Do not staple or paper clip.

Do not staple or paper clip.



2023 Ohio IT 1040

Individual Income Tax Return



Sequence No. 1

Use only black ink/UPPERCASE letters. Use whole dollars only.

		o IT RE		NOL	CARR	IBAC	K - C	песк	nere	and i	nciua	e So	ched	ule l'	ΓNC)L.
Primary taxpayer's SSN (required)	✓ If deceased	Spo	use's SSN (if	filing jointly)		✓ If	dece	ased		Scl	hoo	l dis	trict	#	
First name		M.I.	Last name													
Spouse's first name (if filing jointly)		M.I.	Last name													
Address line 1 (number and street) or F	P.O. Box															
Address line 2 (apartment number, suit	te number, etc.)															
City				State	ZIP o	code			Ohio	count	ty (firs	t fou	ır lette	ers)		
Foreign country (if the mailing address	is outside the U.S.)			Foreign	postal	code										
Residency Status - Check only of	one for primary	*Indic	ate state	Filing	Stati	us - (Check	one	(as re	porte	d on f	ede	ral in	come	e tax	retur
Resident Part-year resident*	Nonresident*				ingle, h	nead o	f hou	seho	ld or c	ualif	ying s	survi	iving	spoi	ıse	
Check only one for spouse (if filing join Resident Part-year resident*	ntly) Nonresident*	*Indic	ate state		Married Married			ately			Sp	oous	se's S	SSN		
Ohio Nonresident Statement	- See instructions f	or requ	ired criteria													
Primary meets the five criteria for in	rrebuttable presumpt	ion as r	nonresident.	F	ederal	exten	sion f	ilers	- chec	k hei	e.					
Spouse meets the five criteria for in	rebuttable presumpt	ion as r	nonresident.		someo epende				(or yo	our sp	ouse	if fili	ing jo	ointly)	as a	1
Federal adjusted gross income (f if negative	ederal 1040 or 1040	O-SR, li	ne 11). Place	a "-" in the	box	[1.								
2a.Additions – Ohio Schedule of Adjus	stments, line 11 (inc	lude so	chedule)				2	2a.								
2b. Deductions – Ohio Schedule of Adj	ustments, line 44 (ir	nclude	schedule)				2	2b.								
3. Ohio adjusted gross income (line 1	plus line 2a minus I	ine 2b).	. Place a "-" i	n the box it	negati	ve		3.								
Exemption amount (include Sched Number of exemptions including you								4.								
Exemption amount (include Sched Number of exemptions including you Ohio income tax base (line 3 minus)	and your spouse/de	penden	its, if applicab	le:												
Number of exemptions including you	and your spouse/de line 4; if negative, e	penden enter ze	its, if applicabero)	le:				5.								

Do not write in this area; for department use only.

MM-DD-YY

2023 Ohio IT 1040

Individual Income Tax Return



7a.Amount from line 7 on page 1		7a.		
8a. Nonbusiness income tax liability on line 7a (see instructions	for tax tables)	8a.		
Bb. Business income tax liability – Ohio Schedule of Business Ir	ncome, 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	38 (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 pay	ments (add lines 10, 11 and 12)	13.		
14. Ohio income tax withheld – Schedule of Ohio Withholding, p income statements)		14.		
15. Estimated and extension payments, and credit carryforward	from last year's return	15.		
16. Refundable credits – Ohio Schedule of Credits, line 44 (incl	ude schedule)	16.		
17. <u>Amended return only</u> – amount previously paid with origina	al and/or amended return	17.		
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		18.		
19. <u>Amended return only</u> – overpayment previously requested	on original and/or amended return	19.		
20. Line 18 minus line 19. Place a "-" in the box if negative		20.		
If line 20 is MORE THAN line 13, skip to line 24. O	THERWISE, continue to line 21.			
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore	the "-" and add line 20 to line 13	21.		
22. Interest due on late payment of tax (see instructions)		22.		
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Coupon (OUPC) and make check payable to "Ohio Treasu	•	DUE ▶ 23.		
24. Overpayment (line 20 minus line 13)		24.		
 25. <u>Original return only</u> – portion of line 24 carried forward to not on the properties of line 24 you wish to donate: a. Wishes for Sick Children b. Wildlife Species 		25.		
d. Ohio History Fund e. Nature Preserves/Scenic Rive	rs f. Breast/Cervical Cancer	otal26g.		
27. REFUND (line 24 minus lines 25 and 26g)		UND ▶ 27.		
Sign Here (required): I have read this return. Under penalties of pand belief, the return and all enclosures are true, correct and complete.	perjury, I declare that, to the best of my knowledge			refund will be issued. yment is necessary.
Primary signature	Phone number	NO Pay	ment Include	ed – Mail to:
Spouse's signature	Date	Colu	P.O. Box 26 mbus, OH 43	
Preparer's printed name	Phone number	Paym	nent Included Department o	– Mail to: of Taxation
Authorize your preparer to Non-paid preparer discuss this return	PTIN: P		P.O. Box 20 mbus, OH 43)57



