

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

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.

Is someone else claiming you or your spouse (if joint return) as a dependent?

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

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.

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, and Ohio tax less exemption credit.



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)

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

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.

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14230206

2014

Primary SS#

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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

14. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY)

Dependent's first name M.I. Last name