidency to)			
63.	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received		0 0			
	in Ohio. Include Ohio form IT 2023 if required (see page 31 of the instructions)63.		0 0			
	Enter the Ohio adjusted gross income (line 3 on page 1)64.		0 0			
65.	Divide line 63 by line 64 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12. Enter here and on line 68 below		0 0			
SL	MMARY OF CREDITS FROM SCHEDULES C, D AND E					
66.	Enter the amount from line 10 of Schedule E, Nonrefundable Business Credits (see page 32 of		0 0			
07	the instructions)		0 0			
	Enter the amount from line 62 above 67 Enter the amount from line 65 above 68		0 0			
	Add lines 66, 67 and 68. Enter here and on page 2, line 13		0 0			
	ALLING INFORMATION					
	NO Payment Enclosed – Mail to: Enclose your federal income	Payment Enclosed – Mail to:				
	Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43218-2679 Columbus, OH 43218-2679	Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43218-2057				