2023 Ohio Schedule of Adjustments Use only black ink. Use whole dollars only.

Use only black ink. Use whole dollars only Primary taxpayer's SSN



23000302

	Additions (Only add the following amounts if they are not included on Ohio IT 1040,	line 1)
1.	Non-Ohio state or local government interest and dividends	1.
2.	Ohio pass-through entity taxes excluded from federal adjusted gross income	2.
3.	Taxes paid to another state or District of Columbia related to IRS notice 2020-75	3.
4.	529 plan funds used for non-qualified expenses	4.
5.	Losses from sale or disposition of Ohio public obligations	5.
6.	Nonmedical withdrawals from a medical savings account	6.
7. Fed	Reimbursement of expenses previously deducted on an Ohio income tax return	7.
	Internal Revenue Code 168(k) and 179 depreciation expense add-back	8
	Exempt federal interest and dividends subject to state taxation	
	Federal conformity additions	
11.	Total additions (add lines 1 through 10 ONLY). Enter here and on Ohio IT 1040, line 2a	
	<u>Deductions</u>	
	(Only deduct the following amounts if they are included on Ohio IT 1040,	line 1)
12.	Business income deduction – Ohio Schedule of Business Income, line 13	12.
13.	Employee compensation earned in Ohio by residents of neighboring states	13.
14.	Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1)	14.
15.	Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)	15.
16.	Certain railroad benefits	16.
17.	Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement	17.
18.	Amounts contributed to an Ohio county's individual development account program	18.
19.	Amounts contributed to a STABLE account: Ohio's ABLE plan	19.
20.	Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period	20.
21.	Certain payments related to the East Palestine train derailment	21.
22	Ohio adoption grant program payments received from the Ohio Department of Job and Family Services	22
Fed		
22	Federal interest and dividends exempt from state taxation	23

2023 Ohio Schedule of Adjustments

Primary taxpayer's SSN

23000402

02

24.	Deduction of prior year 168(k) and 179 depreciation add-backs	24.			
25.	Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal itemized deductions claimed on a prior year return	25.			
26.	Repayment of income reported in a prior year	26.			
27.	Wage expense not deducted based on the federal work opportunity tax credit	27.			
28.	Federal conformity deductions	28.			
<u>Unifo</u>	ormed Services				
29.	Military pay received by Ohio residents while stationed outside Ohio	29.			
30.	Compensation earned by nonresident military servicemembers and their civilian spouses	30.			
31.	Uniformed services retirement income	31.			
32.	Military injury relief fund grants and veteran's disability severance payments	32.			
	Certain Ohio National Guard reimbursements and benefits	33.			
Educ	<u>cation</u>				
34.	Amounts contributed to a 529 Plan	34.			
35.	Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	35.			
36.	Ohio educator expenses in excess of federal deduction	36.			
	Income attributable to loan repayments by the Ohio Department of Higher Education under the rural practice incentive program				
38.	Grant program payments made by the Ohio Department of Higher Education on behalf of adopted students	38.			
Medi	<u>ical</u>				
39.	Disability benefits	39.			
40.	Survivor benefits	40.			
41.	Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy)	41.			
42.	Medical savings account contributions/earnings (see instructions for worksheet; include a copy)	42.			
43.	Qualified organ donor expenses	43.			
44.	Total deductions (add lines 12 through 43 ONLY). Enter here and on Ohio IT 1040, line 2b44.				



