

2025 Ohio IT 1040
Individual Income Tax Return

SSN:



25000202

Sequence No. 2

7a. Amount from line 7 on page 1	7a. <input type="text"/>	
8a. Nonbusiness income tax liability on line 7a (see tax.ohio.gov/taxcalculator or see the instructions for the tax brackets).....	8a. <input type="text"/>	
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b. <input type="text"/>	
8c. Income tax liability before credits (line 8a plus line 8b)	8c. <input type="text"/>	
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 40 (include schedule).....	9. <input type="text"/>	
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10. <input type="text"/>	
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11. <input type="text"/>	
12. Unpaid use tax (see instructions).....	12. <input type="text"/>	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11, and 12).....	13. <input type="text"/>	
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14. <input type="text"/>	
15. Estimated and extension payments, credit carryforward from the 2024 return, and amounts previously paid with an original and/or amended 2025 return.....	15. <input type="text"/>	
16. Refundable credits – Ohio Schedule of Credits, line 47 (include schedule).....	16. <input type="text"/>	
17. Total Ohio tax payments (add lines 14, 15, and 16).....	17. <input type="text"/>	
18. Amended return only – overpayment previously requested on original and/or amended 2025 return.....	18. <input type="text"/>	
19. Line 17 minus line 18. Place a "-" in the box if negative.....	19. <input type="text"/>	
If line 19 is MORE THAN line 13, skip to line 23. OTHERWISE, continue to line 20.		
20. Tax due (line 13 minus line 19). If line 19 is negative, ignore the "-" and add line 19 to line 13.....	20. <input type="text"/>	
21. Interest due on late payment of tax (see instructions)	21. <input type="text"/>	
22. TOTAL AMOUNT DUE (line 20 plus line 21). Pay electronically at tax.ohio.gov/pay or include the Ohio Universal Payment Coupon (OUPC) with your check	AMOUNT DUE ▶ 22. <input type="text"/>	
23. Overpayment (line 19 minus line 13)	23. <input type="text"/>	
24. Original return only – portion of line 23 carried forward to next year's tax liability	24. <input type="text"/>	
25. Original return only – portion of line 23 you wish to donate:		
a. Nature Preserves/Scenic Rivers	b. Breast/Cervical Cancer	c. Wishes for Sick Children
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d. Wildlife Species	e. Military Injury Relief	f. Ohio History Fund
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Total....25g. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
26. REFUND (line 23 minus lines 24 and 25g).....	YOUR REFUND ▶ 26. <input type="text"/> <input type="text"/> <input type="text"/>	

Sign Here (required): I declare under penalties of perjury that this return or claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

► Primary signature _____ Phone number _____

► Spouse's signature _____ Date _____

Preparer's printed name _____ Phone number _____

Authorize your preparer to discuss this return

Non-paid preparer

PTIN:

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

NO Payment Included – Mail to:
 Ohio Department of Taxation
 P.O. Box 2679
 Columbus, OH 43270-2679

Payment Included – Mail to:
 Ohio Department of Taxation
 P.O. Box 2057
 Columbus, OH 43270-2057