2025 Ohio IT 1040
Individual Income Tax Return

SSN:

25000202   Sequence No. **2**

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 b. Breast/Cervical Cancer   c. Wishes for Sick Children

d. Wildlife Species   e. Military Injury Relief   f. Ohio History Fund

Total....25g.

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

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