2023 Ohio Schedule of Business Income



Use only black ink/UPPERCASE letters.

Primary taxpaver's SSN

y black lilk/offERCASE lette	13.
Primary taxpayer's SSN	
	Se

equence No. 5

Enter all business income that you (and your spouse, if filing jointly) received during the tax year on this schedule. Enter only those amounts that are included in your federal adjusted gross income. **Only one Schedule of Business Income should be used for each return filed.** See R.C. 5747.01(B). **Use whole dollars only**.

Part 1 - Business Income

Note: <u>Do not include</u> amounts listed on the IRS schedules below that are <u>nonbusiness income</u> . See R.C. 5747.01(C). If the amount on a line is negative, place a "-" in the box provided.	
Schedule B – Interest and Ordinary Dividends	1.
2. Schedule C – Net Profit or Loss From Business (Sole Proprietorship)	2.
3. Schedule D – Capital Gains and Losses	3.
4. Schedule E – Supplemental Income and Loss	4.
Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.
6. Schedule F – Net Profit or Loss From Farming	6.
7. Add-back of electing pass-through entity taxes paid on the Ohio form IT 4738 that qualify as business income. 8. Add-back of taxes paid to another state or the District of Columbia related to IRS notice 2020-75 that qualify as business income	
9. Other business income or loss not reported above (e.g. form 4797 amounts)	
10. Total business income (add lines 1 through 9)	.10.
Part 2 – Business Income Deduction	
11. Enter the lesser of line 10 above or Ohio IT 1040, line 1. If negative, enter zero; stop here and do not complete Part 3	.11.
12. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	.12.
13. Enter the lesser of line 11 or line 12. Enter here and on Ohio Schedule of Adjustments, line 12	.13.
Part 3 – Taxable Business Income	
Note: If Ohio IT 1040, line 5 is zero, do <u>not</u> complete Part 3.	
14. Line 11 minus line 13	.14.
15. Taxable business income (enter the lesser of line 14 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	.15.

Do not write in this area; for department use only.

16. Business income tax liability - multiply line 15 by 3% (.03). Enter here and on Ohio IT 1040, line 8b......16.

2023 Ohio Schedule of Business Income



Primary taxpayer's SSN

Sequence No. 6

Part 4 - Business Sources

List all sources of business income, with Ohio sources listed first. Also separately list your ownership percentage and/or your spouse's ownership percentage (if filing jointly). If necessary, complete additional copies of this page and include with your return.

1.	FEIN / SSN Business name	Primary ownership	%	Spouse's ownership %
2.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
3.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
4.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
5.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
6.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
7.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
8.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name		70	



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.
Primary taxpayer's SSN



280102

Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

	Nonrefundable Credits					
1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.				
2.	Retirement income credit (include 1099-R forms)	2.				
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.				
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.				
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.				
6.	Child care & dependent care credit (include a copy of the worksheet)	6.				
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.				
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.				
9.	Exemption credit	9.				
10.	Total (add lines 2 through 9)	. 10.				
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.				
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	. 12.				
13.	Earned income credit	. 13.				
14.	Home school expenses credit (include copies of all required documentation)	.14.				
15.	Scholarship donation credit (include copies of all required documentation)	. 15.				
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	. 16.				
17.	Credit for work-based learning experiences (include a copy of the credit certificate)	. 17.				
18.	Ohio adoption credit carryforward	. 18.				
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	. 19.				
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	.20.				
21.	Credit for the beginning farmers financial management program (include a copy of the credit certificate)	.21.				
22.	Welcome Home Ohio credit (include a copy of the credit certificate)	.22.				
23	Credit for sale/rental of agricultural assets to beginning farmers (include a conv of the credit certificate)	23				

Do not write in this area; for department use only.

