

2025 Ohio IT 1040
Individual Income Tax Return



25000202

Sequence No. 2

SSN:

7a. Amount from line 7 on page 1 7a.

8a. Nonbusiness income tax liability on line 7a (see tax.ohio.gov/taxcalculator or see the instructions for the tax brackets)..... 8a.

8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (**include schedule**) 8b.

8c. Income tax liability before credits (line 8a plus line 8b) 8c.

9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 40 (**include schedule**) 9.

10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) 10.

11. Interest penalty on underpayment of estimated tax (**include Ohio IT/SD 2210**) 11.

12. Unpaid use tax (see instructions) 12.

13. **Total Ohio tax liability** before withholding or estimated payments (add lines 10, 11, and 12) 13.

14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (**include schedule and income statements**) 14.

15. Estimated and extension payments, credit carryforward from the 2024 return, and amounts previously paid with an original and/or amended 2025 return 15.

16. Refundable credits – Ohio Schedule of Credits, line 47 (**include schedule**) 16.

17. **Total Ohio tax payments** (add lines 14, 15, and 16) 17.

18. **Amended return only** – overpayment previously requested on original and/or amended 2025 return 18.

19. Line 17 minus line 18. Place a "-" in the box if negative 19.

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.

21. Interest due on late payment of tax (see instructions) 21.

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.

23. Overpayment (line 19 minus line 13) 23.

24. **Original return only** – portion of line 23 carried forward to next year's tax liability 24.

25. **Original return only** – portion of line 23 you wish to donate:

a. Nature Preserves/Scenic Rivers <input type="text"/>	b. Breast/Cervical Cancer <input type="text"/>	c. Wishes for Sick Children <input type="text"/>
d. Wildlife Species <input type="text"/>	e. Military Injury Relief <input type="text"/>	f. Ohio History Fund <input type="text"/>

Total....25g.

26. **REFUND** (line 23 minus lines 24 and 25g) **YOUR REFUND ▶** 26.

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: P

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