2023 Ohio Schedule of Credits

Primary taxpayer's SSN



24. Grape production credit		24.
25. InvestOhio credit (include a	a copy of the credit certificate)	25.
26. Lead abatement credit (incl	lude a copy of the credit certificate)	26.
27. Opportunity zone investmen	nt credit (include a copy of the credit certificate)	27.
28. Technology investment cred	dit carryforward (include a copy of the credit certificate)	28.
29. Enterprise zone day care &	training credits (include a copy of the credit certificate)	29.
30. Research & development cr	redit (include a copy of the credit certificate)	30.
31. Nonrefundable Ohio historic	preservation credit (include a copy of the credit certificate)	31.
32. Ohio low-income housing cr	redit (include a copy of the credit certificate)	32.
33. Affordable single-family hou	using credit (include a copy of the credit certificate)	33.
34. Total (add lines 12 through 3	33)	34.
35. Tax less additional credits (li	line 11 minus line 34; if negative, enter zero)	35.
Residency Credits		
36. Nonresident credit – Ohio IT	T NRC, line 20 (include a copy)	36.
37. Resident credit – Ohio IT RO	C, line 7 (include a copy)	37.
38. Total nonrefundable credit	its (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, lin	e 9)38.
	Refundable Credits	
39. Refundable Ohio historic pre	eservation credit (include a copy of the credit certificate)	39.
40. Refundable job creation cred	dit & job retention credit (include a copy of the credit certificate)	40.
41. Pass-through entity credit (in	include a copy of all Ohio IT K-1s)	41.
42. Motion picture & Broadway t	theatrical production credit (include a copy of the credit certificat	te)42.
43. Venture capital credit (inclu	de a copy of the credit certificate)	43.
44. Total refundable credits (a	add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.



2023 Ohio Schedule of Dependents



Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Saguanca	No	c

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	

Do not write in this area; for department use only.

2023 Ohio Schedule of Dependents



		Primary taxpayer's SSN	Sequence No. 1	
8.	Dependent's SSN Dependent's date of birth (MM-DD-YYYY)		Dependent's relationship to you	
	Dependent's first name	M.I. Dependent's last name		
9.	Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you	
	Dependent's first name	M.I. Dependent's last name		
10.	Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you	
	Dependent's first name	M.I. Dependent's last name		
11.	pendent's SSN Dependent's date of birth (MM-DD-YYYY)		Dependent's relationship to you	
	Dependent's first name	M.I. Dependent's last name		
12.	Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you	
	Dependent's first name	M.I. Dependent's last name		
13.	Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you	
	Dependent's first name	M.I. Dependent's last name		
14.	Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you	
	Dependent's first name	M.I. Dependent's last name		
15.	Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you	
	Dependent's first name	M.I. Dependent's last name		



2023 Schedule of Ohio Withholding Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

I. Total		d 2 as well as any additional pages. Enter here	1.
Part B	- W-2s		
. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax

2023 Schedule of Ohio Withholding Primary taxpayer's SSN



Pa	rt C -	<u>1099-Rs</u>			Sequence No. 12
1.	P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
_	D. (0		Day 4. On a statistical		
2.	P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3.	P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4.	P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
<u>Pa</u>	ırt D -	W-2Gs			
1.	P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	Federal income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2.	P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	Federal income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3.	P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	Federal income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
_					
	<u>rt E -</u> P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
		Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2.	P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	Federal income tax withheld
		Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld

Ohio Universal Payment Coupon (IT)

Include the coupon below with your Ohio individual income tax payment.

Important

- Make payment payable to: Ohio Treasurer of State
- Include the tax year, "IT 1040", and the last four digits of your SSN on the "Memo" line of your payment.
- Do not send cash.
- Do not use this coupon to make a payment for a school district income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. To pay by electronic check, credit card, or debit card, visit **tax.ohio.gov/pay** OR scan with your phone.



Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ndividu	al Inc	ncome Tax 440	
) Type	01	Coupon Type	54
t name		M.I.	Last name
ress			
State, ZIP	code		

Mail to: Ohio Department of Taxation

P.O. Box 182131, Columbus, OH 43218-2131

